THIS APPLICATION IS FOR CLARKSTOWN, NANUET AND PEARL RIVER SCHOOL DISTRICTS ONLY

UNIVERSAL PREKINDERGARTEN (UPK) APPLICATION

YOU MUST READ THIS PAGE FULLY BEFORE FILLING OUT APPLICATION

Dear Parents/Guardians:

Universal Prekindergarten (UPK) is a special early childhood program which was established by the New York State Education Department (NYSED) and contracted School Districts to provide an early learning experience for the children of eligible families. Eligible families are defined as: those who live in a contracted School District and have children who will be four years old by December 1, 2020 (your child must have been born between December 1, 2015 and December 1, 2016). Universal Prekindergarten is now accepting applications for the 2020-2021 school year **(pending funding approval in the NYS budget)** This is an early childhood program conducted with a qualified teacher and an assistant in every class. The children attend five (5) half days for 2½ hours each day, for 180 days per school year, at no cost to you.

When you return the completed application, please include the following copies that we may keep:

1. A copy of your child's original birth certificate. (If the birth certificate is not in English, we need a copy of your child's passport).
2. **A completed signed or stamped record of up-to-date immunizations and health appraisal form with the physician's name and address included. The attached Health Appraisal form MUST be used. * See Immunization Requirements* (see page 9)**
3. Proof of district residency - 2 Documents are requested. (Documentation showing your name & address. Ex.: Mailing address on a current bank statement, tax bill, utility bill or credit card bill. **UNACCEPTABLE DOCUMENTS** as proof of residence are handwritten envelopes, magazine covers, termination notice for utility bills and income tax returns).
4. Proof of Custody (If child does not live with both parents)
5. A telephone number where you can be reached between 8:30a.m. and 5:00p.m.
6. Included in this application is important lead and dental screening information for you to review. (see page 7)

IT IS IMPORTANT TO RETURN THE COMPLETED UPK APPLICATION BY MARCH 31, 2020 TO:

CHILD CARE RESOURCES OF ROCKLAND, INC.
235 NORTH MAIN STREET, SUITE 11
SPRING VALLEY, N.Y. 10977
FAX: (845) 425-5312
ATTN: Jenine Valentino email: childcarerockland@gmail.com

INELIGIBILITY: Incomplete application, Immunization Record and/or students who are unable to attend UPK 5 days a week, 2½ hours per day, for the entire school year may be ineligible.

If an application is received and/or postmarked after March 31, 2020, the application will be placed into a district waiting pool unless slots are available.

STATEMENT OF METHOD FOR SELECTION OF CHILDREN

Child Care Resources of Rockland, Inc. (CCRR) will oversee the registration process. CCRR will accept the applications and verify eligibility. If more requests are made than NYSED has funded, for a specific school district and/or contracted early childhood program, a lottery will be used to select children to participate in the UPK program. **Children will be considered for the lottery if the complete application, birth certificate, complete immunization record, health appraisal form and proof of residency are on file with this office**. Children will be placed according to parent choice, if possible. Parents/Guardians will be notified of the status of their child, by mail, once slots have been filled. Notification will be sent mid May 2020 If your child(ren) are placed into PreK this application will become the property of the school district. For further information or assistance with this application please call Jenine Valentino at (845) 425-0009 x460.

Thank you for your cooperation in providing the necessary information.

Sincerely yours,
Karen Ross
Director of Family, Community and Operations Services

Child Care Aware® of America Member

For UPK Early Childhood

Program Use Only

Date Received:_____

- ☐ Birth Certificate
- ☐ Immunizations
- ☐ Proof of Residency
- ☐ Health Appraisal Form
- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ BMI Percentile
- ☐ Home Language Questionnaire

2020-2021 UNIVERSAL PREKINDERGARTEN APPLICATION

For CCRR Use Only

Date Received:_____

- ☐ Birth Certificate
- ☐ Immunizations
- ☐ Proof of Residency
- ☐ Health Appraisal Form
- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ BMI Percentile
- ☐ Home Language Questionnaire
- ☐ Proof of Custody (if applicable)

CIRCLE THE APPROPRIATE SCHOOL DISTRICT WHERE YOUR FAMILY RESIDES:

CLARKSTOWN NANUET PEARL RIVER

NOTE: Residents of **EAST RAMAPO CENTRAL School District** need to call **(845) 577-6158**

Child's First Name_____**Last Name**_____

Date of Birth _____ **Gender**_____

Is the child Hispanic, Latino or of Spanish origin? ☐ Yes ☐ No Language Spoken at Home (if other than English)_____

Ethnicity: ☐ Black ☐ American Indian/Alaskan Native ☐ White ☐ Asian ☐ Native Hawaiian/Pacific Islander

Has the child had an educational evaluation: ☐ Yes ☐ No

Custodial Parent/Guardian_____**Other (please explain)**_____

Parent First Name_____**Last Name**_____

Parent First Name_____**Last Name**_____

Where is the student currently living? (Please check *one* box)

☐ In a shelter ☐ In a hotel/motel ☐ In a car, park, bus, train or campsite ☐ With another family or other person because of loss of housing or as a result of economic hardship(sometimes referred to as "doubled up") ☐ Other temporary living situation (Please describe):

_____ **☐ In permanent housing**

Home Address: Street _____ **Apt #**_____

City_____ **State**_____ **Zip**_____

******* Please circle which phone number should be used for communication*******

Parent Home Phone_____ **Cell Phone**_____ **Work Phone** _____

Parent Home Phone_____ **Cell Phone**_____ **Work Phone** _____

Email address for correspondence_____

Siblings(Brothers/Sisters):

Name:_____**DOB**_____ **Name:**_____**DOB**_____

Name:_____**DOB**_____ **Name:**_____**DOB**_____

I have completed the application and submitted the required documentation. I have received information about lead, dental and developmental (Brigance) screenings with this application. I understand that my application will not be considered for selection unless all the following documentation has been submitted and is complete:

- ☐ **Birth Certificate**
- ☐ **Proof of Residence**
- ☐ **Child Care Needs Assessment**
- ☐ **Complete Immunization Record**
- ☐ **Home Language Questionnaire**
- ☐ **Proof of Cusody (if applicable)**
- ☐ **Health Appraisal Form**
- ☐ **Parent Education/Engagement Survey**

Signature of Parent/Guardian _____ **Date**_____

Please write the name of the UPK site you want your child to attend in order of preference

1st Choice_____ **2nd Choice**_____ **3rd Choice**_____

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER:
❑ Male
❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	
	❑ Guardian(s) _____ *specify*		
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**
District Name (Number) & School *Address*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes ❑ ***No*** ❑ ***Not sure*** ❑ ***If yes,** please explain:_____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ **No** ❑ **Yes*** ****Please complete 10b below***

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
❑ No ❑ Yes – Type of services received:_____

Age at which services received *(Please check all that apply):*
❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ❑ **No** ❑ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ **Mother** ❑ **Father** ❑ **Other:**_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ❑ NO ❑ YES

DATE OF INDIVIDUAL INTERVIEW: _____ (MO. DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

Name:				DOB:
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

■ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ■ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

Health notes for Universal Pre-Kindergarten Parents:
REQUIREMENTS

Immunizations: Your child's application will NOT be entered into the lottery without proof of the following immunizations:

4 DTap, 3 Hepatitis B, 3 IPV, 4 Hib, 4 PNEUMMOCCAL, 1 MMR, 1 Varicella
(http://www.health.ny.gov/publications/2370.pdf)

Free immunizations are available at the Rockland County Health Department in Pomona at the Robert Yeager Health Center, Building A, 2nd Floor in the rotunda area. For appointments call (845) 364-2519. The clinic sees children under the age of 5 on the 2nd Wednesday of each month.

There are only two exceptions for proof of immunizations: 1) proof of an appointment to receive a missing immunization or 2) documentation by a health care provider of a medical exemption.

Health Appraisal/Medical Statement: You must use the form provided in this application. All required information must be complete as shown. Ensure that your doctor includes the vision and hearing screenings; BMI and BMI %. If a PPD test is not done, ask the doctor to write "not indicated" or another comment. In certain grades, weight status category BMI % is reported to the NYS Department of Health. No names are sent, however you may choose to have your child's information excluded from this report. In this case, please mark the appropriate box on the health appraisal form.

RECOMMENDATIONS

Lead Screening

Children can get "lead poisoning" from lead paint in older homes, contaminated soil, imported toys, ceramic dishes and water flowing from old pipes. The symptoms may look like minor illnesss but the potential damage is enormous, and may cause reduced IQ, slowed body growth, hearing problems, behavior and attention problems and kidney damage. Talk to your doctor about having your child's blood tested for lead.

Dental Screening:

The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for most children. Some children need more frequent dental visits because of increased risk of tooth decay, unusual growth patterns or poor oral hygiene. Your pediatric dentist provides an ongoing assessment of changes in your child's oral health. For example, your child may need additional fluoride, dietary changes, or sealants for ideal dental health. A dentist will give you a dental certificate for your child, for your school district, which you can give to Child Care Resources of Rockland, if needed. Listed below are low cost dental facilities in Rockland County provided by New York State Education Department Student Support Services Team:

Community Medical & Dental, Monsey:	(845) 352-6800
Community Medical & Dental, Spring Valley:	(845) 426-5800
Refuah Health Center, Inc., Spring Valley:	(845) 354-9300
Hudson River Healthcare, Spring Valley	(845) 573-9860
Hudson River Healthcare, Haverstraw	(845) 429-4499

THE CREATIVE CURRICULUM FOR PRESCHOOL

The word curriculum is often defined as "a plan for learning."

New York State Education Regulations require that the curriculum used in the Universal Pre-kindergarten classroom be aligned with the Early Learning Standards. In New York State Prek Learning Standards were approved by the Board of Regents at their P-12 Education Committee Meeting on January 10, 2011. These are known as the NYS Prek Foundation for the Common Core. These standards address the following areas: Approaches to Learning, Physical Development and Health, Social and Emotional Development, Communications, Language and Literacy, Cognitive and Knowledge of the World. These standards are available at the following web address:
http://ww.p12.nysed.gov/ciai/commoncorestandards/pdfdocs/nyslsprek.pdf
The Creative Curriculum for Preschool 6th Edition was chosen by 7 of the 8 school districts in Rockland County for use in the Universal Pre-kindergarten programs because it is directly aligned with the NYS Prek Foundation for the Common Core and because it emphasizes developmentally appropriate practice. The curriculum is published by Teaching Strategies (www.TeachingStrategies.com) and is written by Diane Trister Dodge, Laura Colker and Cate Heroman., et al. These early childhood professionals are well known speakers, authors, educators and innovators in early childhood education.

The Creative Curriculum for Preschool 6th Edition is based on classic research in child development that has accumulated over the past 75 years. It is based on recent research and major theories that support the concept of developmentally appropriate practice, which means teaching children in ways that match the way they develop and learn. It is also based on current information about learning, the brain and resiliency.

What we know in the field about how four year olds develop and learn best tells us that they need many whole body, hands on, real life experiences to experiment, explore and pursue their own interests. They need ample opportunities to develop independence, decision-making and problem solving skills, creative expression and conflict resolution. The concept of developmentally appropriate practice tells us that children are most receptive to, and best acquire academic readiness skills when they are embedded within the child's naturally sought after play experiences. The curriculum guides teachers in structuring these experiences and the environment in such a way that maximizes the child's interest areas and skill levels. The teachers are involved in a continual process of observing, guiding and assessing a child's learning so that they may plan most effectively.

The Creative Curriculum for Preschool 5th Edition is a guide for teachers to support them in planning these types of learning experiences for their students. It helps teachers to understand individual differences in gender, temperament, interests, learning styles, cultural backgrounds, special needs or if a child is learning English as a second language. The curriculum also recognizes that the most recent research and findings indicate that a balance of teacher directed and child-initiated learning experiences is best.

BRIGANCE SCREENING

In New York State children are required to be screened at the first point of entry into the school district. This has typically occurred when children enter kindergarten. A screening will be required of your child at this time because they are entering the district as a four-year-old through the Universal Pre-Kindergarten program. If your child is selected for UPK, a diagnostic developmental screening will be administered to your child at their UPK site prior to December 1st of the 2020/2021 school year as per Part 117 of the New York State Education Regulations. The diagnostic screening tool used by all of the districts is the Brigance Early Childhood Screen III. This nationally standardized tool can be administered in approximately 15 minutes. It covers a broad sampling of a child's skills in key developmental areas such as language, literacy, math and physical skills. The information collected during the screening helps teachers and program directors to satisfy screening requirements, plan for individualized and group instruction and initiate referrals for further evaluation if necessary.

Universal Prekindergarten
Program Site List

Please Read The Entire Page For Important Information

Is your child currently enrolled in an early childhood program? Yes ☐ No ☐
If yes, name of program?_____

(If your child is selected to participate in the Universal Prekindergarten program all efforts will be made to keep your child in his/her current early childhood program based on availability if that program is a UPK early childhood program).

All Universal Prekindergarten eligible, selected applicants are permitted to enroll their child(ren) in any of the listed early childhood programs, regardless of school district, subject to availability and authorization by the school district. For simplicity, the attached early childhood program list has been designed alphabetically by village with available early childhood programs.

Please number with a 1, 2 and 3 to show your 1st, 2nd and 3rd choices of early childhood programs that you want your child to attend for the Universal Prekindergarten Program.

We STRONGLY RECOMMEND that parents contact individual sites for information about the programs and their time of operation and visit the UPK early childhood program prior to selection.

Children will NOT be moved to another UPK program after October 1, 2020 unless there are extreme circumstances.

Child Care Resources of Rockland, Inc. can only place your child in a program NOT a classroom. Classroom assignments are made at the discretion of each early childhood program. Please note that session times may be subject to change. Please circle the session you are interested in attending. Any programs offering an extended day for an additional fee will be noted by an * sign.

AM Session	PM Session	Choice # (1, 2 or 3)		Program Name	Address	Point of Contact and Number
Blauvelt						
9-2	1-3:30		* ***	Preschool Playhouse/ Funland	557 Western Highway Blauvelt, NY 10913	Adam Fiala (845) 359-4562
8:30-11:15 8:30-2			* ***	St. Catharine's Early Education Center	517 Western Highway Blauvelt, NY 10913	Barbara Feeney (845) 359-4330
St. Catherine's will only serve children in Clarkstown, Nanuet, Nyack, Pearl River and South Orangetown.						
Garnerville						
8:30-11	3-5:30		*	Time In Child Care Inc.	60 Captain Shankey Drive Garnerville, NY 10923	Denise Forsberg (845) 942-8149
8-10:30 8-2:40	12-2:30		* ***	St. Gregory	26 Cinder Rd Garnerville, NY 10923	Dana Spicer (845) 947-1330
Haverstraw						
10:45-1:15 9:30-3:30	1:30-4		* ***	Haverstraw Day Care, Inc.	212 Route 9W Haverstraw, NY 10927	Gabriella Armas (845) 429-2323
9-11:30 8:30-11				Haverstraw Head Start	138-146 Maple Avenue Haverstraw, NY 10927	Danilsa Foster (845) 429-2225
9-11:30 9-2	12:30-3		* ***	Benim Academy of Haverstraw	21 Ridge Street Haverstraw, NY 10927	Lana Benim (845) 521-7055
Nanuet						
9:15-11:45	12:30-3		*	Kids Kingdom	121 West Nyack Road Nanuet, NY 10954	Stacie Scollo (845) 624-0936

AM Session	PM Session	Choice # (1, 2 or 3)		Program Name	Address	Point of Contact and Number
9:30-12	12:30-3		*	George Miller School	50 Blauvelt Road Nanuet, NY 10954	RoseAnn Mercado (845) 627-4889
This program at George Miller will be operated by Nanuet Family Resource Center and will accept Nanuet School District children only.						
				New City		
9-11:30 9-2	12:30-3		* ***	Benim Scholastic Academy	114 So Main Street New City, NY 10956	Lana Benim (845) 521-7055
	12:30-3			Busy Bee Playschool	39 Germonds Road New City, NY 10956	Ric Rabinowitz (845) 623-0849
9-11:30 9-3:30	1-3:30		* ***	Jawonio	260 Little Tor Road New City, NY 10956	Evelyn Bautista-Miller (845) 708-2000 x3255
	12-2:30		*	New City Jewish Center	47 Old Schoolhouse Road New City, NY 10956	Jacalyn Binstock (845) 638-9600 ext 117
9-11:30			*	St. Paul's Christian Day School	323 So Main Street New City, NY 10956	Fran Taibi (845) 634-0929
9-11:30			*	Tutor Time – New City	227 North Main Street New City, NY 10956	Karen Wizeman (845) 708-8270
				Nyack		
9-3	12:30-3:15		* ***	Montessori Center of Nyack	85 Marion Street Nyack, NY 10960	Dorothy Goren (845) 358-9209
8:30-11				Nyack Head Start	85 Depew Avenue Nyack, NY 10960	Kira Davenport (845) 358-2234

AM Session	PM Session	Choice # (1, 2 or 3)		Program Name	Address	Point of Contact and Number
				Nyack(cont"d)		
9-11:30			*	Children of America	265 No. Highland Ave Nyack, NY 10960	Ann Marie Esposito (845) 348-1433
				Palisades		
9-11:30 9-2:30	1-3:30		* ***	Children's Corner	680 Oak Tree Lane Palisades, NY 10964	Farah Cleary (845) 680-0007
				Pearl River		
9-11:30 9-2:30	12-2:30		* ***	Children's Corner	1 Blue Hill Plaza Pearl River, NY 10965	Sari Altabet (845) 620-1669
9-11:30	12:30-3			Good Shepherd	112 North Main Street Pearl River, NY 10965	Maureen Connelly (845) 735-2737
9-11:40	12-2:40			Nauraushaun Nursery School	51 Sickletown Road Pearl River, NY 10965	Tara DiRocco (845) 735-4787
9:15-11:45				Tall Pines Nursery School	84 Ehrhardt Road Pearl River, NY 10965	Diane Kayser (845) 735-7227
				Pomona		
9:30-12 9:30-3	12:30-3		* ***	Rockland Worksite Day Care	50 Sanatorium Road Bldg R Pomomna, NY 10970	Maria Ceci (845) 364-2697
				Sloatsburg		
9-11:30				Y's Beginnings-Sloatsburg	11 Second Street Sloatsburg, NY 10974	Marianna Resch (845) 357-3223
				Sparkill		
9-2 9-11:30			* ***	Red Owl Academy LLC	645 Main Street Sparkill, NY 10976	Liana Sargsyan-Quinn (845) 848-2407
				Stony Point		
9:00-11:30			*	Children of America	32 S Liberty Drive Stony Point, NY 10980	Amanda Munderville (845) 429-4621

AM Session	PM Session	Choice # (1, 2 or 3)		Suffern Program Name	Address	Point of Contact and Number
9:30-12:00			*	Yeshiva Ohr Reuven Yeshiva Kevna Ohr Reven	257 Grandview Ave. Suffern, NY 10901	Feige Bessler 845-352-7100, x117
9-11:30	1-3:30		*	Rockland Community College Campus Fun and Learn	145 College Road Suffern, NY 10901	Andrea Bogin (845) 574-4561
9-11:30 9-2			* ***	Kindercare	36 Route 59 Suffern, NY 10901	Ashleigh Goldberg (845) 357-4048
9-11:30	12:45-3:15			Suffern Central School District	Site to be determined	Alexis Fibble (845) 357-7783 ext 232
Suffern Central PreK is located in the Viola Elementary and will accept only Suffern Central children first.						
8-10:30 8-1	12-2:30		* ***	Sacred Heart School	60 Washington Ave Suffern, NY 10901	Kathleen Grande (845) 357-1684
9-11:30			*	The Goddard School	334 Spook Rock Road Suffern, NY 10901	Carolina Krauthamer (845) 368-3773
9-11:30	12:30-3			Y's Beginnings – Suffern	18 Parkside Drive Suffern, NY 10901	Marianna Resch (845)357-3223
Tappan						
9:05-11:35	12:30-3			Children's Enrichment Center	32 Old Tappan Road Tappan, NY 10983	Joanne Volpe (845) 398-3370
Valley Cottage						
8:15-10:45	12-2:30		* ***	St Paul's Pre-K	365 Kings Highway Valley Cottage NY 10989	Michelle Pitot (845) 268-6506

AM Session	PM Session	Choice # (1, 2 or 3)		Program Name	Address	Point of Contact and Number
West Haverstraw						
9-11:30	12:30-3		*	The Jan and Niles Davies Learning Center	Bldg. 40 Route 9W Helen Hayes Hospital West Haverstraw, NY 10993	Lindsay Smyth (845) 786-4595
***Note programs that offer extended hours for a fee. *** Note programs that offer Statewide Full Day**						