

Application for FREE Pre-Kindergarten Program

The Solvay School District offers a pre-kindergarten program for four-year olds **residing in the Solvay School District** for the 2016-2017 school year. There is **no charge to families regardless of family income**. This program is funded by special grants from the New York State Education Department. We have funding for only 72 students total at Solvay Elementary School (full day Monday – Friday).

To be eligible and considered for the program a child **must be four years old on or before December 1, 2016**, be a resident of the Solvay School District, and must have all required immunizations. Transportation is provided for students attending Solvay Elementary School once they are 4 years old. Until then, parents are responsible for transportation.

Children will be selected randomly from applicants who have applied if the number of applications exceed the seats available. If you are interested in having your child participate in the Pre-Kindergarten program for the 2016-2017 school year, please fill out and return this application **by 4 p.m. on Friday, April 1, 2016**. In addition, include a copy of your child’s birth certificate, a copy of your child’s immunization and health records, and proof of residency in the Solvay School District. Residency information is available at www.solvayschools.org under the District tab - Parent Resources, then click on “Residency & Age Determination List.” Please note: Cancelled mail is not acceptable proof of residency.

Send all materials, including this application to: **Assistant Superintendent for Instruction**
Attention: Pre-Kindergarten Program
103 Third Street
Solvay, NY 13209-1532

Once we receive all of the above required materials, we will review your application for your child’s inclusion in the Pre-Kindergarten random selection process for the 2016-2017 school year. We will notify you if anything is missing. Participation in the selection process does not guarantee a spot in the program as seats are limited to 72. If your child is not selected, they will be placed on a waiting list.

Child’s Name: _____ Child’s Date of Birth: _____

Parent(s) Name: _____
(If the child is residing with both parents, please provide both names)

Parent Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
Father / Male guardian

Cell Phone: _____ Work Phone: _____
Mother / Female guardian

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