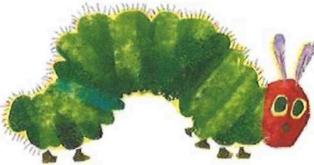
Pre-Kindergarten Application for 2023 -2024 School Year

At Ichabod Crane Central School District
Located in the ICC Primary Building
Integrated Classroom / Targeted Pre-K
ICC/Questar III/Advanced Therapy

Please mail attached application and required income verification to: C/O: Beverly Grochan
Re: Ichabod Crane Pre-K Application
Questar III
10 Empire State Blvd
Castleton-On-Hudson, NY 12033
Please do not email



Begin... Grow... Become...

Teachers in This Collaboration

- Jennifer Welch, MS Special Education Inclusion / General Education Pre-K Teacher for Questar III
- Kristine Cross / Teacher Assistant for Questar III
- Special Ed Teacher for Advanced Therapy
- Teacher Assistant for Advanced Therapy

Thank you for your interest in the Ichabod Crane Pre-K program in collaboration with Questar III BOCES. For the 2023-2024 school year Ichabod Crane will once again offer two half day sessions. The morning session will run from 8:00 a.m. to 10:30 a.m. and the PM session runs from 11:30 a.m. to 2 p.m. Transportation to and from the program is provided by the families.

Students will be chosen by a lottery and parents will be notified in April if their child was chosen. If you have any questions please email Early Learning Principal, Michael Burns at michael.burns@questar.org.

Ichabod Crane Pre-Kindergarten Application In Collaboration with Questar III BOCES and Advanced Therapy

Student Verification Form

Student Name: ____

Physical Address: ____

Mailing Address: ____

Home Phone: _______________

Resides with: _______________(options: Guardian 1, Guardian 2, Guardian 1 & 2, Joint custody)

Guardian 1 Information- Relationship to student _________________

Name: _________________________

Email _________________________

Address: ____

Home Phone: _______________ Cell:___________ Work: ___________

Guardian 2 Information- Relationship to student ______________________

Name: ____________________________

Email ______________________________

Address: ____

Home Phone: ______________ Cell: __________ Work: ____________

Emergency Contacts- In case of emergency and if parents cannot be reached, call the following...

1. Name/Phone: ________________________________
2. Name/Phone: ________________________________

Policies and Permissions

My signature on this form indicates I have reviewed the following District policies (available online: https://www.ichabodcrane.org/district/annual-notifications/)

Signature of parent or guardian: ______________ Date: _____________

Income Verification

Please do not email income verification

Estimated Total Yearly Gross Income ______________________________

Income Verification attached:

__ tax return ___paycheck stub __ public assistance form

Other sources of income:

- Child support
- Disability
- Food stamps
- Unemployment insurance
- aid/dependent children
- Social security
- Other (Please specify)

Signature ____

Relationship to Child _________________________________

Date of Application ___________________________________

School Year: ___________

STUDENT HEALTH FORM and EMERGENCY TREATMENT AUTHORIZATION

Student Name: ______________________________________ **Date of Birth**: ________________

Questar Program/Building: ____________________________ **Teacher:** ____________________

Please note any medical conditions which may influence the student's participation in physical activities or emergency treatment. Notify the school nurse of any health or medication changes during the school year.

☐ Medications: (*list all medications, even if not taken at school*) __________________________________

____

Medication Side Effects: ____

☐ Allergies (*please specify type/allergens*) ____

☐ Asthma ____

☐ Cardiovascular issues (*explain*) ____

☐ Diabetes (Type I, Type II) ____

☐ Surgeries (*recent or long-term impacts*) ____

☐ Syndrome (type) ____

☐ Seizure Disorder (type) ____

☐ Pregnancy ____

☐ Communication Needs ____

☐ Behavior Support Needs____

☐ Other ____

For Directions or Care:

Family Physician: __________________________________ Phone: ______________________

Family Dentist: __________________________________ Phone: ______________________

Emergency Treatment Authorization: I give permission to Questar III and its employees to arrange for emergency medical treatment as may be needed for my child in the event a parent/guardian is not available.

Parent/Guardian Signature: ___________________________________ Date: ______________

Print Name: ______________________________________ Phone: ______________________

NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for Prekindergarten Students[i]

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?

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.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? ☐ yes ☐ 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?

Language Goals

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? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?
☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

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? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

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.

[i] 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.

PERMISSION TO USE STUDENT PHOTOGRAPH

I Refuse Permission ☐

To Questar III to use the photograph, photographic image, name, audio recording

and/or video recording of ______________________________________
(Student's Name)

for purposes of general publicity and/or student recruitment, in any medium whatsoever, including, but not limited to, publications, public relations, promotions, publicity and advertising.

______________________________________ ________________
Parent/Guardian Signature (if student is under 18) Date

______________________________________ ________________
Student Signature Date

____
Home School District

Updated 8-13-2018