

# Olean Pre-K Registration 2025-26

Registration Forms are due by Friday, April 4th.

Registrations received after this date will be accepted based on availability.

## Child Registration and Family Information

Child's Last Name	Child's First Name	Birthdate (mm/dd/yyyy)	male	female
-------------------	--------------------	------------------------	------	--------

Parent/Guardian Name		Parent/Guardian Name	
Child's Street Address		City	Zip
Child's Mailing Address (if different, or type "same")		City	Zip
Phone	Contact Name	Phone Number	Email Address
1			
2			

Brothers & Sisters	Grade in 24-25	School	Birth Date

Child resides with:

- ☐ Both parents
- ☐ Grandparents
- ☐ Father only
- ☐ Foster parents
- ☐ Mother only
- ☐ Step parents
- ☐ Other (Specify) \_\_\_\_\_

Has your child had any preschool experience before?      Yes      No

Name of the program attended: \_\_\_\_\_

Do you have any concerns about your child's development?      Yes      No      (If yes, please mark in which areas below)

- ☐ Speech/language Impairment
- ☐ Developmental Delay
- ☐ Vision Impairment
- ☐ Behavior
- ☐ Hearing Impairment
- ☐ Physical Impairment
- ☐ Health Impairment
- ☐ Social/Emotional
- ☐ Other: \_\_\_\_\_

Specialist/Clinic/School District working with my child: \_\_\_\_\_

Please name any agencies that have or are currently working with your family (optional): \_\_\_\_\_

Office Use Only

Over Please →

## RESIDENCY INFORMATION:

To assist in preparing enrollment paperwork, we ask the following information on your residency:

Do you currently:

<input type="checkbox"/>	Rent home/apartment
<input type="checkbox"/>	Own home
<input type="checkbox"/>	Share housing with another family
<input type="checkbox"/>	Other: _____

## PROGRAM LOCATION:

	Universal Pre-Kindergarten						
	Please mark your neighborhood school. Add additional information if desired.						
	<table border="0"><tr><td><input type="checkbox"/></td><td>East View Elementary</td></tr><tr><td><input type="checkbox"/></td><td>Washington West Elementary</td></tr><tr><td><input type="checkbox"/></td><td>Not sure</td></tr></table>	<input type="checkbox"/>	East View Elementary	<input type="checkbox"/>	Washington West Elementary	<input type="checkbox"/>	Not sure
	<input type="checkbox"/>	East View Elementary					
<input type="checkbox"/>	Washington West Elementary						
<input type="checkbox"/>	Not sure						
	Project Head Start						
	Classrooms are located in each elementary school and at the Olean Head Start Center on Elm Street.						

I (We) certify that the above information is true and correct.

I (We) understand that I need to submit proof of **CHILD'S BIRTH DATE, PHYSICAL, IMMUNIZATIONS, and RESIDENCY** upon request.

I (We) further understand this application does not guarantee that my child will be enrolled in any preschool program.

I (We) understand that the program specifics may change due to funding, COVID-19 requirements, or other factors.

I (We) give permission to Olean City Schools to share this registration form with the programs indicated above.

I (We) understand and consent to a developmental screening conducted by the school district.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please return this registration form to:

Jacki Falk, Central Registrar  
Olean Community Schools  
Olean City School District  
410 West Sullivan Street  
Olean, New York 14760

Please contact us with any questions:

Jen Mahar, Director of Special Programs  
Phone: (716) 375-8039  
Fax: (716) 375-8915  
Email: [jmahar@oleanschools.org](mailto:jmahar@oleanschools.org)

**Registration Forms are due by Friday, April 4, 2025.**

**Registrations received after this date will be accepted based on availability.**