



Early Childhood in Niagara Falls

New and Exciting Additions to the Universal Pre-K 3

- **Early Head Start Program** – Serving infants and toddlers at two locations:
 - Donovan Center – 1631 Main Street
 - Community Education Center – 6040 Lindbergh Avenue
- **Head Start Program** – Serving 3 and 4-year-old child at the following sites:

Community Education Center – 6040 Lindbergh Avenue

- **Universal Pre-K 3 and Pre-K 4** classes will continue to be offered at all District elementary schools except, Abate Intermediate School.

Registration Process

2022-2023

Early Head Start / Head Start

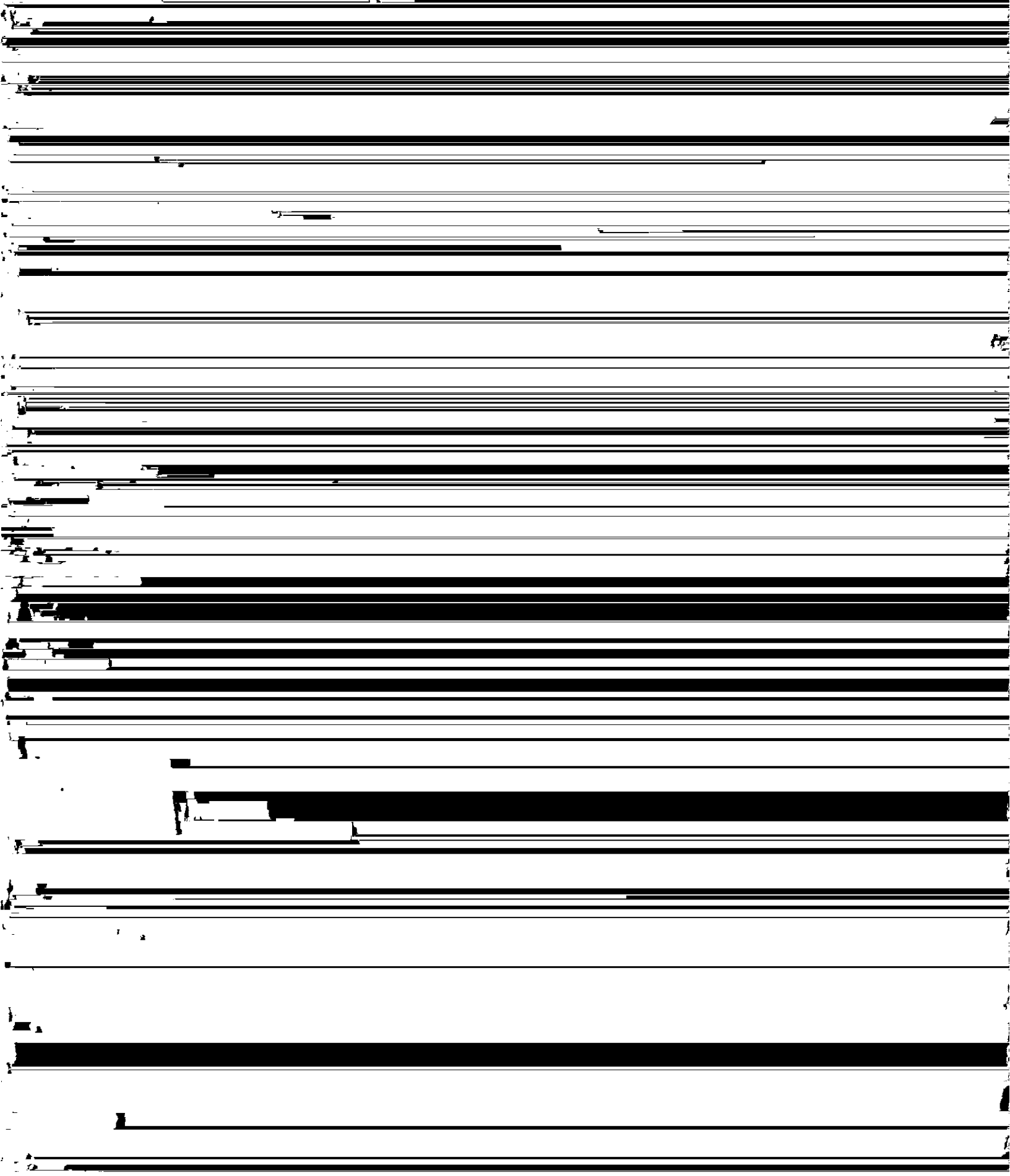
- ❖ When registering for Early Head Start or Head Start programming, complete the application,

- ❖ Click on the Academics Tab then the Pre-K Registration Packet.
- ❖ Full Registration packets are also available at the following locations:
 - The DiFrancesco Center - 901 24th Street
 - Community Education Center – 6040 Lindbergh Avenue
- ❖ All questions pertaining to both Early Head Start and Head Start can be directed to Sara Brydges (716) 804-7100.

Niagara Falls City School District Pre-K 3 and Pre-K 4 Classes

- ❖ Complete the application, then connect to the District Office at (716) 804-7100.

10/10/10





10 Reasons for Sending Children to Early Learning Programs

- Children have the opportunity to interact with adults other than family members.
- Children learn the rituals and routines of an elementary school setting.

**SCHOOL DISTRICT OF THE CITY OF NIAGARA FALLS
HEALTH SERVICES**

Pre-Kindergarten & Kindergarten Packet

Dear Parent or Guardians:

You have filled out an application for your child to attend a pre-kindergarten in September. We would like your child to have a positive, successful and exciting school experience. In order for this to happen with the

difficulty for your child, certain regulations of New York State Education Laws and Public Health Laws must be

Niagara Falls City School District

Health Services

Parent Notification/Request for Mandated Health Appraisal

Dear Parent(s) or Guardian(s):

New York State law requires that each child in a school district have a health examination including body mass

index before entering school for the first time, and again in grades 1, 3, 5, 7, 9, 11. Students wishing to play

Niagara Falls City School District
Health Services

Student Yearly Health History (To Be Completed by Parent/Guardian)

Student name _____ School _____ Grade _____

Address _____ Home Phone _____

Date of Birth _____ Place of Birth _____ Gender at birth M ___ F ___

Mothers Name _____ Address _____ Phone _____

2. Name _____

Phone _____

Describe your child's current state of health (circle one) Excellent

Good

Fair

Poor

| Has your child ever: | YES | NO | If Yes, please explain and include date: |
|----------------------------------|--------------------------|--------------------------|--|
| Had an ongoing medical condition | <input type="checkbox"/> | <input type="checkbox"/> | |

Niagara Falls City School District
Health Services

All medications have side effects and for your child's safety it is important for the School Nurse to have this information

[Redacted]

PLEASE LIST ALL MEDICATIONS YOUR CHILD TAKES AT HOME ONLY:

HAS YOUR SON/DAUGHTER:

Ever been a patient in a hospital?

Explain _____

Had any operations?

Explain _____

Had any accidents?

Explain _____

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

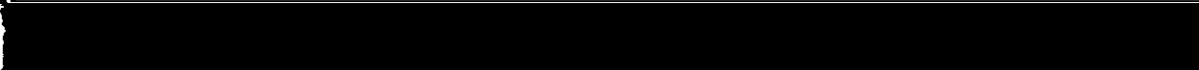
Explain _____

Is he/she allergic to any medication?

Explain _____

| | |
|-------|------|
| Name: | DOB: |
|-------|------|

Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7 & 11



The remainder of the page is a form with multiple horizontal lines for text entry. There are several black redaction boxes of varying lengths placed across the page, obscuring some of the text. The redactions are located approximately at the top, middle, and bottom of the page.

DENTAL HEALTH CERTIFICATE (To Be Completed by Child's Dental Office)

Parent/guardian: New York State Law (chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please

PRE-K & K SOCIAL HISTORY

Child's Name _____
School Entering _____
Brothers/Sisters _____

Date of Birth _____
Today's Date _____
Date of Birth _____
Date of Birth _____

(USE BACK IF NECESSARY)

PLEASE ANSWER **YES OR NO** TO ALL QUESTIONS. THIS WILL HELP US BETTER UNDERSTAND THE HEALTH NEEDS OF YOUR CHILD.

| <u>Birth Information</u> | Yes | No | <u>Behavior Development</u> | Yes | No |
|--------------------------|-----|-----|-----------------------------|-----|-----|
| Did you have: | | | Would you say your child: | | |
| Premature birth | ___ | ___ | is friendly | ___ | ___ |
| Cesarean delivery | ___ | ___ | is secure | ___ | ___ |
| Any newborn problems | | | is talkative | | |

| | | | | | |
|---------------------|-----|-----|----------------|-----|-----|
| First year | ___ | ___ | is helpful | ___ | ___ |
| Normal pregnancy | ___ | ___ | is cooperative | ___ | ___ |
| Full term pregnancy | | | listens well | | |

Birth Weight _____ adjusts well to new situations _____
Breast fed _____ has stayed overnight away _____

The table structure is mostly hidden by redaction. Visible elements include a header row at the top, followed by several rows of data. The columns are not clearly defined, but there are approximately 4-5 columns visible in the header area. The redaction consists of thick, solid black horizontal bars that cover the majority of the text within each cell.

Media Release (all grades)

Niagara Falls City School District Student Residency Questionnaire

Name of LEA: School District of the City of Niagara Falls, New York

Name of School: _____

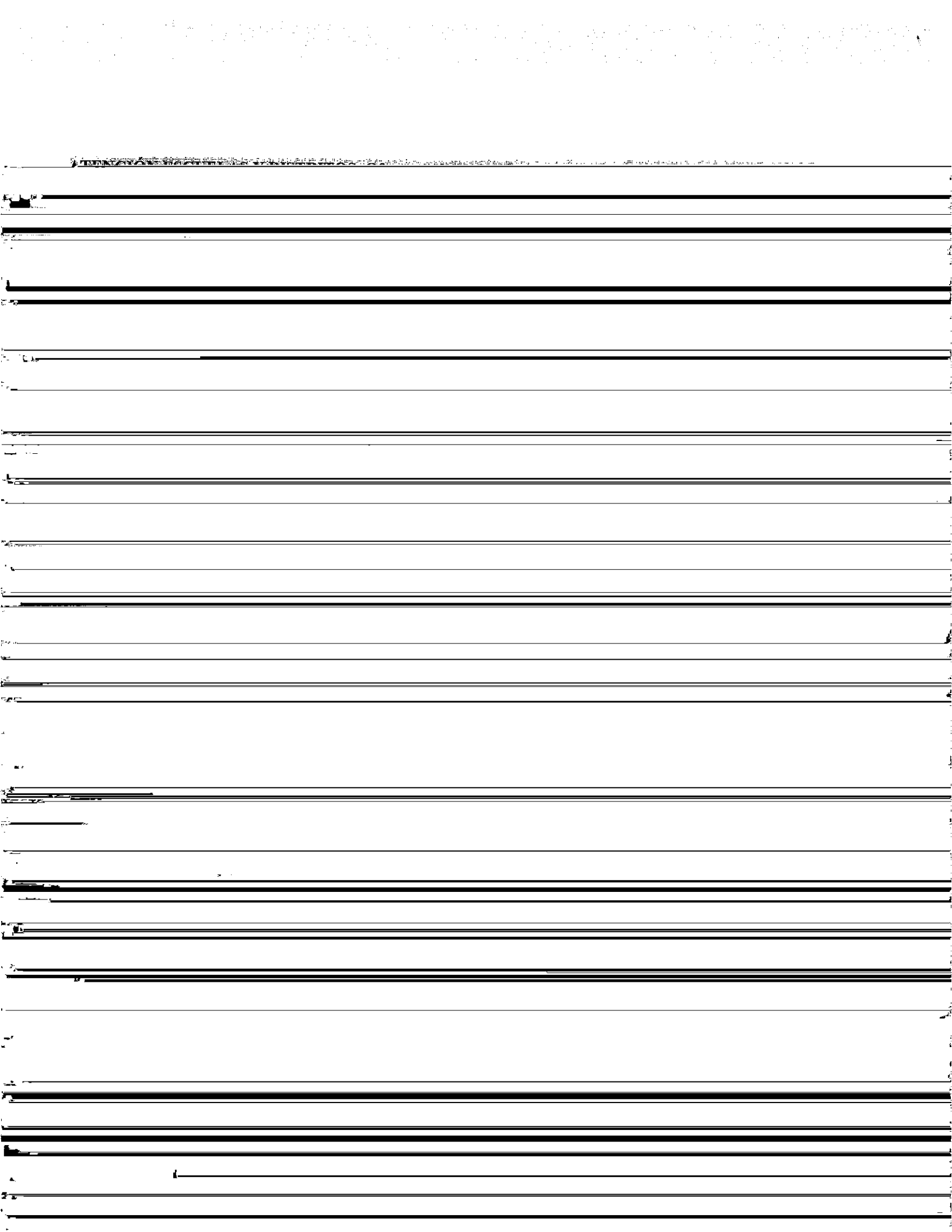
Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

Where is the student currently living? (If not at home, please describe.)

- 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 hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____



Home Language Questionnaire (HLQ) — Page Two

Blank lined area for writing answers.



Lissette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Madison Place, Room 504

