

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, 2021 (your child must have been born between December 1, 2016 and December 1, 2017). Universal Prekindergarten is now accepting applications for the 2021-2022 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 APRIL 1, 2021 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 April 1, 2021, 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 2021. 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 or jeninev@rocklandchildcare.org.

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

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)

2021-2022 UNIVERSAL PREKINDERGARTEN APPLICATION

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 ☐ Complete Immunization Record ☐ Health Appraisal Form
☐ Proof of Residence ☐ Home Language Questionnaire
☐ Proof of Custody (if applicable)

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 _____



NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹

*Dear Parent or Guardian,
 Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? ☐ yes ☐ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

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: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> 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):	<input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >
Hyperlipidemia:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Hypertension:	<input type="checkbox"/> No <input type="checkbox"/> Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____
<input type="checkbox"/> System Review and Exam Entirely Normal				

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

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> No Contact Sports <input type="checkbox"/> No Non-Contact Sports <input checked="" type="checkbox"/> Other Restrictions: </div> <div style="width: 65%;"> Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field </div> </div>				
<input type="checkbox"/> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Brace*/Orthotic</div> <div style="width: 33%;"><input type="checkbox"/> Colostomy Appliance*</div> <div style="width: 33%;"><input type="checkbox"/> Hearing Aids</div> <div style="width: 33%;"><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div style="width: 33%;"><input type="checkbox"/> Medical/Prosthetic Device*</div> <div style="width: 33%;"><input type="checkbox"/> Pacemaker/Defibrillator*</div> <div style="width: 33%;"><input type="checkbox"/> Protective Equipment</div> <div style="width: 33%;"><input type="checkbox"/> Sport Safety Goggles</div> <div style="width: 33%;"><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIS		Received Today: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			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 illness 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://www.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 2021/2022 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, 2021, 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 Phone Number
Blaauvelt						
<u>9am-2pm</u>	<u>1-3:30pm</u>		* ***	Preschool Playhouse/Funland	557 Western Highway Blaauvelt, NY 10913	Adam Fiala (845) 359-4562
<u>8:30am-11:15am</u> <u>8:30am-2pm</u>			* ***	St. Catherine's Early Education Center**	517 Western Highway Blaauvelt, NY 10913	Barbara Feeney (845) 359-4330
**St. Catherine's will only serve children in Clarkstown, Nanuet, Pearl River and South Orangetown						
Garnerville						
<u>8am-10:30am</u> <u>8am-2:40pm</u>	<u>12:10pm-2:40pm</u>		* ***	St. Gregory	26 Cinder Road Garnerville, NY 10923	Dana Spicer (845) 947-1330
Haverstraw						
<u>10:45am-1:15pm</u> <u>9:30am-2:40pm</u>	<u>1:30pm-4pm</u>		* ***	Haverstraw Day Care	212 Route 9W Haverstraw, NY 10927	Gabriella Armas (845) 429-2323
<u>9am-11:30am</u> <u>8:30am-11am</u>				Haverstraw Head Start**	138-146 Maple Avenue Haverstraw, NY 10927	Tanya Soto (845) 429-2225
**Must also meet Head Start eligibility requirements						
<u>9am-11:30am</u> <u>8am-1pm</u>	<u>12:30-3pm</u>		* ***	Benim Academy of Haverstraw	21 Ridge Street Haverstraw, NY 10927	Lana Benim (845) 472-3292
Nanuet						
<u>9:15am-11:45am</u>	<u>12:30-3pm</u>		*	Kids Kingdom	121 West Nyack Road Nanuet, NY 10954	Stacie Scollo (845) 624-0936
<u>8:30am-11am</u>	<u>12-2:30pm</u>		*	George Miller School**	50 Blaauvelt Road Nanuet, NY 10954	Rose Ann Mercado (845) 627-4889
**This program at George Miller will be operated by the Nanuet Family Resource Center and will accept Nanuet School District Children only						

AM Session	PM Session	Choice # (1, 2 or 3)		Program Name	Address	Point of Contact and Phone Number
New City						
<u>8am-1pm</u>	<u>12:30-3pm</u>		* ***	Benim Scholastic Academy	114 South Main Street New City, NY 10956	Lana Benim (845) 521-7055
<u>8am-11am</u> <u>8am-3pm</u>	<u>12pm-3pm</u>		* ***	Cornerstone Christian School	384 New Hempstead Road New City, NY 10956	Jeanette Rosa-Sanchez (845) 637-3439
<u>8:30am-11am</u>	<u>12-2:30pm</u>			Busy Bee Playschool	39 Germonds Road New City, NY 10956	Ric Rabinowitz (845) 623-0849
<u>9am-11:30am</u>	<u>1-3:30pm</u>		*	Jawonio	160 Little Tor Road New City, NY 10956	Heidi McCarthy (845) 708-2000 x3255
	<u>12-2:30pm</u>		*	New City Jewish Center	47 Schoolhouse Road New City, NY 10956	Jacalyn Binstock (845) 638-9600 x117
<u>9:15am-11:45am</u>			*	Sonshine Community Nursery & Day Care	384 New Hempstead Road New City, NY 10956	Donisia DeCicca (845) 634-2163
<u>9am-11:30am</u>			*	Tutor Time – New City	227 North Main Street New City, NY 10956	Karen Wizeman (845) 708-8270
Nyack						
<u>8:30am-11am</u> <u>8:30am-1:30pm</u>	<u>12:30-3pm</u>		* ***	Montessori Center of Nyack	85 Marion Street Nyack, NY 10960	Girish Narasimhan (845) 358-9209
<u>8:30am-11am</u>				Nyack Head Start**	85 Depew Avenue Nyack, NY 10960	Kira Davenport (845) 358-2234
**Must also meet Head Start eligibility requirements						

[illegible]

AM Session	PM Session	Choice # (1, 2 or 3)		Program Name	Address	Point of Contact and Phone Number
Suffern						
<u>9am-11:30am</u> <u>9am-2pm</u>			* ***	Kindercare	36 Route 59 Suffern, NY 10901	Renata Hackert (845) 357-4048
<u>Full Day Times</u> <u>TBD</u>			***	Cherry Lane Elementary School	1 Heather Drive Airmont, NY 10901	Alexis Fibble (845) 357-7783 x232
**The Cherry Lane Elementary School program will accept Suffern Central Children Only						
<u>UPK Times TBD</u>				Viola Elementary School	557 Route 202 Montebello, NY 10901	Alexis Fibble (845) 357-7783 x232
**The Viola Elementary School program will accept Suffern Central Children Only						
<u>9am-11:30am</u>	<u>12:30-3pm</u>			Y's Beginnings Suffern	18 Parkside Drive Suffern, NY 10901	Suzette Venner (845) 357-4778
Valley Cottage						
<u>8am-10:30am</u> <u>8am-1pm</u>	<u>12-2:30pm</u>		* ***	St. Paul's Pre-K	365 Kings Highway Valley Cottage, NY 10989	Jessica Perez (845) 268-6506
West Haverstraw						
<u>9am-11:30am</u>	<u>12-2:30pm</u>		*	The Jan and Niles Davies Learning Center	Bldg. 40 Route 9W Helen Hayes Hospital West Haverstraw, NY 10993	Lindsay Smyth
PLEASE NOTE						
*Programs that offer extended hours for a fee						
***Programs that offer Statewide Full Day Pre-Kindergarten						