

## Pearl River Union Free School District Pearl River Residents Only 2022-23 Universal Pre-K Application

Child's First Name:	Child's Last Name:
Date of Birth:	Gender:
Are you interested in a full-day Pre-K Program? Yes Has your child attended other early childhood/preschool Language Spoken at Home (if other than English):	ol programs? Yes No
ETHNICITY (please check all that apply)	
<del></del>	White Asian Hawaiian/Pacific Islander mittee om Preschool Special Education Yes No
CUSTODIAL PARENT/GUARDIAN & CONTACT I	NFORMATION
#1 First Name:	Last Name:
Phone Number:	Cell Home Work
Email Address:	Relationship:
#2 First Name:	Last Name:
Phone Number:	Cell Home Work
Email Address:	Relationship
Please indicate the best form of communication Mail_	Email Cell Phone Home Phone
HOME ADDRESS	
Street	Apt#:
City	State: Zip Code
record of baptism, giving the date of birth; a B. A passport showing the date of birth of the C. Other documentary evidence or other record 2. Proof of residence- 2 Documents are requested address on a current property tax bill, rental lead DOCUMENTS as proof of residence are handwr utility bills and income tax returns).  I have completed the application and submitted the results.	ate filed according to the law, or a duly certified transcript of a or, if not available minor; or, if not available rded evidence in existence for two years or more.  I. (Documentation showing your name & address. Ex.: Mailing ase, bank statement, or utility bill. UNACCEPTABLE itten envelopes, magazine covers, termination notice for equired documentation. I understand that my application will
not be considered for selection unless all the following	g documentation has been submitted and is complete:  ility Proof of Residence
	· ——
Signature of Parent/Guardian	Date
Please mail completed application and required docum	nentation by <mark>April 1, 2022</mark> to:
Pearl River UFSD, Attention: UPK Registration, 13	5 West Crooked Hill Road, Pearl River, New York 10965

Email any questions to: UPK@PearlRiver.org