

Royalton-Hartland Central School District
Universal Pre-Kindergarten Program Application 2009/10

(Contingent upon the availability of New York State Universal Pre-K funds)

Complete and mail to: Royalton-Hartland Elementary School, 4500 Orchard Place,
Gasport, NY 14072 Attention: PreK, Mrs. McCarthy

Child's Name: _____

Parent(s)/Guardian(s) _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Work/Cell Phone:** _____

Child's Date of Birth: _____ **Child's Gender:** _____

Language Spoken at Home: _____

Does your child receive any special education services or have other special needs? Please List: _____

I would prefer my child attend: ___ **AM (9:-11:30am)** ___ **PM (12:45-3:15pm)**

Other children at home:

Name: _____ **School:** _____

Name: _____ **School:** _____

Name: _____ **School:** _____

In case of emergency, please contact:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____