



Corinth Central School District

105 Oak Street, Corinth, New York 12822 • Phone: 518-654-2601 • Fax: 518-654-6266 • Corinthcsd.org

Renée Young
Elementary Principal

Jessica Valente
Assistant Principal

April 15, 2021

Dear Families,

Corinth Central School District is excited to announce the opening of preschool classrooms at the elementary school. We will house two Head Start programs and two district led Universal PreKindergarten (UPK) classrooms for the 2021-2022 school year. The purpose of this letter is to gather application information from families that would like to take advantage of sending their eligible child to preschool.

All district residents that are of age four by December 1, 2021 are eligible to register. Applications will be reviewed by the director of Head Start along with Corinth building administration at the elementary school to determine which program will best meet the needs of the applicant. We will conduct a lottery system if we have more applicants than the total number of allotted slots in each program.

Head Start and Universal Pre-Kindergarten:

- Hours- 8:00-1:30
- Parent/Guardian provide transportation
- No cost to families to participate

Please complete the registration packet by May 7, 2021 if you are interested in enrolling your child for either Head Start or UPK. Additional packets can be found on the district website or picked up at the elementary school. Please call the elementary school if you have any additional questions. We look forward to welcoming our youngest learners to Corinth Elementary school for the 2021-2022 school year.

Sincerely,

Renée Young
Jessica Valente

Renée Young- Principal
Jessica Valente- Assistant Principal

Welcome to Corinth Central School District

Step #1:

Before beginning the registration process, the district must establish residency. As required by NYS law and District policy, **all** students must provide the proper documentation to establish residency. **Two** proofs are required to establish residency. Both proofs must be from the following list:

| | |
|-------------------------------|---|
| Driver's License/Permit | Auto Insurance Policy |
| Landlord's Affidavit | Property Tax Bill (<i>Homeowners</i>) |
| House Deed (<i>Renters</i>) | Rental/Lease Agreement |
| Water, Gas, or Telephone Bill | House Purchase/Closing Agreement |
| Voter Registration Document | State or Government Issued ID |

A notarized affidavit will be needed if you live with a District resident and do not pay rent. Please let us know immediately if you are in a temporary housing situation.

Step #2 and #3 cannot be started without two acceptable proofs of residency (from the list above).

Step #2:

Once two proofs of residency are submitted, you will then be asked for the second set of necessary paperwork. This includes:

| | |
|---------------------------|---|
| Proof of Immunization | Signed School Records Release (if applicable) |
| Copy of Birth Certificate | Completed Student Data Form |

Step #3:

Once all the paperwork is submitted and collected our building secretary, Shari Jensen, will contact you for any needed information and to inform you of our screening process.

The transportation department will contact you directly with the necessary information.

Please contact one of the following individuals for more information about registration:

Mrs. Amie Cole, Registrar: (518) 654-9005, ext. 3400

Mrs. Shari Jensen: (518) 654-2950, ext. 1102

Corinth Central School District

Please print all information

Name of student: _____

Name of person with whom the student will live: _____

Relationship of person to student: _____

School District of residence for the individual whom the student will live:

| District Name | District Address | District Phone Number |
|---------------|------------------|-----------------------|
| | | |

Custody limitations ___Yes ___No Legal papers filed in district ___Yes ___ No
(Custody documents **must** be on file with school and kept updated)

What Language(s) is(are) spoken in the student’s home or residence? __ English __ Other
(if other specify the additional languages: _____)

What was the first language your child learned? __English __Other
(if other specify the additional languages: _____)

What is the Home Language of each parent/guardian
Mother: _____
Father: _____
Guardian: _____

If you answered anything other than English for the three previous questions please complete the Home Language Questionnaire (available on the district website)

Does the student have a parent/guardian who is an Active Duty military member? __ Yes _ No

Please provide the following information if the parent/guardian has any other children:

| Student Name | Parent/Guardian | Date of Birth | Current Age | School |
|--------------|-----------------|---------------|-------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please list the name, address, and phone number if there is a non-custodial parent who should receive school mailings or be contacted in case of an emergency involving this child:

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |

Emergency contact information:

| Name | Phone Number | Relationship |
|------|--------------|--------------|
| | | |
| | | |
| | | |

Please list all former addresses where the child has lived:

| Address | Dates | Name of person child resided with |
|---------|-------|-----------------------------------|
| | | |
| | | |
| | | |

Is there any significant information you would like to discuss with staff? ___Yes ___No

Staff position or person you would like to speak with: _____

Please provide any additional information you feel would be helpful for the enrollment of your child in the Corinth Central School District.

Income information is gathered for the purpose of determining eligibility for Head Start and Universal Preschool programs. Yearly income may qualify a student for additional benefits through our preschool programs.

Income information:

Approximate household gross income for the year: _____

Do you receive? (check all that apply)

Public Assistance

Food Stamps

Medicaid

WIC

I/We certify that the information provided in support of this application is accurate and truthful to the best of my/our knowledge.

Name (please print): _____

Signature: _____

Name (please print): _____

Signature: _____

**Affidavit of Residence
Landlord/Owner Statement**

1. I am the owner or property manager of one or more apartments or other residential units located at _____, within the Corinth Central School District. (Attach a copy of your proof of residence for premises.)

2. I understand that _____ seeks to enroll the following (full name of parent/guardian) children as resident students of this District:

3. I attest that these children and their parents reside at the above address, with/without a written lease. This living arrangement began on _____, 20__ and is expected to continue until _____.

4. Which of the following applies (please choose one):

___ I am permitting this family to reside at the above address without payment of rent. I pay for the utilities at this address (attach copy of most recent utility bill).

4. ___ The above named parent/guardian pays monthly rent in the amount of \$ _____. I pay for the utilities at this address (attach copy of most recent utility bill).

5. ___ The above named parent/guardian pays monthly rent in the amount of \$ _____. They also pay for their own utilities.

I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.

Print Name _____

Phone Number _____

Signature _____

Sworn to before me this ___ day of _____, 20_____.

Signature _____

Notary Public - State of New York

CORINTH CENTRAL SCHOOL
Health History

Date _____

NAME _____ DOB _____ Sex _____ Gr. _____

**** Please date the following illnesses/conditions if applicable to your child.**

_____ ADD/ADHD If yes, medication _____

_____ Allergies: Food _____ Insects _____ Environmental _____

_____ Medications _____

_____ Anemia

_____ Asthma ___Mild ___ Severe Preventative Meds? _____

_____ Rescue/Emergency Needs? _____

_____ Blood/Bleeding Disorder

_____ Chicken Pox Disease _____ Vaccine _____ Serology/Lab Work _____

_____ Concussion / Head Injury? Explain _____

_____ Convulsions/Seizures/Epilepsy

_____ Type ? _____ Frequency ? _____ Medication? _____

_____ Counseling/Mental Health

_____ Dental Fillings _____ Caps _____ Regular Cleanings _____

_____ Diabetes Low Blood Sugar _____

_____ Ear Infections Frequency? _____ Tubes? _____ Date _____

_____ Eczema/Skin Conditions Scars/Birthmarks _____

_____ Explain _____

_____ GI Disorder? Reflux _____ Constipation _____ Irritable bowel _____

_____ Hearing Loss

_____ Heart Murmur/Disease/Defect Cardiology Eval.? _____

_____ Explain _____

_____ Hepatitis Type _____

_____ Immunizations – Provide Current Copy of Record

_____ Kidney/Urinary Defects Urology Eval? _____ Toilet Trained? _____

_____ Lead level concerns

_____ Lyme disease? Date _____ treatment _____

_____ Mononucleosis

_____ Mumps _____ Measles

_____ Neurological Disorder
_____ Orthopedic Problems
_____ Fracture(s) _____ Where _____ When _____
_____ Pneumonia
_____ Scoliosis
_____ Serious Illness/Injury Hospitalization _____
_____ Speech Defect Therapy? _____
_____ Strept Throat _____ Scarlet Fever _____ Rheumatic Fever
_____ Surgical History _____
_____ Tuberculosis TB Test _____ Exposure _____
_____ Vision Defect Correction (glasses) _____ Date _____
_____ Date of last exam _____
_____ Whooping Cough
_____ Other _____

Family Physician: _____

Does the student have Health Insurance: _____ Yes _____ No

Parent Signature: _____

Legal requirements for immunization waived because of:

- A. Parent's Religion
- B. Physician's Certificate

Please list any other information and/or concerns that you would like to share with us.

**Corinth Central School District
Social History**

Date: _____

Child's Name: _____ **Birth Date:** _____
Last First Middle

Home Address: _____
Street (Apt #) City State Zip Code

Home Number: _____ **Cell Number:** _____ **Work Number:** _____

Present placement of child (please check the appropriate bracket and write name):

Adult(s) with whom the child is living:

- Birth Mother: _____
- Birth Father: _____
- Step-Mother: _____
- Step-Father: _____
- Grandparent(s): _____
- Foster Parent: _____
- Other (Specify): _____

Information - Mother/Female Guardian

Name: _____
Last First

Highest grade completed (circle):
8 9 10 11 12 A.A. B.A. M.A. Other _____

Employer: _____

Employer Address: _____
Street

Employer Phone: _____

City State Zip

Information - Father/Male Guardian

Name: _____
Last First

Highest grade completed (circle):
8 9 10 11 12 A.A. B.A. M.A. Other _____

Employer: _____

Employer Address: _____
Street

Employer Phone: _____

City State Zip

Pregnancy

Complications: _____
Toxemia: _____
Hospitalization Required: _____

Medications Required: _____
Bed Rest Required: _____
Other Illness(es) (specify): _____

Delivery

Type of Labor: _____ Complications: _____
Cord around neck: _____ Cord presented first: _____ Hemorrhage: _____
Infant injured: _____ # of days in hospital: _____ Birth weight: _____

Infancy-Toddler Period

Easily calmed by being held and/or stroked: _____ Sleep Patterns: _____
Concerns: _____

Developmental Mile Stones

If you can recall, record the age at which your child reached the following developmental milestones:

Sat without support: _____ Toilet trained (day): _____
Crawled: _____ Toilet trained (night): _____
Walked without assistance: _____ Tied shoelaces: _____
Spoke first words: _____ Spoke in sentences: _____

School

Rate your child's school experiences related to *academic learning and behavior*:

| | Good | Average | Poor |
|-------------------|-------|---------|-------|
| Pre-School | _____ | _____ | _____ |
| Elementary School | _____ | _____ | _____ |
| Middle School | _____ | _____ | _____ |
| High School | _____ | _____ | _____ |

Home Behavior

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his/her age:

Hyperactivity (high activity level): _____ Poor attention span: _____
Impulsivity (poor self-control): _____ Low frustration tolerance: _____
Temper outbursts: _____ Poor table manners: _____
Interrupts frequently: _____ Doesn't listen when spoke to: _____
Sudden outbursts of physical abuse to other children: _____

Interests, Accomplishments, and Dislikes (please list):

| Interests | Accomplishments | Dislikes |
|-----------|-----------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Peer Relationships

Does your child seek friendships with peers? _____

Is your child sought by peers for friendships? _____

Does your child play primarily with children:

His/her own age: _____ Younger: _____ Older: _____

Medical History

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Operations: _____ Coma: _____

Hospitalizations for illness(es) other than operations: _____

Head injuries: _____ with unconsciousness: _____ without unconsciousness: _____

Convulsions/seizures: _____ with fever: _____ without fever _____

Immunization reactions: _____ Meningitis: _____ Encephalitis: _____

Persistent high fevers: _____ Highest temp ever recorded: _____

Eye problems: _____ Ear problems: _____

Poisoning: _____ Chronic illness: _____

Lyme disease: _____ Concerns about lead levels: _____

Ongoing medications: _____ Mental health (anxiety/depression): _____

Family History

Mother: Age at time of pregnancy: _____ Medical Concerns (specify): _____

Father: Age at time of pregnancy: _____ Medical Concerns (specify): _____

Siblings: Name _____ Age _____ Medical, social or academic problems _____

1.) _____

2.) _____

3.) _____

4.) _____

List Names and addresses of any other professional agencies involved.

1.) _____

2.) _____

3.) _____

4.) _____

Additional Remarks

Please use the remainder of this page to write any additional comments or concerns you may have about your child.

