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, 2015 (your child must have been born between December 1, 2010 and December 1, 2011). Universal Prekindergarten is now accepting applications for the 2015-2016 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 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.

IT IS IMPORTANT TO RETURN THE COMPLETED UPK APPLICATION BY March 31ST, 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

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, 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 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 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

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

2015-2016 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
- ☐ Parent Survey

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 _____ **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 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**
- ☐ **Complete Immunization Record**
- ☐ **Home Language Questionnaire**
- ☐ **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

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

The University of the State of New York • The State Education Department • Office of Bilingual Education
Albany, New York 12234

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** _____ *specify* ❑ **Does Not Read**

6. What language(s) does the student write? ❑ **English** ❑ **Other** _____ *specify* ❑ **Does Not Write**

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	❑	❑	❑
Speaks English	❑	❑	❑
Reads English	❑	❑	❑
Writes English	❑	❑	❑

_____ Month: Day: Year:

Signature of Parent/Guardian/Other *Date*

UNIVERSAL PRE-KINDERGARTEN (UPK) 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 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, diabeties 1 or 2, hyperlipidemia, hypertension, etc.**

***Please note: Not all UPK 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	
❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th	**Vision** - Near Point	R	L	
❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher	**Hearing** ❑ Pass 20 db sc both ears or:	R	L	
	Vision ❑ Subjectively Normal ❑ Unable to cooperate	**Hearing** ❑ Subjectively Normal ❑ 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 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, 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 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 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 5th 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. These three early childhood professionals are well known speakers, authors, educators and innovators in early childhood education.

The Creative Curriculum for Preschool 5th 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 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 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, 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.

AM Session	PM Session	Choice # (1, 2 or 3)	Village	Program Name	Address	Point of Contact and Number
Blauvelt						
	1-3:30		* ***	Preschool Playhouse/ Funland	557 Western Highway Blauvelt, NY 10913	Marilyn Fiala (845) 359-8019
8:30-11:15			* ***	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.						
Congers						
9-11:30			*	Tutor Time – Congers	285 Route 303 Congers, NY 10920	Toni Ann Divenere (845) 267-3380
Garnerville						
9-11:30	12:30-3		*	Time In Child Care Inc.	60 Captain Shankey Drive Garnerville, NY 10923	Denise Forsberg (845) 942-8149
8-11:30	11:30-2		* ***	St. Gregory	26 Cinder Rd Garnerville, NY 10923	Thomas Hamilton (845) 947-1330
Haverstraw						
10:45-1:15	1:30-4		* ***	Haverstraw Day Care, Inc.	212 Route 9W Haverstraw, NY 10927	Eyleen Ortiz (845) 429-2323
8:30-11				Haverstraw Head Start	138-146 Maple Avenue Haverstraw, NY 10927	Frances Rivera (845) 429-2225
Haverstraw						
8:30-11			* ***	West Street Child Care Learning Center	20 George Street Haverstraw, NY 10927	Yaury Peralta (845) 942-7580

*** 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
Nanuet						
9:30-12	12:30-3		*	George Miller School	50 Blauvelt Road Nanuet, NY 10954	Stacie Scollo (845) 624-0936
This program at George Miller will be operated by Kid's Kingdom and will accept Nanuet School District children only.						
9-11:30	12:30-3			Kid's Kingdom	121 West Nyack Road Nanuet, NY 10954	Stacie Scollo (845) 624-0936
New City						
8:30-11	12:30-3		* ***	Bambini Nursery	365 Strawtown Road New City, NY 10956	Gina DeLaurentiis (845) 596-9038
	12:30-3			Busy Bee Playschool	39 Germonds Road New City, NY 10956	Ric Rabinowitz (845) 623-0849
9-11:30	1-3:30		* ***	Jawonio	260 Little Tor Road New City, NY 10956	Gail Nachimson (845) 708-2000 x3255
9-11:30	12:30-3		*	Prime Time for Kids	60 Phillips Hill Road New City, NY 10956	Donna Bogin (845) 639-2425
8:30-11	12-2:30			Smarty Pants @ Nanuet Jewish Center	411 So. Little Tor Rd New City, NY 10956	Hisha Ewing (845) 678-3809
9-11:30				Town of Clarkstown Street Community Center	30 Zukor Road New City, NY 10956	Shari Feinstein (845) 634-3039
9-11:30			*	Tutor Time – New City	227 North Main Street New City, NY 10956	Karen Wizeman (845) 708-8270

*** 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
Nyack						
	3:30-6		* ***	Montessori Center of Nyack	85 Marion Street Nyack, NY 10960	Dorothy Goren (845) 358-9209
9-11:30				Nyack Head Start	85 Depew Avenue Nyack, NY 10960	Kira Davenport (845) 358-2234
9-11:30	1-3:30		*	Children of America	265 No. Highland Ave Nyack, NY 10960	Katie Mathsen (845) 348-1433
9-11:30	11:45-2:15			Temple Beth Torah	333 North Highland Avenue Nyack, NY 10960	Debbie Wanamaker (845) 352-5823
Pearl River						
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	Bette Tomaino (845) 735-4787
9:15-11:45	1-3:30			Tall Pines Nursery School	84 Ehrhardt Road Pearl River, NY 10965	Diane Kayser (845) 735-7227
Pomona						
9:30-12	1-3:30		* ***	Rockland Worksite Day Care	50 Sanatorium Road Bldg R Pomomna, NY 10970	Maria Ceci (845) 364-2697
Sloatsburg						
	12:30-3			Y's Beginnings-Sloatsburg	11 Second Street Sloatsburg, NY 10974	Suzette Venner (845) 357-3223

*** 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			
9-11:30	11:45-2:15		* ***	Temple Beth El Nursery **(located on the New Hempstead border)**	415 Viola Road Spring Valley, NY 10977	Debbie Wanamaker (845) 352-5823
9-11:30	12-2:30		* ***	Kidsnett	19 Perlman Drive Spring Valley, NY 10977	Darnett Davis (845) 290-0411
			Stony Point			
	12:30-3		*	Children of Mary Nursery/Kindergarten	174 Filors Lane Stony Point, NY 10980	Kathleen Sweeney (845) 947-3183
9-11:30	12:30-:3			Circle of Friends	125 W. Main Street Stony Point, NY 10980	Carmen Carnevale (845) 429-7370
			Suffern			
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	2-4:30		* ***	Kindercare	36 Route 59 Suffern, NY 10901	Tricia Mendez (845) 357-4048
9-11:30			* ***	Airmont's Angels Preschool Explorers	3 Church Road Suffern, NY 10901	Wanda McCarthy (845) 282-2294
9:15-11:45				Montebello Jewish Center	34 Montebello Road Suffern, NY 10901	Kathy Nelson (845)357-2430

*** 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
Suffern (continued)						
8-10:30	11:30-2		* ***	Sacred Heart School	60 Washington Ave Suffern, NY 10901	Kathleen Grande (845) 357-1684
9:30:-12	1:30-4		* ***	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	Suzette Venner (845)357-3223
Tappan						
9-11:30	12:30-3			Children's Enrichment Center	32 Old Tappan Road Tappan, NY 10983	Joanne Volpe (845) 398-3370
Valley Cottage						
	12:15-2:45		*	St Paul's Pre-K	365 Kings Highway Valley Cottage NY 10989	Sister Stephen Gerard (845) 268-6506
9-11:30	12:30-3		*	The Jan and Nile Davies Learning Center	Bldg. 40 Route 9W Helen Hayes Hospital West Haverstraw, NY 10993	Ann Taylor (845) 786-4595

***Note programs that offer extended hours for a fee.**
***** Note programs that offer Statewide Full Day**