Pre-Kindergarten Application for 2019-2020 School Year

At Ichabod Crane Central School District
Located in the ICC Primary Building
Integrated Classroom / Targeted Pre-K
ICC/Questar III/Advanced Therapy
Classroom Phone Number 518.758.7391

Please send attached application and required income verification to:
ICC Pre-K Jen Welch - 2910 Route 9 – Valatie NY 12184

Begin…            Grow …         Become…

Teachers in This Collaboration

- Jennifer Welch, MS Special Education Inclusion / General Education Pre-K Teacher for Questar III
- TBD / Teacher Assistant for Questar III
- TBD / MS Special Education / Special Ed Teacher for Advanced Therapy
- TBD / Teacher Assistant for Advanced Therapy
Ichabod Crane Pre-Kindergarten Application
In Collaboration with Questar III BOCES and Advanced Therapy

About Your Child
Name________________________________________ Birthdate______________ M F_________
Address________________________________________________________________________
Home Phone Number________________________ Cell Phone Number____________________
Mailing Address if different from above______________________________________________

About Your Family
Father’s Name________________________________________ Mother’s Name____________
Birthday________________________________________ Birthday________________________________
Home Address________________________________________ Home Address____________________
Occupation________________________________________ Occupation________________________________
Work Number______________________________________ Work Number____________________
Work Address______________________________________ Work Address____________________
E-mail Address________________________________________ E-mail Address____________________
Language Spoken at Home________________________________________
Child Lives With: Mother_________Father_________Both_______Guardian_________Other__________
Is This Child: Adopted_____________Foster_____________

People Living at Your Address (Include parents living at home, siblings, relatives, other)
Name__________________________Relationship________________________
Name__________________________Relationship________________________
Name__________________________Relationship________________________
Name__________________________Relationship________________________
How Long at Present Address________________________________________
Is Your Child Attending any other Program?
Day Care_________Head Start_________Pre-School____________________

Your Income
Estimated Total Yearly Gross Income________________________________________

Income Verification attached: ______tax return ______paycheck stub ______public assistance form

Other Sources of Income:
_____Public Assistance _____Disability _____Food Stamps _____Unemployment Insurance
_____Child Support _____Aid/Dependent Children _____Social Security
_____Other (Please Specify)________________________________

Signature________________________________________Date Application____________________
Relationship to Child________________________________________