

MINISINK VALLEY CENTRAL SCHOOL DISTRICT

NIVERSAL RE-K ROGRAM PPLICATION

To apply for the universal pre-k program for your child, complete this form, sign your name, enclose proof of residency and student birth certificate, and **return it by Friday, June 8, 2018, no later than 3:00 pm** to:

*Diane Super, Registrar  
Minisink Valley CSD  
PO Box 217  
Slate Hill, NY 10973*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: In the past, students were chosen based on income. As per New York State guidelines, students will now be chosen for the Universal Pre-K Program using a lottery system.*

If you need any assistance in completing this application, please call Diane Super at (845) 355-5812.

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Student Name \_\_\_\_\_

Choice of Preschool:  
\_\_\_\_\_

**\*Proof of residency and birth certificate must accompany application to participate in the lottery.**