



MORAVIA
CENTRAL SCHOOL DISTRICT

Karen DiVietro
Elementary School Principal
24 South Main Street
P.O. Box 1188
Moravia, NY 13118
Phone: 315-497-2670
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February 3, 2023

Dear Parents/Guardians:

The Moravia Central School District will provide a full day Universal Pre-Kindergarten Program. All resident children who will be four years old by December 1, 2023 are eligible for participation in this program. Transportation will be provided by the district.

Parents/Guardians who wish to have a child considered for enrollment in the Universal Pre-Kindergarten Program must fill out the attached forms. Return the completed application to the elementary office **on or before 3:00 p.m. Thursday, June 1, 2023.**

Parents/Guardians will be notified about their child's acceptance into the Universal Pre-Kindergarten Program by July 17, 2023. Questions should be referred to Karen DiVietro at 497-2670, Ext. 1010.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen DiVietro', is written over a horizontal line.

Karen DiVietro
Elementary School Principal

MORAVIA CENTRAL SCHOOL DISTRICT

UNIVERSAL PREKINDERGARTEN PROGRAM
CHILD ENROLLMENT APPLICATION

Child's Name _____ Date of Application ____/____/____

Address _____ City _____ Zip _____

Date of Birth ____/____/____ Age on Dec. 1, 2023 ____ years Sex M F

Please provide copy of birth certificate Place of Birth _____
(City, State)

Mother's Name _____ Father's Name _____

Address _____ Address _____

Mailing address (if different) _____

Home Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone # _____

Work Phone # _____ Work Phone # _____

Babysitter's name _____ Address: _____
Phone # _____

If You Are Not the Child's Natural Parent, Please Fill Out the Following:

Name _____ Relationship to Child _____

Address _____

Length of time child has been in your care _____

Home Phone # _____ Work Phone # _____

Employer _____ Work Hours _____ to _____

Has your child ever attended another childcare or preschool program? YES NO

If yes, please state when and where: _____

Is your child currently attending another childcare or preschool program? YES NO

If yes, please explain: _____

Do you suspect that your child may have a disability or learning problem? YES NO

If yes, please explain: _____

Does your child currently receive special services? YES NO

If yes, please explain: _____

Is your child's primary language English? YES NO

If no, please state your child's primary language: _____

Sibling(s) and their grade level(s): _____

Health issues? _____

Any additional information that may affect your child at school? _____

Please list the people who will be allowed to pick your child up from school:

Adult's name

Relationship

Phone #

1. _____

2. _____

3. _____

Please be advised that this application is strictly confidential and voluntary. Any information regarding sex, ethnicity, education, or disability is gathered for research purposes only. The Moravia Central School District does not discriminate in any way in the provision of services.



NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹

*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.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE

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:

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?

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

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

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.

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.