Department of Education
Dennis M. Walcott, Chancellor

APPLICATION FOR COMMUNITY-BASED ORGANIZATION (CBO) UNIVERSAL PRE-KINDERGARTEN (UPK) FOR THE 2013 - 2014 SCHOOL YEAR

DIRECTIONS:
Please print clearly in blue or black ink only. Please note that only Parent/ Guardians who are New York City residents may submit an application. Complete, sign and return this application directly to each CBO you wish to apply to. Be sure to make a copy of the application and retain for your records. For a list of CBOs, please review the Pre-kindergarten Directory available at your local school, CBO or online at http://schools.nyc.gov/ChoicesEnrollment/PreK.

NAME OF CBO YOU ARE APPLYING TO:_____

Section A: STUDENT INFORMATION – Please print clearly in ink			
STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (mm/ddyyyy) / / 2009	GENDER (optional) ☐ M ☐ F
STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)			N.Y.

Section B: OPTIONAL INFORMATION – Please print clearly in ink
HEALTH INSURANCE Does the student have health insurance? ☐ Yes ☐ If yes, what type of coverage is it? ☐ Private Health Insurance ☐ Medicaid ☐ Child Health Plus B ☐ No ☐ If no, would you like to be contacted about getting coverage? ☐ Yes ☐ No
HOME LANGUAGE In which language(s) would you like to receive written and/or oral communication regarding the Pre-Kindergarten Admissions Process? Please check all that apply: ☐ English ☐ Arabic ☐ Bengali ☐ Chinese ☐ Haitian Creole ☐ Korean ☐ Russian ☐ Spanish ☐ Urdu ☐ Other, please specify: _____

Section C: PARENT INFORMATION – Please print clearly in ink		
I understand that daily attendance and promptness are required. I must arrange for a responsible adult to bring my child to school and pick him/her up daily. I understand that no transportation is provided.		
PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN FIRST NAME	RELATIONSHIP TO STUDENT
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	PARENT/GUARDIAN EMAIL ADDRESS
Parent/Guardian Signature		Date