



**Niagara Falls City School District  
Universal Pre-Kindergarten Program**

**630 - 66<sup>th</sup> Street  
Niagara Falls, NY 14304  
286-4253**

***The Niagara Falls City School District is offering a FREE program for children of Niagara Falls residents who will be 4 years of age on or before December 1, 2017.***

**About the Program**

- Full-day program Monday through Friday. Tuesday - 2:00 p.m. dismissal.
- Literacy rich program designed to help young children enter Kindergarten ready to learn.
- **TRANSPORTATION IS NOT PROVIDED.**
- Child must turn 4 years of age on or before December 1, 2017.

**How to Apply**

- Complete and return the Universal Pre-Kindergarten Program Application to: Niagara Falls Board of Education, Attention - UPK, 630 - 66<sup>th</sup> Street, Niagara Falls, NY 14304 (or return to any school in the District).
- If your child is in the District's current Pre-K 3 program, you will need to reapply.
- ***Deadline to be included in lottery is March 31, 2017.***

**Placement Process**

- Applications received by March 31, 2017 are sorted by home school, which is based on your home address. Applications received after March 31, 2017 will be placed on a waiting list and you will be notified as openings become available.
- Placement notification letters will be sent in May. Once your placement letter is received, you **must** register your child at the District Administration Building, 630 - 66<sup>th</sup> Street, Niagara Falls **by June 30, 2017.**
- Placement at one of our community-based Pre-K programs is also available.

**For more information call: 286-4253**

**Niagara Falls City School District**  
**Universal Pre-Kindergarten Program Application**  
**2017-2018 School Year**

**Child's Name:** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

**Work Phone:** Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Child's Gender:** Female / Male  
(circle one)

**Language Spoken at Home:** \_\_\_\_\_

**Does your child receive any special education services? (please specify):**

\_\_\_\_\_  
\_\_\_\_\_

**Other children in home:**

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

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

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

**Race/Ethnicity** (please circle all that apply):

Black White Asian American Indian Other \_\_\_\_\_

**\*\*\* DO NOT WRITE IN THIS BOX – FOR SCHOOL OR CENTRAL OFFICE USE ONLY \*\*\***

**Rec'd by:**  School - Date/Time: \_\_\_\_\_ Home School: \_\_\_\_\_

**Rec'd by:**  BOE - Date/Time: \_\_\_\_\_ Placement Location: \_\_\_\_\_