



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY

Our rich history builds a promising future!

Kevin M. Coster
Superintendent of Schools

UNIVERSAL PRE-KINDERGARTEN APPLICATION

Send To:
William Floyd School District
Universal Pre-Kindergarten
111 Lexington Road
Shirley, NY 11967

**My child will be four years old by
December 1st of:**
2018 ()
2019 ()
2020 ()

Please Print

Child's Name: _____

Child's Age: _____ Child's Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Child's Home Address: _____ Town: _____

Home Telephone #: _____ Work Telephone #: _____

Cell Phone #: _____ Email Address: _____

Total Family Monthly Income: \$ _____ Number of Family Members: _____

Has your family participated in (please check): () UPK () Parent Child Home Program

Is your child in a Special Education program or receiving any services: () YES () NO
If "YES", please check below:

() SEIT () SPEECH () OT () PT

Does your child currently attend a preschool or daycare center? If so, where _____

Which preschool would you prefer for UPK (circle one):

Colonial Youth / Head Start / Harmony Pre-School / Just Kids

Do you have a form of transportation: () YES () NO

If NO, will you need a school within walking distance: () YES () NO
(Please note transportation will not be provided)

I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal laws.

THIS PROGRAM WILL NOT BE AVAILABLE IF FUNDING IS NOT PROVIDED FROM NEW YORK STATE

Required Signature of an adult member of the household: _____

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 30th.



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