

## Office Of Early Childhood – Instructions for Completing new ATS Kindergarten Registration Field for Incoming Kindergarten Students

### Part 1:

The following Fields must be filled out when registering new students for Kindergarten each year (not required for students who participated in program such as UPK, Special Education, etc prior to Kindergarten).

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PROFILE 14-K-477          New York City Public Schools          02-03-12 12:12:53
EOYF0220-TEST-T          Pre-Register Student (QPKF)          00042-JMENDOZ
==>
STUDENT ID: 200 056 794          DOB: 01 / 01 / 02 PROOF: _
LAST NAME: XX                      PLACE OF BIRTH: _
FIRST: XX                          GEO CODE: _ HOME LANG: _
MIDDLE:                            HISPANIC: _ RACE: _
SEX: M                              HEALTH ALERT: _ INSUR: _

BORO: K          NON-RES: _          HOUSING ST: _          UNAC YOUTH: _
HOUSE NO: _      STREET: _          APT NO: _
CITY: BROOKLYN  ST: NY ZIP: _ _ _      PHONE: _ _ _

ADULT INFORMATION
LAST NAME: XX          FIRST: _          MIDDLE: _
AUTH CDE: 01 RELA CDE: _ WORK PH: _          PREFERRED LANG WR: _ SP: _

YR PRIOR TO KINDERGARTEN (Enter Y) Q1 A: _ B: _ C: _ D: _ E: _ Q2 F: _ G: _
ADMISSION CODE: _ DATE: _ / _ / _ GRADE: _ GRADE LEVEL: 0K CLASS: _

Enter student data. Press F2 to save or F11 to save and add another adult
F1/Help  F2/Save  F3/Quit-return F4/Lookup  F5/  F6/
F7/  F8/  F9/Refresh  F10/  F11/Add adult  F12/Exit
  
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**Part 2:**

**Please use the following Answer Keys when inputting information into ATS.**

<p><b>Question 1:</b> (Please mark all that apply)</p> <p>During the year before Kindergarten, which of the following describes the setting where your child received early care and education during the work day?</p>	
<b>A</b>	I cared for my child in a home-based setting.
<b>B</b>	A relative cared for my child in a home-based setting.
<b>C</b>	A non-relative cared for my child (babysitter, nanny, neighbor, etc) in a home-based setting.
<b>D</b>	My child attended Universal Pre-K (UPK) in a Public School or Community-Based Organization.
<b>E</b>	My child was in a Private-Pay Program.

<p><b>Question 2:</b> (Please chose one option)</p> <p>My child was in the setting(s) selected above for:</p>	
<b>F</b>	The full day (six hours or more) care.
<b>G</b>	A half day (three hours or less) care.