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UPK Registration Drop Off begins April 4<sup>th</sup> at the VES main doors.

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## Voorheesville Central School District & Serendipity Day Care LLC

22 Grove St., Voorheesville, NY 12186

### PreK 4-Year-Old Program Information

The Voorheesville Central School District is pleased to announce that our community-based partner (CBO) for our 4-year-old UPK program is Serendipity Day Care Center LLC

Serendipity was established in 1982 by Jill DePasquale. They create programs for students that allow for a positive, nurturing, and enriching experience. Their priority is to offer high-quality education in an environment that is safe, comforting, and conducive for learning to their students.

Contingent on NYS Education Department's grant funding, the district will be collaborating on 1 full day classroom for 4-year-olds. The full day class is designed to meet the needs of 18 students.

The **full day class** will run from **9:00am-3:00pm**. The full day students will be provided with lunch. This program is *free* to all who participate. Please note, before and after care through Serendipity will **not** be an option for this program.

Our goal is to begin the program on September 6, 2022. It is imperative that your application is received no later than **May 13**.

Placements are limited and will be assigned through a lottery system if oversubscribed.

Applications not initially selected will be placed on a waiting list and called when a space becomes available.

IF YOUR APPLICATION IS SELECTED YOU WILL RECEIVE AN ACCEPTANCE LETTER/CALL BY **JUNE 10, 2022**.

Transportation is not provided.

**We kindly ask that you share this information with others in our community.**

**PLEASE RETURN THE FOLLOWING ITEMS WITH YOUR REGISTRATION PACKET:**  
(YOUR APPLICATION CANNOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING)

**Where can I obtain a registration packet for the UPK program?** You can pick up a registration packet from the main office at Voorheesville Elementary School between the hours of 8 a.m. and 3 p.m. beginning Monday, April 4, 2022. The complete registration packet can also be found on our website. Please visit our website at [www.voorheesville.org](http://www.voorheesville.org) Click on the **About Us** tab and you will see **About Us Links** on the right-hand side of the page. Click on **Student Registration**. Under student registration you will find the complete UPK registration packet. If you have any questions, please contact Jeffery Vivenzio, District Registrar, at 518-765-2382 x504 or by email at [jvivenzio@voorheesville.org](mailto:jvivenzio@voorheesville.org)

- 1. Completed Application**
- 2. Proof of Residency-**  
Acceptable proof of residence: Mortgage or property tax statement, copy of lease, or notarized statement from landlord, and two other proofs of residency (i.e., Utility Bill, Driver's License and/or Car Registration, Current paycheck stub showing parent's name and address within the district, voter registration card).
- 3. Child's Birth Certificate**  
(Child/Children must be age 4 by December 1, 2022, to attend the Pre-K 4-year-old Program)
- 4. A physical examination record (signed and stamped by physician or clinic staff).**
- 5. Child's Immunization Record**
- 6. Custody Paperwork** (If the student is not your biological child, you must present documentation that proves a permanent and total transfer of custody and control has been achieved.)

*If applicable, please attach a complete certified copy of the court decision bearing its case number, official stamp and signature. It is the responsibility of the parent/legal guardian to inform Voorheesville CSD of any subsequent modifications during the child's enrollment.*

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*UPK Registration Drop Off begins April 4<sup>th</sup> at the VES main office.*

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**You will need to provide all documentation to register for the 4-year-old Pre-K Program.** Registration packets are available on the district website [www.voorheesville.org](http://www.voorheesville.org) or from 8am-3pm at the Voorheesville Elementary School.

Completed applications and supporting documents can be dropped off at the Elementary School from 8am-3pm Monday-Friday or emailed to Corrina Parker.

For additional methods or to answer questions, please contact Corrina Parker, Secretary to the District Registrar, at [cparker@voorheesville.org](mailto:cparker@voorheesville.org) or call **518-765-2382 ext. 504.**

Packets are due no later than May 13, 2022, to be considered for the lottery.

**AFFIDAVIT OF RESIDENCY**  
Voorheesville Central School District

State of New York County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says:

(Name of Parent)

1. I reside at \_\_\_\_\_  
(Legal Residence of Parent)

Telephone Number \_\_\_\_\_

2. \_\_\_\_\_ is/are my \_\_\_\_\_  
(Name of Child/Children) (Relationship)

and he/she has been living with me at the above address since \_\_\_\_\_  
(Relevant date)

3. If your child's/children's other parent does not reside at the same location, then provide the following information.

\_\_\_\_\_  
(Other parent's name) (Address) (Phone Number)

4. I make this affidavit for the purpose of establishing residency within the Voorheesville Central School District.

**Complete either 5A or 5B**

5 A. In support of the above, as a homeowner, I have attached the most recent copy of at least three of the following proofs of residency. Place a check in front of each item attached.

Property tax bill       Telephone bill       Water tax bill  
 Electric bill       Bank statement       Voter registration Card  
 Other (specify) \_\_\_\_\_

5 B. In support of the above, as a renter, I have attached the original and current lease including the landlord's name, address, and telephone number and most recent copy of at least two of the following proofs of my residency. Place a check mark in front of each item attached.

National Grid bill with current name and address  
 License and car registration with current name and address  
 Paycheck with current name and address  
 Certificate of occupancy issued by town/village  
 Automobile insurance policy with current name and address  
 Bank/Credit Union account statement with current name and address  
 Voter registration card with current name and address

6. If you are a renter, complete the following: Landlord's name \_\_\_\_\_

Landlord's phone number \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ (Signature of Resident Adult)

Day of \_\_\_\_\_ 20\_\_\_\_\_

Anyone providing false information of this affidavit of residency is subject to criminal charge.

**VOORHEESVILLE CENTRAL SCHOOL DISTRICT**  
**HOUSEHOLD INFORMATION**

**CPSE ONLY**

St. ID#

Date

Area of Concern

**Is the child in permanent housing? In permanent housing**

**If the child is not in permanent housing; please indicate his/her current living situation:**

In a shelter    In a hotel/motel    With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up")

In a car, park, bus or train station, or campsite

Other temporary living situation (including situations for seasonal employment)

Describe: \_\_\_\_\_ Temporarily housed in a shelter awaiting foster care placement

Student Name: \_\_\_\_\_ (M or F) DOB: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Mailing Address (if applicable) \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_ Other/Please explain: \_\_\_\_\_

**Have you ever attended VCSD before? Yes or No**

**Parents/Guardians**

Name and relationship to student:

1) \_\_\_\_\_ relationship: \_\_\_\_\_ occupation/employer \_\_\_\_\_

2) \_\_\_\_\_ relationship: \_\_\_\_\_ occupation/employer \_\_\_\_\_

Parent/Guardian(s) in active Military status: Yes \_\_\_ No \_\_\_

If parent/guardians are separated, what legal arrangements are in place:

Joint Custody    Sole Custody    Visitation Rights    Foster Students

If applicable, name and contact information of parent **NOT** residing with child:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Duplicate mailings requested: Yes No  
(Please Circle One)

**NOTE: A complete certified copy of the court custody decision bearing its case number and including the official stamp and signature are required.**

Contact Information: Please list, in order, contact information for people (and their relationship to the child) to be notified should your child become ill. **(Parent/Guardians should be first, followed by people to contact if parents aren't available.) Please list what type of phone the number is, for example: C=cell, H=home, W=work.**

1) \_\_\_\_\_ Relationship \_\_\_\_\_ #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_ #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_ #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

4) \_\_\_\_\_ Relationship \_\_\_\_\_ #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

**Children being registered and name of last school attended:**

1) \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
4) \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**Other Children in household:** Please list all children living in the household (not of school age or beyond school age).

1) \_\_\_\_\_ DOB: \_\_\_\_\_  
2) \_\_\_\_\_ DOB: \_\_\_\_\_  
3) \_\_\_\_\_ DOB: \_\_\_\_\_  
4) \_\_\_\_\_ DOB: \_\_\_\_\_

E-mail address: Please list any e-mail addresses that we may use to contact you.

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provided false information on these forms to the Voorheesville Central School District with the intent to defraud the District, I may be committing the crime of perjury in the second degree (a class E felony); and I may be prosecuted on the criminal charges for such false information.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**If any of the above information changes, please be sure to contact the school as soon as possible to provide updated information.**

# SERENDIPITY DAY CARE CENTER AND AFTER SCHOOL CARE

Child's name \_\_\_\_\_ Allergies? \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Place of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ Hours \_\_\_\_\_

Physician's Name \_\_\_\_\_ Number \_\_\_\_\_

Other Members of Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Anything Specific concerning your child's health, physically or emotionally, of which we should be aware? \_\_\_\_\_

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Does your child have any fears? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Easy/Difficult \_\_\_\_\_

Does he/she nap \_\_\_\_\_ Toilet Trained \_\_\_\_\_

Food Favorites/dislikes \_\_\_\_\_

# VOORHEESVILLE CENTRAL SCHOOL DISTRICT

[www.voorheesville.org](http://www.voorheesville.org)

## NOTICE TO PARENTS

### SPECIAL EDUCATION SERVICES

If you suspect that your child may have a disability and due to that disability may require special education supports, services or accommodations, you have the right to contact the District for information on options, and/or you may refer your child to the District's Committee on Special Education or Section 504 Team for an evaluation, and a determination as to whether your child is eligible to receive special education services, related services, accommodations and/or other program aids and services. More information regarding your rights is set forth in the New York State Education Department's Parents Guide to Special Education in New York State for Children Ages 3-21, available at <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

To refer your child to the Committee on Special Education, or to obtain more information regarding the district's special education process, including services and programs, please contact:

**Karen Jones**  
Pupil Personnel Services Director  
Voorheesville Central School District  
PO Box 468  
129 Maple Avenue  
Voorheesville, NY 12186  
Phone: 518-765-2382, ext. 501  
Email: [kjones@voorheesville.org](mailto:kjones@voorheesville.org)



# VOORHEESVILLE CENTRAL SCHOOL DISTRICT

VOORHEESVILLE, NEW YORK 12186

## BOARD OF EDUCATION

CYNTHIA MONAGHAN  
PRESIDENT

C. JAMES COFFIN  
VICE PRESIDENT

RACHEL GILKER  
TIMOTHY KREMER  
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## MR. FRANK MACRI

Superintendent of Schools

## DISTRICT OFFICE

JAMES SOUTHARD  
ASSISTANT SUPERINTENDENT  
FOR FINANCE & OPERATIONS

Christy Rivenburg  
TREASURER

JESSICA TABAKIAN  
CLERK

PHONE: (518)765-3313  
FAX: (518)765-2751

To All Parents/ Guardians:

The Voorheesville Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Voorheesville Central School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments • Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance, and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describes your child. The Voorheesville Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the students appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

### CONFIDENTIALITY PROCEDURES AND REGULATIONS

**To School Staff:** This form will be filed in the student's permanent record as confidential information.

**To the Parent/Guardian:** The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below:

**The Family Education Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student's name or student identification number.**

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS PAGE

# VOORHEESVILLE CENTRAL SCHOOL DISTRICT

## Student Racial And Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School	
School District Student Identification Number	Date of (Month/Day/Year):
Student Name: Last First, Middle:	Grade Level:

### DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. (For question (1), check (✓) the box that best describes you're your child). Check (✓) only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- YES, Hispanic  
NO, not Hispanic

2. Select one or more races from the following five racial groups (For question check (✓) all groups that apply to your child; check (✓) at least ONE box).

**AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

**WHITE:** A person having origins in any or the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (Please check one box below)

Mother    Father    Guardian    Other (Specify) \_\_\_\_\_

See Reverse for Important message to Parent/Guardians

## And Confidentiality Procedures and Regulations

**RELEASE FORM:**

**PICTURE/SUNSCREEN/OINTMENT/WALKS/STROLLERS**

My child\_\_\_\_\_ has permission to be photographed while at Serendipity. Pictures will be displayed internally only. (Separate permission will be requested for social media display).

Serendipity has permission to reapply sunblock provided from home.

Serendipity has permission to apply creams/ointments, from home, while the child is in our care

My child\_\_\_\_\_ has permission to go for walks (foot and strollers) while being accompanied by Serendipity personnel.

I \_\_\_\_\_ agree to all the above

**MEDICAL EMERGENCY TREATMENT:**

I give permission for my child\_\_\_\_\_ to be taken to\_\_\_\_\_ while attempts are made to contact me as to emergency situation, (every effort will be made to reach parents prior to enlisting emergency)

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

## **NAPPING AGREEMENT-REQUIRED BY OCFS**

Infant room provides cribs, toddler room provides cots/mats.

Children enrolled in the preschool/pre-k rooms are provided with a resting mat from home.

### **INFANT/TODDLERS:**

I \_\_\_\_\_ agree to allow my  
child \_\_\_\_\_ to sleep/rest in a crib and or a cot/mat provided  
by Serendipity.

### **PRESCHOOL/PRE-K:**

I \_\_\_\_\_ agree to provide a mat for my  
child \_\_\_\_\_ to rest/nap on while at Serendipity.

### **UPK:**

I \_\_\_\_\_ understand Serendipity will provide a mat for my  
child \_\_\_\_\_ to rest/nap on.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# NEED TO KNOW

SCHOOL YEAR \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ PRIMARY # \_\_\_\_\_

EMAIL \_\_\_\_\_

## EMERGENCY CONTACTS IN ORDER TO BE CALLED

NAME \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_ NUMBER \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## THOSE WITH PERMISSION TO PICK UP

NAME \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_ ADDRESS \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

GETTING TO KNOW \_\_\_\_\_

DOB \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

1. FOOD/DRINK FAVORITE \_\_\_\_\_

LEAST \_\_\_\_\_

2. TOYS FAVORITE \_\_\_\_\_

LEAST \_\_\_\_\_

3. PEOPLE FAVORITE \_\_\_\_\_

LEAST \_\_\_\_\_

4. ACTIVITIES FAVORITE \_\_\_\_\_

LEAST \_\_\_\_\_

5. PLACES FAVORITE \_\_\_\_\_

LEAST \_\_\_\_\_

6. WHAT FRIGHTENS YOUR CHILD \_\_\_\_\_

7. WHAT CALMS YOUR CHILD \_\_\_\_\_

8. WHAT HELPS YOUR CHILD LEARN \_\_\_\_\_

9. HOW DOES YOUR CHILD COMMUNICATE THEIR LIKES AND DISLIKES \_\_\_\_\_

10. WHEN IS YOUR CHILD: MOST COOPERATIVE \_\_\_\_\_

LEAST COOPERATIVE \_\_\_\_\_

11. HOW DOES YOUR CHILD ASSIST IN: FEEDING \_\_\_\_\_

DRESSING \_\_\_\_\_

TOILETING/BATHING \_\_\_\_\_

# VOORHEESVILLE CENTRAL SCHOOL DISTRICT

## HEALTH INFORMATION

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Name(s) of other adults in household: \_\_\_\_\_

Name(s) and birth dates of siblings: \_\_\_\_\_

Father's place of business and phone: \_\_\_\_\_

Mother's place of business and phone: \_\_\_\_\_

Names and phone numbers of two people with whom you have arranged to take responsibility for your child in the event of sickness if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's physician: \_\_\_\_\_

**Has your child ever had any of the following? *Please give dates.***

Anemia \_\_\_\_\_

German Measles \_\_\_\_\_

Pneumonia \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Diabetes \_\_\_\_\_

Mumps \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Epilepsy \_\_\_\_\_

Nephritis \_\_\_\_\_

Contact with TB \_\_\_\_\_

Heart Disease \_\_\_\_\_

Bladder Infection \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Diphtheria \_\_\_\_\_

Orthopedic Injuries \_\_\_\_\_

Poliomyelitis \_\_\_\_\_



**(Please use the back of this sheet for further explanation)**

1. Does your child have asthma? \_\_\_\_\_

2. If so, what makes him/her wheeze or get short of breath?

\_\_\_\_\_

3. Does your child take medication? \_\_\_\_\_

4. To what is your child allergic? \_\_\_\_\_

5. Is he/she on any medication for this? \_\_\_\_\_

6. Does your child have, or has he/she had a history of chest pain with exertion?

Yes No

Explain: \_\_\_\_\_

7. Does your child have a history of fainting with exertion? Yes No

Explain: \_\_\_\_\_

8. Does your child have a history of shortness of breath with exertion?

Yes No

Explain: \_\_\_\_\_

9. Does your child have a family history related to a cardiac cause?

Yes No

Explain: \_\_\_\_\_

10. Does your child have chronic/frequent ear infections? \_\_\_\_\_

11. If son, does your child have tubes in his/her ears? \_\_\_\_\_

12. Any problems with toilet training for bladder or bowels? \_\_\_\_\_

13. Does your child wear glasses? \_\_\_\_\_

If so, all the time or just for class work? \_\_\_\_\_

14. Is there anything concerning the health of your child which the school should know so that we may better understand the health needs of your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_