

**EARLY CHILDHOOD CENTER**  
FREEPORT PUBLIC SCHOOLS  
**COLUMBUS AVENUE SCHOOL**  
150 NORTH COLUMBUS AVENUE  
FREEPORT, NEW YORK 11520  
**PHONE (516) 867-5254**  
**FAX (516) 867-5207**

**PROCEDURES FOR 2023-2024 PRE-K REGISTRATION**

Pre-K registration for **2023-2024** will begin on **Monday, February 27, 2023**. Registration will take place through the **Central Registration Verification Office, 59 W. Seaman Ave., Freeport by appointment only**. The office hours will be Monday through Thursday from 8:15 a.m. until 3:00 p.m. and on Fridays from 8:15 a.m. until 2:00 p.m. **Appointments to register can be made by calling the Central Registration Verification Office at 516-867-5254. You can call to set up your appointment prior to February 27th.**

**Student placement in the full time or half day pre-k programs will be determined by lottery. Registrations must be complete to participate in the lottery.**

**REGISTRATION REQUIREMENTS**

At the time of registration – parents, legal guardians, or foster parents **MUST** bring the following:

- \* Child's **original** birth certificate (**child must be born on or before Dec. 1, 2019**)
- \* Proof of guardianship or the appropriate foster care papers **if applicable**
- \* Child's up-to-date immunization records **stamped and signed by physician**
- \* A completed and current physical by his/her doctor or clinic including **Lead Level, PPD, Pneumonia Vaccine and BMI results (stamped & signed by physician)**
- \* **Dental Certificate**
- \* Complete name, address, and telephone number of babysitter, **if applicable**
- \* Proof of residency (**see below**) **no more than 45 - 60 days old**
- \* Picture I.D. (Driver's license, passport, employee I.D. for verification purposes)
- \* **Notarized** Lease/Deed or Notarized Affidavits

These documents **MUST** be presented at the time of registration or the registration **WILL NOT** be accepted. In addition all proofs, lease, deed and affidavits must be in the name of the registering parent/guardian there will be **NO EXCEPTIONS**.

**NO EXCEPTIONS!!!!**

**ACCEPTABLE PROOFS OF RESIDENCY**

The following items are acceptable proofs of residency in the Freeport School District:

**\*\* Deed or current notarized lease** if the deed or notarized lease is **NOT** in your name a **signed, Notarized affidavit** of residency from your landlord as well as a notarized affidavit from the registering parent or legal guardian must be presented **plus a minimum of three (3) of the following no more than 45 - 60 days old.**

**PROOFS MUST BE FROM DIFFERENT AGENCIES OR ESTABLISHMENTS**

- |  |   |
|--|---|
| * Freeport Water Bill                        | * <b>Mailed</b> Post Office change of address |
| * Freeport Electric Bill                     | * Social Security Correspondence              |
| * LIPA/Keyspan Gas Bill                      | * Unemployment Correspondence                 |
| * Foster Care Agency Letter                  | * Pay stub w/current address                  |
| * Telephone Bill                             | * <b>Mailed</b> Bank Statement                |
| * Credit Card Statement                      | * N.Y. drivers license                        |
| * Medical Bill/Letter                        | * Mortgage Statement                          |
| * I.D. From DMV(45-60 days old)              | * Federal/State Mail w/address                |
| * Home/Tenant/Car/Life/Health Insurance Bill | * D.S.S. Correspondence                       |

Proofs of residency addressed to a P.O. Box number is **NOT** acceptable.



**NEW YORK STATE EDUCATION DEPARTMENT**  
**Emergent Multilingual Learners Language Profile for**  
**Prekindergarten Students<sup>1</sup>**

*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.*

<b>THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE</b>
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

<b>Parent or Person in Parental Relation Information</b>
Name of parent or person in parental relation:
Relationship (to student) of person providing information for this profile: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other _____
In what language(s) would you like to receive information from the school? <input type="checkbox"/> English <input type="checkbox"/> other home language: _____
<b>Language in the Home</b>
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? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

### ***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

<p>If yes, in what language(s)?</p>
<p>17a. Does your child pretend to read? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure</p> <p>If yes, in what language(s)?</p> <p>17b. Does your child pretend to write? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure</p> <p>If yes, in what language(s)?</p>
<p>18. Does your child tell the stories from his/her favorite books or videos? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, in what language(s)?</p>
<p>19. Does your child's childcare or nursery program describe goals for his or her learning? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so, what goals do they describe?</p>
<p>20. Please describe anything special you did to prepare your child to begin Prekindergarten.</p>

<sup>i</sup> For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email [OEL@nysed.gov](mailto: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](mailto:OBEWL@nysed.gov).



# FREEPORT PUBLIC SCHOOLS

235 No. Ocean Avenue Freeport, New York 11520 516-867-5200

## Health History

To be filled out by child's parent/guardian and returned to the school nurse

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: M  F

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

\*Father: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

\*Mother: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

If parent is not available in an emergency, call: \_\_\_\_\_

Physician to be called in an emergency: \_\_\_\_\_

### HISTORY

Check if YES

- Anemia
- Nephritis
- Allergies
- Rubella
- Tuberculosis

- Mumps
- Asthma
- Epilepsy
- Scarlet Fever
- Serious injuries

- Whooping Cough
- Diabetes
- Rheumatic Fever
- Operations
- Measles

- Chicken Pox
- Pneumonia
- Frequent colds & sore throats
- Heart Disease
- Contact w/ TBC

Any serious illness other than the above? \_\_\_\_\_ If yes, what is it? \_\_\_\_\_

Does this child have a congenital (birth) defect?  If yes, what is it? \_\_\_\_\_

Is there a physical limitation the school should know about? \_\_\_\_\_

Does your child receive any medication other than vitamins? \_\_\_\_\_

Does your child have any special problems? (e.g., eating, sleeping, dressing, toilet difficulties or specific fears) \_\_\_\_\_

What name do you use at home for this child? \_\_\_\_\_

Language spoken at home:  English  Spanish  Other

Is there any other information you can give which would be helpful to the teacher? \_\_\_\_\_

Immunizations complete

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Parent's Signature

- Parent is defined to include any person who has legal parental control of the child including, but without limitations, an adoptive parent, a spouse of a natural parent, a legal guardian, foster parent, a governmental agency having custody and parental control of the child, a court or grantee of parental control of affidavits.



# FREEPORT PUBLIC SCHOOLS

235 No. Ocean Avenue Freeport, New York 11520 516-867-5200

The Freeport Public School District is required to collect and report the ethnic identity of students in the Freeport Public School District in accordance with the federal categories and definitions. We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions below. Put a check in the box for the category or categories which best describe your child. All information 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 student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

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

Grade: \_\_\_\_ Student ID Number: \_\_\_\_\_

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

**DIRECTIONS TO PARENT/GUARDIAN: PLEASE ANSWER QUESTIONS (1) AND (2).**

(For questions (1) check the box that best describes your child.) Check only ONE box.

**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, Hispanic

NO, not Hispanic

**2. Select one or more races from the following five racial groups:**

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 original 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 with origins in 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): \_\_\_\_\_



**FREEPORT PUBLIC SCHOOLS  
CENTRAL REGISTRY VERIFICATION OFFICE**

**Please read the following and sign below before registering your child.**

Students not residing within the Freeport Public School District boundary are not entitled to any educational services.

Permission is granted by my signature to Freeport Schools to investigate any information provided on this form and to make home visits in order to verify residency. Any person or persons, in addition to parents or legal guardians who provide false information for the purpose of attending Freeport Public Schools will be prosecuted to the fullest extent of the law. The making of a knowingly false statement on any registration form constitutes a "Class A" misdemeanor.

**NOTICE**

**PENAL LAW SECTION 210.05: A person guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A misdemeanor. A Class A misdemeanor is punishable by up to six months in prison or a fine up to \$1000. All misdemeanor convictions carry a \$60 surcharge in addition to any other penalty or fine imposed.**

The District reserves the right to take legal action to collect tuition charges which may exceed \$10,000 if the student is illegally registered. Residency information is investigated randomly on a regular basis.

(Circle One) Parent or Legal Guardian

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



**NEW YORK STATE MIGRANT EDUCATION PROGRAM**  
**IDENTIFICATION & RECRUITMENT OFFICE**  
**PARENT SURVEY**

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

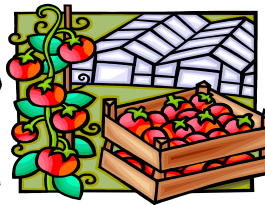


*Please take few minutes to complete this questionnaire.*

1. Has anyone in your family worked, or looked for work at the following occupations within the last three (3) years? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, other)? \_\_\_\_\_ Yes \_\_\_\_\_ No



3. Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No



***If you answered YES to all 3 questions, please provide contact information below***

Parent/Guardian/Eligible Person's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best Time to be reached \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

To submit this referral please contact *Julia Schnurman* - ESBOCES - (631) 548-7700,

Or fax to (631) 369-4126: email - [migranteducation@esboces.org](mailto:migranteducation@esboces.org) or send by mail to:

LONG ISLAND — METRO MIGRANT EDUCATION PROGRAM,  
 969 Roanoke Avenue, Riverhead, NY 11901