

Ichabod Crane Central School District
Questar III BOCES



Pre-Kindergarten Program

- ★ **Half-Day Program**
- ★ **For children living in the Ichabod Crane CSD**
- ★ **Must be 4 years old on or before December 1**



- ★ **Comprehensive, Enriched and Integrated Program Taught by a Certified Teacher**
- ★ **Focuses on Child-Centered Activities, the Development of Strong Foundational Skills in Early literacy and Numeracy, Social Interaction and Kindergarten Readiness Skills**

REGISTER NOW!

Visit: www.ichabodcrane.org/ps/pre-k/

Ichabod Crane CSD Pre-K Program in Collaboration with Questar III BOCES

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 2025-2026 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.

If the number of children registered for universal prekindergarten exceeds the available spots, admission will be determined through a random selection process (lottery) held in May. This process will use an electronic lottery system, and the drawing will be streamed online for transparency. Siblings, such as twins or triplets, will be treated as one unit and entered into the lottery as a single entry. Once all available spots are filled, the remaining names will continue to be drawn to create a waitlist. Families will be informed of their lottery status shortly after the drawing. Any registrations received after May will be processed on a first-come, first-served basis, depending on the remaining availability

**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/>)

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Session Preference:

Morning (8 a.m. to 10:30 a.m.) Afternoon (11:30 a.m. to 2 p.m.)

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 _____

Additional Information

Developmental History

- Is there anything about your child's background or home life that you feel is important for us to know?

- Was your child's early development (motor skills, language, social) typical, or did they experience any delays or challenges?

- Have there been any significant medical or health issues we should be aware of?

Speech and Communication

- How would you describe your child's speech and language skills? Are there any concerns about their ability to express themselves or understand others?

- Has your child ever been evaluated for speech or language delays, or received speech therapy?

Social Skills

- How does your child typically interact with other children? Do they play well in group settings, or do they prefer to play alone?

- Are there any concerns about your child's ability to make friends or share with others?

Behavior and Emotional Development

- How does your child cope with changes in routine or unfamiliar situations?

- Are there any behaviors (positive or negative) that we should be aware of that might help us support them in class (e.g., difficulty transitioning, anxiety, aggression, tantrums)?

- How does your child express emotions (e.g., frustration, excitement, sadness)?

Learning and Cognitive Skills

- How would you describe your child's ability to follow instructions or complete tasks?

- Does your child have any particular interests or strengths (e.g., numbers, letters, animals, art)?

Special Needs and Support

- Does your child have an Individualized Education Plan (IEP), 504 Plan, or receive any special education services?

- Are there any specific accommodations or supports your child may need in the classroom?

- Has your child received any evaluations for developmental, behavioral, or learning concerns?

Health and Safety

- Does your child have any allergies, medical conditions, or dietary restrictions?

- Is your child taking any medications that we should be aware of?

- Does your child have any issues with sleep, eating, or toileting that may affect their day at preschool?