This application package includes all forms necessary for consideration into the prekindergarten program. Each form must be filled out in its entirety. All forms must be brought to the Knox Building, 400 South Perry Street. Open Enrollment will run February 14th-18th between the hours of 8:00 am and 3:00 pm. Please do not submit applications prior to that date.

Please check off each form as you complete it:

- Registration/Residency Form (Form #1)
- Racial/Ethnic Identification Form (Form #2)
- School Entrance Health History (Form #3)
- Home Language Questionnaire (Form #4)

You must also provide the following when submitting the application:

- Copy of Original Legal Birth Certificate with Seal
  (A copy will be made when you bring in the application)
- Immunization Records from your pediatrician
- Lead Screening Results
- TWO Proofs of Residency (for example)
  *Drivers License (with current address)
  *Pay Stub
  *Utility bill or other bill
  *Copy of Deed
  *Lease Agreement
  *Change of Address Form (stamped by the Post Office)

The Prekindergarten Program will be held at The Knox Building

If at any time you decide not to participate in the program, please call 518-762-4611 ext 3120
REGISTRATION FORM
GREATER JOHNSTOWN SCHOOL DISTRICT
400 South Perry Street, Johnstown, NY 12095

Student's Full Legal Name: __________________________________________________________________________________
(First)    (Middle)   (Last)
Sex: _____ Male   _____Female  Grade: _______   Date of Birth _________________________
Street Address (Actual Residence not PO Box): ____________________________________________________________
Street number and Name
__________________________________________________, New York        Zip Code: __________________________
City/Village
Mailing Address (PO Box Acceptable): ___________________________________________________________________

Parent/Guardian: ______________________________________________________
Name
Home Telephone: ______________________________________________________
Cell Number: ______________________________________________________
Work Number: ______________________________________________________
E-mail address: ______________________________________________________

Custody: Child's legal custodian is __________________________________________ Relationship: _________________
Child lives with: __________________________________________ Relationship: _________________
Is there a custody issue? ______________________________ Relationship: _________________
*If custodial rights have been altered, then proof must be in writing. See below for acceptable proof.
Order of Protection* ___ (*If an order of protection exists, it must be submitted to building principal at time of student enrollment)

Parent/Guardian Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Work Place and Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Mother (include maiden name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step Mother</td>
<td></td>
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<tr>
<td>Step Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Guardian</td>
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</tr>
</tbody>
</table>

Is this a foster placement: _____ Yes _____ No
If yes, name of county ____________________________

If yes, copy of DSS 2999 Form required
□ Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement _____________________ (living arrangements). If box is checked, please complete STAC-202 form. The answer you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don’t have the documents normally needed, such as proof of residency, school records, immunization records or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.
## Brother(s) and Sister(s) Information

<table>
<thead>
<tr>
<th>Name (First and Last)</th>
<th>Sex</th>
<th>Birth Date</th>
<th>Living at Home</th>
<th>Present Grade</th>
<th>School Attending</th>
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</tbody>
</table>

What Mode of Communication does/do the Parent(s) prefer:

- [ ] Written Notice
- [ ] Phone Calls
- [ ] Email
- [ ] Person to Person

__________________________  Date: ________________________

Signature of Parent, Guardian or Student (for unaccompanied homeless youth)

<table>
<thead>
<tr>
<th>Business Office Signature</th>
<th>Date</th>
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</tbody>
</table>

### PROOF OF VERIFICATION OF AGE PROVIDED:

- [ ] Birth Certificate
- [ ] Baptismal Certificate
- [ ] Other (see list below): ______________________

### EVIDENCE OF CUSTODY PROVIDED:

- [ ] Judicial Custody Papers
- [ ] Guardianship papers
- [ ] Signed affidavits

### PROOF OF RESIDENCY PROVIDED:

- [ ] Copy of Deed
- [ ] Copy of Purchase Contract, with Letter from Attorney (including date/time of closing)
- [ ] Lease Agreement or Statement from Landlord, Owner or Tenant from whom you lease or live with
- [ ] Third party statement establishing the physical presence of the parent(s)/guardian(s) in the school district
- [ ] Other (see list below): ______________________

### Other proofs of Age:

- Passport
- Official driver’s license
- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state or local agencies
- Court orders or other court-issued documents
- Native American tribal documents

### Other proofs of Residency:

- Pay Stub
- Income tax form
- Utility or other bills
- Membership documents based upon residency (e.g. library cards)
- Voter registration document(s)
- Official driver’s license, learner’s permit or non driver ID
- State or other government issued ID
- Documents issued by federal, state or local agencies
Racial/Ethnic Identification – please answer both of the following questions.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
   Yes _____    No _____

2. Select one or more races from the following five racial groups: (Check all groups that apply to your child.)
   - American Indian or Alaska Native – a person having origins in any of the original peoples of North America
   - Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent
   - 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 – a person having origins in any of the black racial groups of Africa
   - White – a person having origins in any of the original peoples of Europe, North Africa or the Middle East

3. What language does/do the parent(s) prefer to speak?
   - English
   - Other: ____________________________
     (Please specify)
EMERGENCY CONTACT INFORMATION AUTHORIZATION

In order to adequately care for your child when he/she is in school, we need to have up-to-date information about your child’s care, as well as a current health and medical history. Please complete this form and return it to the school immediately.

Student’s Name ____________________________

Last                          First                        M.I.                        Grade                        Building

Birthday ________________________________                        Sex ____________________

Siblings attending Johnstown Schools (include name, grade and school) ________________________________

________________________________________________________________________________________

Student lives with:   ___ Parents   ___ Mother   ___ Father   ___ Guardian

Father/Guardian               Home Address                Home Phone               Work Phone

Mother/Guardian               Home Address                Home Phone               Work Phone

Children will be released to parent/guardians and only those others listed below. This includes releases for any purpose, at any time, including at dismissal. Be sure to list all individuals that you may delegate for this responsibility and include all information. If there are any changes during the year, please contact the main office of your child’s school to report them.

Name                        Relationship        Address                Phone

Name                        Relationship        Address                Phone

Name                        Relationship        Address                Phone

Name                        Relationship        Address                Phone

Name                        Relationship        Address                Phone

Name                        Relationship        Address                Phone

Name                        Relationship        Address                Phone

Please complete back of form

Revised 2/14
GREATER JOHNSTOWN SCHOOL DISTRICT
Administration Center
400 South Perry Street, Johnstown, NY 12095
Phone 518-762-4611
Fax 518-762-3127

SCHOOL ENTRANCE HEALTH HISTORY

Dear Parents/Guardians:

Please complete this questionnaire to the best of your ability and return it to the Health Office of your child’s school. This information is for the school medical record kept for each child and is of great help to the school nurse and doctor in understanding and helping to safeguard your child’s health. Thank you very much.

SCHOOL __________________________ Grade ______________

CHILD’S NAME __________________________ Nickname __________

Birthdate _____________ Place of Birth _______________ Sex ____

Father’s Name ________________ Place of Employment ______________

Phone _________________________

Mother’s Name ________________ Place of Employment ______________

Phone _________________________

Home Address ___________________________ Phone __________

Name of Doctor __________________________ Address __________

Name of Dentist __________________________ Address __________

Other Children in Family: Birthdates:

_________________________ __________________________

_________________________ __________________________

_________________________ __________________________

1. Is your child currently being treated for an illness or ongoing condition? _____

   If yes, please describe __________________________

   __________________________

   __________________________

2. Is your child currently taking any medication? _____

   If yes, what medication? __________________________

   Why? __________________________

3. Do you consider your child’s health to be: Good _____ Fair _____ Poor ______
4. Can your child participate in all school activities? _______________________

5. Does your child have any allergies (Foods, animals, medicines, bee stings, dust, pollen, other) ________________________________

   If he/she is allergic to bee stings, what actions do you want school personnel to take? ________________________________

6. Please check if your child has had any problems with:
   - Asthma
   - Eczema
   - Frequent headaches
   - Dizziness or fainting spells
   - Convulsions and/or Epilepsy
   - More than 3-4 colds per year
   - Tonsils or adenoids
   - Strep throat
   - Frequent nosebleeds
   - Anemia
   - Heart problems
   - Diabetes
   - Frequent headaches
   - Stomach aches or vomiting
   - Bowel movements
   - Hernia
   - Feet or walking
   - Bedwetting
   - Frequent temper tantrums
   - Rapid changes of mood
   - Eating problems
   - Painful joints

   If so, is the condition under the care or observation of a doctor? __________
   If YES, a statement from your physician is required.

7. Has your child had any:
   - Serious injuries
   - Serious illnesses
   - Accidents
   - Operations

   Describe ________________________________

8. Has your child had any of the following diseases?
   - Measles
   - Chicken Pox
   - Rheumatic Fever
   - German Measles
   - Mumps
   - Pneumonia
   - Scarlet Fever

9. When did your child last have a complete physical examination? __________

10. Does your child have any eye problems? (difficulty seeing, crosses eyes, frequently reddened or watery eyes)

11. Does your child wear glasses? ________________________________

12. Does your child have any ear or hearing problems? (frequent earaches, draining from ears, difficulty hearing)

13. Does your child wear a hearing aid? ________________________________

14. Has your child worn braces or corrective shoes? ____ Are they still being worn?

15. Does your child have any speech problems (stuttering, difficult to understand, delayed speech development) ________________________________

A/health history/2/26/2021
16. Is a language other than English spoken at home? ______________________

17. Will your child require any special health care in school? ______________________
   If yes, please describe: ________________________________________________

18. Do you have any concerns about your child’s general health, behavior, or
   emotional well-being of which the school should be aware?
   ________________________________________________________________

19. Was this a normal, full-term pregnancy? ______________________________


21. How did your child develop compared to other children the same age?
   Faster _____ Slower _____ About the same _____

22. Please check if your child had any of the following experiences which might
    influence his social or physical development:
    Frequent changes in residence ( )
    Death in family ( )
    Fires ( )
    Accidents/Injuries ( )
    Other ( )

23. Please check if you expect that your child may have any of the following
    problems when he/she begins school:
    Leaving home for the first time ( )
    Getting along with a new adult ( )
    Dressing, eating, toileting by himself ( )
    Getting along with other children ( )

24. Family History: Please check any that apply to your immediate family
    and explain the persons relationship to your child (mother, father, sister, aunt,
    grandmother, etc.)

    Physical disability (describe) _________________________________________
    Epilepsy __________________________________________________________
    Diabetes __________________________________________________________
    Intellectual and Developmental Disabilities ____________________________
    Depression _______________________________________________________
    Vision Problems __________________________________________________
    Hearing Problems __________________________________________________
    Thyroid Problems __________________________________________________
    Scoliosis/back problems _____________________________________________
    Convulsions _______________________________________________________
    Heart Problems ____________________________________________________
    Other _____________________________________________________________

25. Are there other concerns regarding your child that you feel the school should
    be aware of: _______________________________________________________

Parent/Guardian Signature ____________________________ Date ____________
25. Are there other concerns regarding your child that you feel the school should be aware of: ___________________________________________
Dear Parent or Guardian,

Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child’s experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.

Parent or Person in Parental Relation Information

Name of parent or person in parental relation: 

Relationship (to student) of person providing information for this profile:   □ mother  □ father  □ other ____________

In what language(s) would you like to receive information from the school? □ English  □ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? □ yes □ no

   If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? □ yes □ no

   If yes, in what language(s) do the children speak with each other most of the time?
### Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program?  
   - [ ] yes  
   - [ ] no  
   If yes, in what language was the program conducted?  
   In what language does your child interact with other people in the nursery or childcare setting?  

11. How would you describe your child’s language use with friends?  

### Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?  

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?  
   - [ ] yes  
   - [ ] no  

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?  
   - [ ] yes  
   - [ ] no  
   If yes, in what language(s)?

### Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?  
   In what language(s) are these books read to him or her?  

16a. Can your child name any letters or sounds in English?  
   - [ ] yes  
   - [ ] no  

16b. Can your child recognize letters or symbols in another language?  
   - [ ] yes  
   - [ ] no
If yes, in what language(s)?

<table>
<thead>
<tr>
<th>17a. Does your child pretend to read?</th>
<th>yes</th>
<th>no</th>
<th>unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, in what language(s)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b. Does your child pretend to write?</td>
<td>yes</td>
<td>no</td>
<td>unsure</td>
</tr>
<tr>
<td>If yes, in what language(s)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 18. Does your child tell the stories from his/her favorite books or videos? | yes | no |
| If yes, in what language(s)? |     |    |

| 19. Does your child’s childcare or nursery program describe goals for his or her learning? | yes | no |
| If so, what goals do they describe? |     |    |

| 20. Please describe anything special you did to prepare your child to begin Prekindergarten. |   |   |

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1 For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.
Dear Parents and Guardians:

The School District very much appreciates the valuable service volunteers provide as classroom helpers, field trip chaperones, PTSA members, and in offering assistance with extra-curricular activities.

Greater Johnstown School District Policy No. 3150 states that all volunteers shall be subject to screening procedures, which may include, but are not limited to, reference checks, a criminal history check and request of information regarding previous criminal convictions, and investigation to determine whether a volunteer has a history of child abuse.

In an effort to protect the safety and security of children and school staff, it is required that volunteers complete a School Volunteer Application containing a consent to a criminal background check regarding convictions for child abuse or endangerment, sex or drug related offenses, or crimes of violence. While a prior criminal history will not automatically prohibit an individual from performing as a volunteer, any individual who refuses to consent to a criminal background check may be ineligible to be a volunteer in the Greater Johnstown School District.

A Volunteer Application form is attached and additional copies are available at each school. Applicants with children in more than one building need only submit paperwork at one site. Volunteers who are approved will be added to a District-Wide registry for the school year. District employees who volunteer will not have to go through an additional background check if they have already undergone background clearances.

It is hoped that everyone will understand that for the safety of our students and staff, these requirements are essential.

Thank you.
SCHOOL VOLUNTEER APPLICATION

NOTICE: PURSUANT TO DISTRICT POLICY, ALL VOLUNTEERS SHALL BE SUBJECT TO SCREENING PROCEDURES WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, 1) REFERENCE CHECKS, 2) A CRIMINAL HISTORY CHECK AND REQUEST OF INFORMATION REGARDING PREVIOUS CRIMINAL CONVICTIONS, AND 3) INVESTIGATION TO DETERMINE WHETHER A VOLUNTEER HAS A HISTORY OF CHILD ABUSE.

Volunteer Name: ___________________________ (First)    (Middle)    (Last)

Maiden/Alias/Other Names: ___________________________

Your Date of Birth: ___________________________ Month/Day/Year

Address: ___________________________ (Street)      (City)    (State)  (Zip)

If at current address less than five years, list previous residence(s): ___________________________

Telephone: ___________________________

Are you currently an employee of the Greater Johnstown School District?         No          Yes     Position/Building ___________________________

Are you a (circle one) parent/guardian/family member of a student in the Greater Johnstown School District?             Yes            No

Child(ren) Name(s)    Grade/Teacher   School

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

 Please respond to the following questions truthfully. Disclosure of a prior criminal history will not automatically prohibit volunteer status.

Yes  No
1.     Have you ever been convicted of child abuse or endangerment?
2.     Are you required to register as a sex offender?
3.     Have you ever been convicted of a felony?

MY SIGNATURE BELOW INDICATES THAT I CONSENT TO A CRIMINAL BACKGROUND CHECK FOR CONVICTIONS OF CHILD ABUSE OR ENDANGERMENT, SEX AND DRUG OFFENSES, AND CRIMES OF VIOLENCE; THAT I WILL ABIDE BY ALL APPLICABLE SCHOOL RULES AND BOARD OF EDUCATION POLICIES AND REGULATIONS; AND THAT THE INFORMATION PROVIDED BY ME IS TRUE, COMPLETE AND CORRECT.

Application Date: ___________________________ (Signature of Volunteer Applicant)

FOR SCHOOL USE ONLY:

APPROVED _____  DISAPPROVED _____  DATE: ______________  SIGNATURE OF PRINCIPAL: ___________________________