Pre-K Office Phone: (315) 786-5071

Watertown City School District
2025-2026 PRE-K STUDENT ENROLLMENT FORM

Student Information

Student Legal Name: _____ Gender: Male Female Non-Binary Prefer Not to Say
LAST FIRST M. Date of Birth: _____/_____/_____

Street Address: _____
STREET NAME CITY STATE ZIP

Mailing Address: _____
(if different) # STREET NAME CITY STATE ZIP

Phone Number: _____ Alternate Phone: _____

Hispanic: (Circle One) Yes No Birth Place: _____
City & State

Primary Language spoken by student / in the home: _____
Other than English

Are there any custody arrangements that we need to be aware of?
❑ Yes ❑ No (if yes, documentation is required)

Race:
White (W)
American Indian or Alaskan Native (I)
Asian (A)
Black or African American (B)
Native Hawaiian/Other Pacific Island (H)

Proof of Residency (Required) -- Attach Approved Documents:
Acceptable Documents include: Current car registration, current lease, mortgage statement, change of address from from post office, current utility bill, letter from Dept. of Social Services, or BASD per capital tax roll verification. If you are currently residing in a homeless shelter, provide a letter from the shelter or agency.

Early Intervention Services - Special Education:
Has your child ever received Early Intervention Services (Speech, OT, PT or SEIT)? ❑ Yes ❑ No

Does your child currently have an IEP and receive Special Education Services (Speech, OT, PT or SEIT)? ❑ Yes ❑ No

Parent / Guardian Information

Student lives with: (Circle One) Both Parents * Father Only * Mother Only * Father/Stepmother * Mother/Stepfather *
Family Status: Foster Parents * Guardian * Relative(s): _____ Other: _____

If there are any Custody agreements documentation is required

Please circle one that applies: •Mother • Step-Mother • Father • Step-Father • Legal Guardian • Foster Parent

Name: _____ Living in Household? ❑ Yes ❑ No
LAST FIRST

Address: _____
STREET NAME CITY STATE ZIP

Primary Phone Number: _____ Alternate Phone: _____

Employer: _____ Work Phone: _____

Active Military: Yes No Rank/Unit: _____

Civilian Personnel: Yes No *(employed on Ft. Drum – non-military)* Email Address: _____

Please circle one that applies: • Mother • Step-Mother •Father • Step-Father • Legal Guardian • Foster Parent

Name: _____ Living in Household? ❑ Yes ❑ No
LAST FIRST

Address: _____
STREET NAME CITY STATE ZIP

Primary Phone Number: _____ Alternate Phone: _____

Employer: _____ Work Phone: _____

Active Military: Yes No Rank/Unit: _____

Civilian Personnel: Yes No *(employed on Ft. Drum – non-military)* Email Address: _____

Agency Use ONLY
PLEASE COMPLETE ALL QUESTIONS

Revised - 6/13/2025

Date Received: _____ Agency: _____ Location:_____

Program: (Circle One) 3PK 4 Full Day 4 Half Day Start Date: _____ Received By:_____

Residency(POR) Confirmed? Yes No Type of POR Provided:_____ Birth Certificate Provided? Yes No

Completed Form (including POR and Birth Certificate) Send to WCSD Pre-K Admin Assistant Date:_____

Elizabeth Maurer (Pre-K Administrator) – emaurer@watertowncsd.org /Autumn Adams (Pre-K Admin Assistant) - autadams@watertowncsd.org

This completed form (along with proof of residency, proof of birth, and Home Language Questionnaire) MUST be returned to WCSD BEFORE a student starts in a Pre-K Program