



**WARWICK VALLEY CENTRAL SCHOOL DISTRICT  
PIE REGISTRATION FORM & QUESTIONNAIRE**

Child's name: \_\_\_\_\_

Entering \_\_\_\_\_ grade in September 2024. Current School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

*I understand once the school year commences, my child will remain enrolled in the PIE program for the remainder of the school year.*

Parent Signature: \_\_\_\_\_

Please answer the questions listed below. Your responses will assist us in better addressing your child's needs. In addition, your answers will also assist in further developing and enhancing the PIE Program.

1. How did you learn about the PIE Program? (Check all that apply)  
\_\_\_ articles in local newspaper \_\_\_ WVCSD website \_\_\_ PIE brochure  
\_\_\_ informational meeting \_\_\_ friends/neighbors \_\_\_ social media  
\_\_\_ Other. Explain: \_\_\_\_\_
  
2. Why do you want your child in the PIE Program?
  
3. What do you consider your child's strengths and weaknesses?
  
4. Explain how your child's strengths and weaknesses can be supported by the PIE Program.
  
5. In what ways would you like to contribute to the PIE Program?  
\_\_\_ volunteer in the classroom \_\_\_ volunteer from home \_\_\_ class parent  
\_\_\_ visit a classroom to share my field/interest/hobby \_\_\_ other, explain: \_\_\_\_\_  
\_\_\_\_\_

***Please return this form to:***

Meghan McGourty, Assistant Superintendent for Curriculum & Instruction  
PO Box 595  
Warwick, NY 10990  
845-987-3000, ext. 10520  
mmcgourty@wvcsd.org