

DIRECTIONS: The purpose of this form to organize the UPK student packages submitted to your Early Childhood Borough Offices. Please complete this form for each class you are submitting student packages for and place it on top of the student files. The Early Childhood Borough Offices will make a copy of this form for your records.

PROVIDER INFORMATION			
Borough		District	
Provider's Name		Class Number	<input type="checkbox"/> AM <input type="checkbox"/> PM
Provider's Address			
Enrollment Contact Name		Contact Phone #	

STUDENT INFORMATION		
#	STUDENT'S NAME	DATE OF BIRTH
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**To be completed by the Provider's
Early Childhood Director or designee**

PRINT NAME

SIGNATURE DATE