

Pre-Kindergarten Application for 2024 -2025 School Year

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

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

Thank you for your interest in the Ichabod Crane Pre-K program in collaboration with Questar III BOCES. For the 2024-2025 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.

Questar III's Pre-kindergarten Program provides comprehensive child development services to classes of 18 children during the school year. *Targeted toward children from lower-income families or experiencing risk factors*, the program follows New York State Education Department (NYSED) regulations for pre-kindergarten programs. It is partially funded by a NYSED grant. First priority is given to families from lower-income or experiencing risk factors.

Students will be chosen by a lottery if needed and parents will be notified in late May 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

Student Verification Form

Student Name: _____

D.O.B. _____ Current Age: _____

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 _____