



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

Register Now!

2025-2026

Dear Parent/Guardian(s):

Welcome to the Universal Pre-K Program!

Preschool provides children with a strong foundation in social, pre-academic, and life skills that will prepare them for school and beyond. The Universal Pre-Kindergarten Program services children who will be four years old by December 1, 2025 and are residents of the Utica City School District. The program provides children with two and a half hours of instruction, five days a week for the entire school year. There are NO FEES for eligible children to participate.

Please find the 2025-2026 Universal Pre-Kindergarten registration packet and a list of participating agencies attached. Once you have completed the packet, you may complete the registration process at the UPK Community Agency site of your choice. Partnering agencies operate independent of the Utica City School District and may provide additional services. Childcare services beyond the UPK program hours may be available at many of the participating sites for a fee.

Registration packets are available at uticaschools.org and participating UPK Community Agencies. In the event more registrations are received than seats available, a lottery will be held on June 2, 2025. Please complete the attached packet and submit it with the required documents listed below to the agency of your choice.

- Universal Pre-Kindergarten Registration Form (attached)**
- Home Language Questionnaire (attached)**
- Student Racial and Ethnic Identification Form (SREI attached)**
- Physical History Form (attached)**
- Current Report of Physical History Exam (signed by a doctor)**
- Birth Certificate**
- Immunization records with required shots**
- Current Proof of Residency – (National Grid, water, cable, telephone landline bill, TANF Budget Sheet or SSI Award Letter, lease/deed, Utica tax bill, paystub)**

If you have any questions, please call the Universal Pre-Kindergarten Office at 315-792-2216.

Sincerely,

Judeanne Rockford
Director of Childhood Education

929 YORK STREET / UTICA, NY 13502 / **UTICASCHOOLS.ORG**



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

UPK COMMUNITY AGENCIES 2025-2026

AGENCY INFORMATION	UPK HOURS	CHILD CARE AVAILABLE	BUSSING AVAILABLE
<p>Head Start Mohawk Valley Community Action Agency Assistant Director of Child Development: Michelle Kelley 315-624-9930 X2830</p>	<p>*Income eligibility applies Hughes – 24 Prospect St. Kernan – 929 York St. Calvary – 308 South St. Ney – 1110 Ney Ave</p>	<p>8:30AM-2:30PM Full Day</p>	<p>Yes At no cost (6 hrs. per day)</p>
<p>Neighborhood Center Director: Sabrina Lamie Receptionist: 315-272-2760 or 315 272-2600</p>	<p>624 Elizabeth St. Jones Elementary 2630 Remington Rd.</p>	<p>AM: 8:30-11:00 PM: 12:30-3:00 FULL: 8:30-1:30</p>	<p>Yes No No</p>
<p>North Utica Senior & Pre-K Center Director: Sabrina Lamie 315-724-2430/fax:315- 7242431</p>	<p>50 Riverside Dr.</p>	<p>AM: 8:30-11:00 PM: 12:30-3:00</p>	<p>No No</p>
<p>Notre Dame Elementary Director: Carol Polito 315-732-4374</p>	<p>11 Barton Ave.</p>	<p>AM: 8:00-11:00 PM: 11:30-2:30 FULL: 8:00-2:30</p>	<p>Yes (PM & Full Time Students) No</p>
<p>Thea Bowman House Director: Jane Domingue Site Supervisor: Sandra Wright 315-735-6995 315-797-0748 315-724-6388</p>	<p>309 Genesee St.</p>	<p>AM: 9:00-11:30 PM: 12:30-3:00</p>	<p>Yes No</p>



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2025-2026 UPK PREFERENCE SHEET

Child's Name _____ Circle One
AM or PM

Please check and number in order of preference three Universal Pre-K sites below. #1 being the first site you prefer (see the attached list of eligible agencies for program details).

Please contact the UPK agency you select to schedule an appointment to drop off the completed UPK Informational Packet and register your child(ren).

Universal Pre-Kindergarten Agencies

Head Start – (315) 624-9930

*Income Eligibility Applies

Choose a location below:

- Hughes Elementary - 24 Prospect St.
- Kernan Elementary – 929 York St.
- Calvary – 308 Square St.
- Ney Ave – 1110 Ney Ave

Neighborhood Center

- Neighborhood Ctr. - 624 Elizabeth St.
- Neighborhood Ctr. - Jones Elementary
2630 Remington Rd.

- North Utica Community Center
50 Riverside Drive

- Notre Dame UPK
11 Barton Ave

- Thea Bowman House
309 Genesee St.

RESIDENCY

***I affirm that my child is currently a resident of the Utica City School District. If I move to another address within Utica during the school year, I will provide an updated proof of address within 30 days. I UNDERSTAND IF I MOVE OUT OF THE UTICA CITY SCHOOL DISTRICT MY CHILD/CHILDREN ARE NO LONGER ELIGIBLE TO ATTEND THE UTICA UNIVERSAL PRE-KINDERGARTEN PROGRAM.**

**** I UNDERSTAND THAT MY CHILD/CHILDREN MUST ATTEND daily Pre-Kindergarten classes unless I provide a valid legal written excuse.**

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

2025-2026 UPK CONTACT FORM

Child's Name _____
Last First Middle

Date of Birth _____ Gender: Male Female

Address of Child's Residence _____ Apt# _____ Zip Code _____

Is this your permanent address? Yes No If you answered NO, please complete a Student Residency Affidavit

Language(s): English Other(s) _____

Student reside with: Both Parents Mother Father
Other _____

**Is there a CURRENT ORDER OF PROTECTION or NO CONTACT ORDER which concerns this child?

No Yes (If, yes please provide a current copy of the documentation and directions for school staff).

**Has your child been identified as a preschool student with a disability as determined by the Committee for Preschool Education? No Yes

CONTACT #1 Adult residing with child (PRIMARY UTICA RESIDENCE)

_____ Relationship to child _____	
Last Name _____	First Name _____
Home Phone # _____	Cell Phone # _____
Work Phone # _____	E-Mail Address _____
*Please provide up-to-date contact information for emergency purposes.	

CONTACT #2

_____ Relationship to child _____	
Last Name _____	First Name _____
<input type="checkbox"/> CHECK BOX IF ADDRESS IS THE SAME AS ABOVE If NO please list _____	
Home Phone # _____	Cell Phone # _____
Work Phone # _____	E-Mail Address _____
*Please provide up-to-date contact information for emergency purposes.	

If you have other children living with you, please provide the names, birthdates, and school they attend.

Last Name	First Name	Date of Birth	School Name



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

2025-2026 UPK PHOTO/VIDEO RELEASE FORM

Our educational programming includes the documentation and presentation of student work in our buildings through digital media and photographs.

Some photographs and video recordings may capture your child's participation, directly or indirectly.

These media recordings may be used to share student lessons and presentations through public broadcasting in school or may be posted on our website, social media pages, news bulletins, billboards and ads.

STUDENT'S WILL AUTOMATICALLY BE OPTED IN.

If you **DO NOT** wish to have your child appear in school district digital media and/or photographs, this form **MUST** be signed and returned to your child's homeroom teacher.

I DO NOT give permission for the Utica City School District to use images and representations of my child in social related activities including filming, photography and presentation purposes.

Student's Name (print)

School

Teacher

Parent/Guardian (print)

Parent/Guardian (signature)

Date



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

STUDENT RACIAL & ETHNIC IDENTIFICATION

FORM SREI

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of Student:

Date of Birth (Month/Day/Year):

/ /

School Student will be Attending:

DIRECTIONS TO PARENTS/GUARDIANS

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes, Hispanic

No, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child; **You must check (✓) at least ONE box regardless of your answer to question 1.**]

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment,

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

Mother

Father

Guardian

Other (Specify)



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

STUDENT RACIAL & ETHNIC IDENTIFICATION

FORM SREI

To the Parent/Guardian: The Utica City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Utica City School District in accordance with the federal categories and definitions. The information will be used to :

- ❖ Report information to the State and Federal Education Departments.
- ❖ Plan educational programs and make sure that they are readily available to all students.
- ❖ Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a (✓) in the box for the category or categories which best describe your child. The Utica City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the reverse side of this page.



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

PHYSICAL HISTORY

Child's Last Name, First Name _____

Date of Birth _____

Place of Birth _____

Parents' Names _____

Place of Employment _____

Tel. No. Home/Work _____

PHYSICAL HISTORY: What diseases or conditions has your child had? (Give dates.)

Chickenpox _____

Rheumatic Fever _____

Throat Infection _____

Scarlet Fever _____

Diabetes _____

Heart Disease _____

Pneumonia _____

Ear Infection _____

Epilepsy _____

Other _____

Does your child have allergies, asthma? _____

Yes

No

If yes, what is your child allergic to? _____

Does your child take medication? _____

Yes

No

If yes, give name of medication, dosage and for what condition:

Has your child ever had an accident, operation or x-rays? _____

Yes

No

Explain: _____

Does your child have any limitation that the school should know of? _____

Yes

No

Explain: _____

Is your child toilet trained? _____

Yes

No

Is there anything about the eyes, ears, teeth or general health of your child that the school should know of? _____

Yes

No

Explain: _____

EMERGENCY CARE: In case of an emergency, we will contact you immediately at the phone number provided above. If it is not possible to reach you, please state below what action you wish the school to take and the name of your preferred hospital.

NAME & TELEPHONE OF CHILD'S DOCTOR: _____

NAME & TELEPHONE OF EMERGENCY CONTACT: _____

NAME OF HOSPITAL EMERGENCY ROOM: _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

STUDENT RESIDENCY QUESTIONNAIRE

NOTE TO SCHOOLS: **Please assist students and families fill out this form.** Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____
Month Day Year (preschool-12)

Current Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

- In a shelter (one night at a time)
- In transitional housing (shelter for longer periods of time)
- "Doubled-Up" – living with relatives, another family, or other people because of loss of housing or as a result of economic hardship
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (**Please describe**): _____

- Permanently housed (not eligible for McKinney Vento services)

Is the student an "unaccompanied youth" (not living with a parent or guardian)? _____

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOL: If the student is **NOT** living in permanent housing, please ensure that a STAC-202 form is completed and sent to Pre-K & Student Programs. Safe Schools coordinators are available to assist with this procedure. Send all documentation related to the student's temporary housing situation to Pre-K & Student Programs. Do **NOT** retain copies of these forms in the student's permanent file.



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K Program

NEW YORK STATE EDUCATION DEPARTMENT



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?



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NEW YORK STATE EDUCATION DEPARTMENT

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.)?
<i>Language Outside the Home/Family</i>
10. Has your child attended any nursery, Head Start or childcare program? <input type="checkbox"/> yes <input type="checkbox"/> 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?
<i>Language Goals</i>
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? <input type="checkbox"/> yes <input type="checkbox"/> no
14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, in what language(s)?
<i>Emergent Literacy</i>
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? <input type="checkbox"/> yes <input type="checkbox"/> no
16b. Can your child recognize letters or symbols in another language? <input type="checkbox"/> yes <input type="checkbox"/> no



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STUDENT RESIDENCY QUESTIONNAIRE

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.

¹ 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.



UTICA CITY SCHOOL DISTRICT

UNIVERSAL PRE-K *Program*

NYSed requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal: _____

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

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

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
 ___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____



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PHYSICAL EXAM

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

AREA OR SYSTEM	ABNORMAL FINDINGS
Eyes	
Ears, Nose, Throat	
Mouth, Teeth	
Thyroid	
Lymph Nodes	
Skin	
Chest, Lungs	
Heart	
Abdomen	
Genitalia (Tanner) <input type="checkbox"/> Refuse <input type="checkbox"/> Student states both testicles down, no masses	
Musculoskeletal	
Neck, Spine, Posture	
Shoulders	
Arms, Elbows, Hands	
Hips, Thighs	
Ankles, Feet	
ROM, Strength	
Knees	

Smoke: _____ ETOH: _____ Drug: _____

CP, SOB or dizzy with ex: _____

Concussion: _____ Mono: _____

Family History Early Cardiac: _____

Joint or Muscle Problem: _____

Referrals/Recommendation: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 2/08