

**THIS APPLICATION IS FOR NORTH ROCKLAND, NYACK, RAMAPO CENTRAL  
AND SOUTH ORANGETOWN ONLY**

**UNIVERSAL PREKINDERGARTEN (UPK) APPLICATION**

**And**

**STATEWIDE FULL DAY PREKINDERGARTEN APPLICATION**

**\*YOU MUST READ THIS PAGE FULLY BEFORE FILLING OUT APPLICATION\***

Dear Parents/Guardians:

Universal Prekindergarten (UPK) and Statewide Full Day Prekindergarten are special early childhood programs which were 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, 2015 (your child must have been born between December 1, 2010 and December 1, 2011). Universal Prekindergarten and Statewide Full Day Prekindergarten are now accepting applications for the 2015-2016 school year (**pending funding approval in the NYS budget**).

These are early childhood programs conducted with a qualified teacher and an assistant in every class. The children in UPK attend five (5) half days for 2½ hours each day; the children in Statewide Full Day Prekindergarten attend for five(5) days a week for 5 hours each day. Both programs are 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 sample Health Appraisal form may be used or substituted with a form from the physician's office). \* See Immunization Requirements\***
3. Proof of district residency – 2 Documents are requested (Documentation showing your name & address. Ex.: Mailing address on a bank statement or utility bill. Unacceptable documents as proof of residence are handwritten envelopes, property deeds, termination notice for utility bills and income tax returns).
4. A telephone number where you can be reached between 8:30a.m. and 5:00p.m.
5. Included in this application is important lead and dental screening information for you to review.
6. Additional documentation required for Full Day Prekindergarten on page 5

**IT IS IMPORTANT TO RETURN THE COMPLETED UPK /FULL DAY APPLICATION BY March 31<sup>ST</sup>, 2015  
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](mailto: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, or 5 hours per day to attend Statewide Full Day Prekindergarten for the entire school year may be ineligible.

If an application is received and/or postmarked after March 31, 2015, 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/Full Day programs. **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 by mid May 2015. 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,  
Kit Saiz

Director of Family Connections and UPK Services



**Child Care Aware® of America Member**



**JANE BROWN**  
Executive Director

## Child Care Resources of Rockland Parenting Education & Engagement Survey 2015

Thank you for taking the time to fill out this survey. Your responses will help us better understand and meet your needs and preferences. It should take you about 5 – 10 minutes to complete. Please complete and return no later than March 31, 2015

1. Home Zip Code \_\_\_\_\_
2. I am a parent of a child in the following age group(s):  
 Infants ( 6 weeks -18 months)  
 Toddlers ( 18 months – 3 years)  
 Preschool ( 3 – 5 years)  
 Younger School Age (5 – 8 years)  
 Older School Age ( 8 – 12 years)

3. My primary language is:  
 English  
 Spanish  
 French  
 Creole  
 Yiddish  
 Other (please specify) \_\_\_\_\_

4. During the past 2 years, where have you received parent education? (check all that apply)  
 Child Care Resources of Rockland  
 Public Library  
 Family Resource Center  
 EPIC  
 School District  
 On line  
 Mental Health Association  
 Early Childhood Direction Center  
 I have not attended parent education classes  
 Other (please list) \_\_\_\_\_

5. If you did not receive Parent Education at Child Care Resources of Rockland please let us know why.  
 Not in a convenient location  
 The times and dates are not convenient  
 Topics were not interesting/relevant  
 Transportation difficulties  
 Unaware of the parent education CCRR provides  
 Lack of Child Care  
 Other (please specify): \_\_\_\_\_

Please add any additional comments: \_\_\_\_\_

6. Which location is most convenient for you?

Spring Valley (235 North Main Street)

Haverstraw (RCC Campus)

Suffern (RCC Campus)

None of the above

7. If you selected “none of the above” please take a moment to tell us why.  
 \_\_\_\_\_  
 \_\_\_\_\_

8. What times and dates are you available for parent education? Please check all that apply.

|            | M | T | W | TH | F | SA | SU |
|------------|---|---|---|----|---|----|----|
| 9:30-11:30 |   |   |   |    |   |    |    |
| 12:00-2:00 |   |   |   |    |   |    |    |
| 1:00-3:00  |   |   |   |    |   |    |    |
| 2:00-4:00  |   |   |   |    |   |    |    |
| 4:00-6:00  |   |   |   |    |   |    |    |
| 5:00-7:00  |   |   |   |    |   |    |    |
| 6:00-8:00  |   |   |   |    |   |    |    |
| 6:30-8:30  |   |   |   |    |   |    |    |
| 7:00-9:00  |   |   |   |    |   |    |    |

9. How do you receive information about upcoming parent education opportunities held by Child Care Resources of Rockland?

Training calendar

Email

Website

Mail

I do not receive information about upcoming trainings

Other (please specify): \_\_\_\_\_

235 N. Main St., Suite 11  
 Spring Valley, NY 10977  
 Phone: 877-425-0009 | 845-425-0009  
 Fax: 845-425-5312

www.childcarerockland.org  
 info@rocklandchildcare.org  
 Office Hours: M-F 8:30-5:00



Child Care Aware® of America Member

10. Parent education offered by Child Care Resources of Rockland is currently free.  
Would you be willing to pay for this service?  
Yes  
No

11. If Yes, how much would you be willing to pay per session?  
\$5  
\$10  
\$15  
\$20

12. Would you be interested in attending our Early Childhood and School Age Conference held on the 1st Saturday in November if there was a track especially for parents?  
Yes  
No

13. Training topic areas: Please check off your top 2 parent education preferences in each of the following general areas:

A. Addressing Children's Behavioral Issues

Biting

Sibling Rivalry

Homework

Other: \_\_\_\_\_

B. Developing Children's Language and Literacy Skills

Reading to Your Child

Tips for Developing Language

Rhymes, Songs and Chants for Families

Other: \_\_\_\_\_

C. Promoting Positive Child Care Provider and Parent Relationships:

Developing a partnership with your Child Care Provider

Parent Teacher Conferences

What to Expect From Your Child Care Provider

Other: \_\_\_\_\_

D. Age Appropriate Activities

Activities for Infants

Activities for Toddlers

Activities for Preschool Children

Activities for School Age Children

Other: \_\_\_\_\_

E. Ensuring Children's Health and Safety

Healthy Meals and Snacks

Physical/Movement Activity

Cooking With Your Child

Indoor/Outdoor Safety

Other: \_\_\_\_\_

F. Children's Social and Emotional Development

Separation

Stress in Children

Fostering Self Esteem

Other: \_\_\_\_\_

G. Recognizing and Choosing High Quality Child Care:

Choosing High Quality Child Care

High Quality Child Care for Children with Special Needs

Critical Child Care Issues

Managing the High Cost of Child Care

H. Parent Engagement

Federal, State and Local Child Care Policies

Advocating for High Quality Child Care

Developing Effective Ways to

Communicate with Policy-makers, Media and Others About Child Care Issues

Other: \_\_\_\_\_

- I. Are there any topics not listed that you would like to see offered? \_\_\_\_\_

14. I would be interested in speaking to policy-makers, media and others to educate them about child care issues.

Yes

No

(If Yes please fill out contact information below.)

15. I would be willing to assist in advocacy efforts in the following ways:

Write letters

Make phone calls

Attend meetings with elected officials

Attend an advocacy workshop

16. I would like more information about parent education opportunities offered by CCRR.

Yes

No

Please fill out the information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for taking the time to tell us about your parent education needs!**

**Return by mail to:**

**Child Care Resources of Rockland, Inc.**

**235 North Main Street, Suite 11**

**Spring Valley, NY 10977**

**OR**

**Return by Fax to: 845-425-5312**

**OR**

**Return by scan to Email:**

**info@rocklandchildcare.org**

**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  
☐ Parent Survey

**2015-2016 UNIVERSAL PREKINDERGARTEN  
 AND  
 STATEWIDE FULL DAY PREKINDERGARTEN  
 APPLICATION**

**CIRCLE THE APPROPRIATE SCHOOL DISTRICT WHERE YOUR FAMILY RESIDES:**  
**NORTH ROCKLAND, NYACK, RAMAPO CENTRAL  
 SOUTH ORANGETOWN**

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

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male ☐ Female ☐

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/Oriental ☐ Native Hawaiian/Pacific Islander

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

Custodial Parent/Guardian ☐ Mother ☐ Father Other (please explain) \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's 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 requested 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:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Complete Immunization Record | <input type="checkbox"/> Health Appraisal Form              |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Home Language Questionnaire  | <input type="checkbox"/> 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\***

<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_



## 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 English. Your assistance in answering these questions is greatly appreciated.*

*Thank You*

**To Be Completed By Parent/Guardian**  
(Please print or type clearly)

Student Name:

District:

Date of Birth (Mo/Day/Year):

Country of Birth/Ancestry:

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? ☐ English ☐ Other \_\_\_\_\_  
*specify*
2. What language(s) are spoken most of the time to the student, in the home or residence? ☐ English ☐ Other \_\_\_\_\_  
*specify*
3. What language(s) does the student understand? ☐ English ☐ Other \_\_\_\_\_  
*specify*
4. What language(s) does the student speak? ☐ English ☐ Other \_\_\_\_\_  
*specify*
5. What language(s) does the student read? ☐ English ☐ Other \_\_\_\_\_ ☐ Does Not Read  
*specify*
6. What language(s) does the student write? ☐ English ☐ Other \_\_\_\_\_ ☐ Does Not Write  
*specify*
7. In your opinion, how well does the student understand, speak, read and write English?

|                     | Very well                | Only a little            | Not at all               |
|---------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Guardian/Other

Date

Month:

Day:

Year:

**UNIVERSAL PRE-KINDERGARTEN (UPK) AND STATEWIDE FULL DAY  
PREKINDERGARTEN HEALTH APPRAISAL**

**Child's Name** \_\_\_\_\_ **DATE of Exam:** \_\_\_\_\_

**Male or Female** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**REQUIRED INFORMATION FOR ADMISSION**

- ☐ This child is fit for child care and preschool activities.
- ☐ A complete and up-to-date immunization record is attached (the child may not attend UPK/FULL DAY until all age appropriate immunizations have been administered or an appointment has been scheduled by the doctor)
- ☐ Proof of appointment to receive missing vaccinations is attached.
- ☐ Allergies or conditions: \_\_\_\_\_
- ☐ A special care plan is attached addressing chronic conditions, asthma, allergies, diabetes 1 or 2, hyperlipidemia, hypertension, etc.

**\*Please note: Not all UPK/FULL DAY programs administer medication.**

|  |   |  |   |  |
|--|---|--|---|--|
| Body Mass Index: ____ . ____   | Vision - without glasses/contact lenses   | R  | L |  |
| Weight Status Category (BMI Percentile):   | Vision - with glasses/contact lenses  | R  | L |  |
| <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>    | Vision - Near Point   | R  | L |  |
| <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher | Hearing <input type="checkbox"/> Pass 20 db sc both ears or:  | R  | L |  |
|  | Vision <input type="checkbox"/> Subjectively Normal<br><input type="checkbox"/> Unable to cooperate | Hearing <input type="checkbox"/> Subjectively Normal<br><input type="checkbox"/> Unable to cooperate |   |  |

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE OF EXAM** \_\_\_\_\_

Stamp: \_\_\_\_\_

**I am opting out of including my child's BMI information in the NYS Obesity Report**   Yes ☐   No ☐

**RECOMMENDED INFORMATION FOR PERMANENT SCHOOL RECORDS**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_   ☐ Normal   ☐ Condition Indicated Above

Sickle Cell Screen   ☐ Positive   ☐ Negative   Date: \_\_\_\_\_   ☐ Not done

PPD:   ☐ Positive   ☐ Negative   Date: \_\_\_\_\_   ☐ Not done

Lead Level \_\_\_\_\_ Date: \_\_\_\_\_   ☐ Not done

Dental   ☐ Referred to Dental   ☐ Dental Certificate Attached

## **Health Notes for Universal/Statewide Full Day 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, 3 Hib, 1 MMR, 1 Varicella, 4 Pneumococcal**  
(<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, 2<sup>nd</sup> Floor in the rotunda area. For appointments call (845) 364-2519. The clinic sees children under the age of 5 on the 2<sup>nd</sup> Wednesday of each month.

There are only three exceptions for proof of immunizations: 1) proof of an appointment to receive a missing immunization 2) a letter of religious exemption or 3) documentation by a health care provider of a medical exemption.

**Health Appraisal/Medical Statement:** You may use the form provided in this application or another, however, 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 |

## ELIGIBILITY CRITERIA FOR STATEWIDE FULL DAY PREKINDERGARTEN

☐ I Do Not Want To Apply For Full Day

**\*\*No need to fill out this form if not applying\*\***

☐ I Do Want To Apply for Full Day

**Answer the following questions if you are applying for full day:**

**What language(s) is spoken in your home?** \_\_\_\_\_

**What language is spoken most of the time to the child?** \_\_\_\_\_

**What language(s) does the child understand?** \_\_\_\_\_

### EARLY CHILDHOOD EXPERIENCE

☐ Yes my child has attended a child care or nursery program for at least a year.

**Name of program** \_\_\_\_\_

☐ My child has had limited child care or nursery experience. (less than 1 year attendance)

☐ No, my child has not attended any child care or nursery program.

### INCOME ELIGIBILITY

**Family Size** \_\_\_\_\_

**Annual Income** \_\_\_\_\_

**Submit for Income Verification:**

**\*\*\*\*Income Eligibility Guidelines Provided on the Next Page\*\*\*\***

☐ Certification Letter from the NYS Office of Temporary and Disability Assistance(TANF) or the Food Distribution Program on Indian Reservation (FDPIR)

**OR**

☐ Copy of 2014 Federal Income Tax Return (top page ONLY showing adjusted gross income); and

☐ 4 weeks Pay Stubs

**OR**

☐ Proof of Disability Income and/or Unemployment Insurance if applicable

**\* If you have not filed a Federal Tax Return and do not have proof of income, please submit the following:**

☐ Letter from employer stating length of employment days, hours and salary, or

☐ Letter from you indicating unemployment status



2014-2015 INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED  
PRICEMEALS OR FREE MILK

| Free Eligibility Scale     |          |         |                 |                 |         | Reduced Price Eligibility Scale |          |         |                 |                 |         |
|----------------------------|----------|---------|-----------------|-----------------|---------|---------------------------------|----------|---------|-----------------|-----------------|---------|
| Free Lunch Breakfast, Milk |          |         |                 |                 |         | Reduced Price Lunch Breakfast   |          |         |                 |                 |         |
| Household Size             | Annual   | Monthly | Twice per Month | Every Two Weeks | Weekly  | Household Size                  | Annual   | Monthly | Twice per Month | Every Two Weeks | Weekly  |
| 1                          | \$15171  | 1265    | \$633           | \$584           | \$292   | 1                               | \$21590  | \$1800  | \$900           | \$831           | \$416   |
| 2                          | \$20449  | \$1705  | \$853           | \$787           | \$394   | 2                               | \$29101  | \$2426  | \$1213          | \$1120          | \$560   |
| 3                          | \$25727  | \$2144  | \$1 072         | \$990           | \$495   | 3                               | \$36 612 | \$3051  | \$1526          | \$1409          | \$ 705  |
| 4                          | \$31005  | \$2584  | \$1292          | \$1193          | \$597   | 4                               | \$44123  | \$3677  | \$1839          | \$1698          | \$849   |
| 5                          | \$ 36283 | \$3024  | \$1 512         | \$1 396         | \$698   | 5                               | \$51634  | \$4303  | \$2152          | \$1988          | \$993   |
| 6                          | \$41561  | \$3484  | \$1732          | \$1599          | \$800   | 6                               | \$59145  | \$4929  | \$2465          | \$2275          | \$1138  |
| 7                          | \$46839  | \$3904  | \$1952          | \$1802          | \$901   | 7                               | \$66656  | \$5 555 | \$2778          | \$2 584         | \$1282  |
| 8                          | \$52117  | \$4 344 | \$2172          | \$2005          | \$1,003 | 8                               | \$74167  | \$8181  | \$3091          | \$2,853         | \$1,427 |
| Each Add'l person add      | \$5278   | \$440   | \$220           | \$203           | \$102   | Each Add'l                      | \$ 7,511 | \$626   | \$313           | \$289           | \$145   |

**Food Stamp/TANF/FDPIR Households:** Households which currently include children who receive Food Stamps or Temporary Assistance to Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR) must complete an application listing the child's name, a food stamp, TANF or FDPIR case number and the signature of an adult household member, or provide a Direct Certification letter from the NYS Office of Temporary and Disability Assistance. Children in the household with the same case number may be included on the same application. Separate applications are required for children in the same household with different case numbers. If the family does not list a food stamp, TANF or FDPIR case number for all children for whom they are applying, then the application must contain all the information as required for "other households" as described below.

**Other Households:** Households with incomes the same or below the amount of money listed above for their family size may be eligible for and are urged to apply for free and/or reduced price meals (or free milk). They may do so by filling in the application forms sent home with a letter to parents. Additional copies are available at the principal's office in each

## 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 5<sup>th</sup> 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](http://www.TeachingStrategies.com)) and is written by Diane Trister Dodge, Laura Colker and Cate Heroman. These three early childhood professionals are well known speakers, authors, educators and innovators in early childhood education.

*The Creative Curriculum for Preschool 5<sup>th</sup> 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 5<sup>th</sup> 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 1<sup>st</sup> of the 2015/2016 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 II. 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 Pre-Kindergarten and Statewide Full Day Pre-K 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 or Statewide Full Day Pre-K 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/Statewide Full Day Pre-K early childhood program).

All Universal Prekindergarten/Statewide Full Day Pre-K 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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices of early childhood programs that you want your child to attend for the Universal Prekindergarten or Statewide Full Day Pre-K Program.**

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

**Children will NOT be moved to another program after October 1, 2015 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.**

[illegible]

| AM Session  | PM Session     | Choice # (1, 2 or 3) | Village  | Program Name                                     | Address                                     | Point of Contact and Number            |
|---|----------------|----------------------|----------|--|---|--|
| Nanuet  |                |                      |          |  |   |  |
| <u>9-30-12</u>  | <u>12:30-3</u> |                      | *        | George Miller School                             | 50 Blauvelt Road<br>Nanuet, NY 10954        | Stacie Scollo<br>(845) 624-0936        |
| This program at George Miller will be operated by Kid's Kingdom and will accept Nanuet School District children only.           |                |                      |          |  |   |  |
| <u>9-11-30</u>  | <u>12:30-3</u> |                      |          | Kid's Kingdom                                    | 121 West Nyack Road<br>Nanuet, NY 10954     | Stacie Scollo<br>(845) 624-0936        |
| New City  |                |                      |          |  |   |  |
| <u>8-30-11</u>  | <u>12:30-3</u> |                      | *<br>*** | Bambini Nursery                                  | 365 Strawtown Road<br>New City, NY 10956    | Gina DeLaurentiis<br>(845) 596-9038    |
|   | <u>12:30-3</u> |                      |          | Busy Bee Playschool                              | 39 Germonds Road<br>New City, NY 10956      | Ric Rabinowitz<br>(845) 623-0849       |
| <u>9-11-30</u>  | <u>1-3:30</u>  |                      | *<br>*** | Jawonio  | 260 Little Tor Road<br>New City, NY 10956   | Gail Nachimson<br>(845) 708-2000 x3255 |
| <u>9-11-30</u>  | <u>12:30-3</u> |                      | *        | Prime Time for Kids                              | 60 Phillips Hill Road<br>New City, NY 10956 | Donna Bogin<br>(845) 639-2425          |
| <u>8-30-11</u>  | <u>12-2:30</u> |                      |          | Smarty Pants @<br>Nanuet Jewish Center           | 411 So. Little Tor Rd<br>New City, NY 10956 | Hisha Ewing<br>(845) 678-3809          |
| <u>9-11-30</u>  |                |                      |          | Town of Clarkstown<br>Street Community<br>Center | 30 Zukor Road<br>New City, NY 10956         | Shari Feinstein<br>(845) 634-3039      |
| <u>9-11-30</u>  |                |                      | *        | Tutor Time – New<br>City                         | 227 North Main Street<br>New City, NY 10956 | Karen Wizeman<br>(845) 708-8270        |
| <p><b>* Note programs that offer extended hours for a fee.</b></p> <p><b>***Note programs that offer Statewide Full Day</b></p> |                |                      |          |  |   |  |

**\* Note programs that offer extended hours for a fee.**

\*\*\*Note programs that offer Statewide Full Day



| AM Session   | PM Session        | Choice # (1, 2 or 3) | Village  | Program Name   | Address                                     | Point of Contact and Number        |
|--|-------------------|----------------------|----------|--|---|------------------------------------|
| Spring Valley  |                   |                      |          |  |   |                                    |
| <u>9-11:30</u>   | <u>11-45-2:15</u> |                      | *<br>*** | Temple Beth El<br>Nursery<br>(located on the New Hempstead border) | 415 Viola Road<br>Spring Valley, NY 10977   | Debbie Wanamaker<br>(845) 352-5823 |
| <u>9-11:30</u>   | <u>12-2:30</u>    |                      | *<br>*** | Kidsnett   | 19 Perlman Drive<br>Spring Valley, NY 10977 | Darnett Davis<br>(845) 290-0411    |
| Stony Point  |                   |                      |          |  |   |                                    |
|  | <u>12:30-3</u>    |                      | *        | Children of Mary<br>Nursery/Kindergarten                           | 174 Filors Lane<br>Stony Point, NY 10980    | Kathleen Sweeney<br>(845) 947-3183 |
| <u>9-11:30</u>   | <u>12:30-3</u>    |                      |          | Circle of Friends  | 125 W. Main Street<br>Stony Point, NY 10980 | Carmen Carnevale<br>(845) 429-7370 |
| Suffern  |                   |                      |          |  |   |                                    |
| <u>9-11:30</u>   | <u>1-3:30</u>     |                      | *        | Rockland Community College<br>Campus Fun and Learn                 | 145 College Road<br>Suffern, NY 10901       | Andrea Bogin<br>(845) 574-4561     |
| <u>9-11:30</u>   | <u>2-4:30</u>     |                      | *<br>*** | Kindercare   | 36 Route 59<br>Suffern, NY 10901            | Tricia Mendez<br>(845) 357-4048    |
| <u>9-11:30</u>   |                   |                      | *<br>*** | Airmont's Angels<br>Preschool Explorers                            | 3 Church Road<br>Suffern, NY 10901          | Wanda McCarthy<br>(845) 282-2294   |
| <u>9:15-11:45</u>  |                   |                      |          | Montebello Jewish Center   | 34 Montebello Road<br>Suffern, NY 10901     | Kathy Nelson<br>(845)357-2430      |
| * Note programs that offer extended hours for a fee.<br>***Note programs that offer Statewide Full Day |                   |                      |          |  |   |                                    |

