

COMMUNITY-BASED EARLY CHILDHOOD CENTER (CBECC) UNIVERSAL PRE-KINDERGARTEN (UPK) APPLICATION FOR THE 2014-2015 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 CBECC you wish to apply to. Be sure to make a copy of the application and retain for your records. For a list of CBECCs, please review the Pre-Kindergarten Directory available at your local school, CBECC or online at <http://schools.nyc.gov/ChoicesEnrollment/PreK>.

NAME OF CBECC YOU ARE APPLYING TO: _____

Section A: STUDENT INFORMATION – Please print clearly in ink			
STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (mm/dd/yyyy) / / 2010	GENDER (optional) <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)			N . Y .

Section B: OPTIONAL INFORMATION – Please print clearly in ink
<p>HEALTH INSURANCE Does the student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> No <input type="checkbox"/> If no, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Urdu <input type="checkbox"/> Other, please specify: _____</p>

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