



Niagara Wheatfield Central School District

*PO Box 309, 5700 West Street
Sanborn, NY 14132
716-215-3000*

Niagara Wheatfield Central School District Pre-Kindergarten Program Application **Contingent upon the availability of New York State Pre-K funds**

Child's Name: _____

Child's Date of Birth: _____ Child's Gender: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Language Spoken in the home: _____

Other Children in the home:

Name: _____ School: _____

Name: _____ School: _____

Please indicate if your child is currently enrolled in a day-care or preschool program and include name/location _____

I understand that by submitting this application, my child is not officially registered for the pre-kindergarten program. A public lottery will be conducted if applications exceed allotted enrollment. I will be advised at a later date of the registration process, should my child be accepted.

(Parent/Guardian signature)

(Date)

***Please return this application to the Niagara Wheatfield District Office by 3:00pm on Friday, January 4, 2019**