Watertown City School District
2026-2027 Pre-K Student Enrollment Form

Student Information

Student Legal Name: _____ (LAST) _____ (FIRST) _____ (M.) **Gender:**_____
Date of Birth: _____/_____/_____

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

Birth Place: _____ (City & State)

Hispanic: (Circle One) ❑ Yes ❑ No

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

Phone Number: _____

Primary Language spoken by student / in the home: _____

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

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: (Check One) ❑ Both Parents ❑ Father Only ❑ Mother Only ❑ Father/Stepmother ❑ Mother/Stepfather ❑ Foster Parents ❑ Guardian
******If there are any Custody agreements documentation is required******

CONTACT 1:

Please circle one that applies: ❑ Father ❑ Mother ❑ Stepmother ❑ Stepfather ❑ Foster Parent ❑ Guardian ❑ Grandparent

Legal Name: _____ (LAST) _____ (FIRST) _____ (M.) **Living in Household?** ❑ Yes ❑ No

Street Address: _____ (# STREET NAME) _____ (CITY) _____ (STATE) _____ (ZIP)

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

Primary Phone Number: _____ **Alternate Phone:** _____

Email Address: _____ **Work Phone:** _____

Active Military: ❑ Yes ❑ No (employed on Ft. Drum – non-military) **Rank/Unit:** _____

Civilian Personnel: ❑ Yes ❑ No

Employer: _____

CONTACT 2:

Please circle one that applies: ❑ Father ❑ Mother ❑ Stepmother ❑ Stepfather ❑ Foster Parent ❑ Guardian ❑ Grandparent

Legal Name: _____ (LAST) _____ (FIRST) _____ (M.) **Living in Household?** ❑ Yes ❑ No

Street Address: _____ (# STREET NAME) _____ (CITY) _____ (STATE) _____ (ZIP)

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

Primary Phone Number: _____ **Alternate Phone:** _____

Email Address: _____ **Work Phone:** _____

Active Military: ❑ Yes ❑ No (employed on Ft. Drum – non-military) **Rank/Unit:** _____

Civilian Personnel: ❑ Yes ❑ No

Employer: _____

******Agency Use ONLY******

AGENCY PLEASE COMPLETE ALL QUESTIONS BELOW

Revised - 5/18/2026

Date Received: _____ **Agency:** _____ **Location:** _____

Program: (Circle One) 3PK 4PK **Start Date:** _____ **Received By:** _____

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

Contact our office with any questions or concerns by phone or email - Pre-K Office Phone: 315-785-5071

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