

# New York City Early Childhood Education (3-K and Pre-K)

## Program Registration Form – Returning Student

### School Day and School Year Services

#### Directions

Please print clearly in blue or black ink or complete this form electronically. To be eligible to register for Pre K or 3-K, students and caregivers must reside within the five boroughs of New York City. Please be prepared to provide current or updated proofs of residence along with this registration packet.

#### UPDATED STUDENT INFORMATION

Last Name First Name Date of Birth

Has any of the following information changed since last year?  
(please check all that apply and **enter the new information** in the corresponding

*section*) Residential Address

Health Insurance

Family/Caregiver Information (Primary Parent/Guardian or Secondary Emergency

Contact) Housing Status

Preferred Language(s)

In sections where your child's information has not changed in the past year, please leave that section blank.

#### FAMILY/CAREGIVER ACKNOWLEDGEMENT

By signing this form, I certify that I understand that my child's daily attendance and punctuality are required. I must arrange for a responsible adult to bring my child to school and pick them up daily. I understand that no transportation is provided.

Signature

Date

#### STUDENT ADDRESS

Current Address (Building #, Street) Apt #

City State Zip Code Gender (optional)

Last updated 5/2023

**HEALTH INSURANCE (optional)**

Does this student have health insurance? Yes No If yes, what type of coverage? Private Health Insurance Medicaid Child Health Plus B If no, would you like to be contacted about getting coverage Yes No

**FAMILY/CAREGIVER INFORMATION**

Parent/Guardian Last Name Parent/Guardian First Name

Relationship to Student

Primary (Cell) Phone Number

Secondary Phone Number

Email Address

**SECONDARY/EMERGENCY CONTACT (Other than the primary contact above)**

Emergency Contact Last Name Emergency Contact First Name

Relationship to Student

Primary (Cell) Phone Number

Secondary Phone Number

Email Address

**HOUSING QUESTIONNAIRE (Chancellor's Regulation A-101)**

Information collected in this portion of the registration packet is intended to address the McKinney-Vento Act 42 U.S.C. 11432, and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based on the information provided.

Please complete the question below regarding the student's housing in order to help determine what services your student may be eligible to receive.

**Note to NYCEECs/Temporary Housing Liaisons:** Please assist students and families in completing this portion of the form. Please be aware that if the student qualifies as residing in temporary housing the **student's family is not required to submit proof of housing or other required documents included in this packet.** The program/DOE may not disclose housing status information without parental consent.



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Please identify the student's current living arrangements. Please check <b>one</b> box:	
Check	Housing Questionnaire Choice
	<b>Doubled Up</b> With another family or other person because of loss of housing or as a result of economic hardship
	<b>Shelter</b> Emergency or Transitional shelter
	<b>Hotel/Motel</b> Living in what is NOT an emergency or transitional shelter and involves payment
	<b>Other Temporary Living Situation</b> Trailer park, campground, car, park, public place, abandoned building, street or any other inadequate living space
	<b>Permanent Housing</b> A fixed, regular, and adequate housing situation
<p><b>Note:</b> The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.</p> <p><b>This form is accompanied by a one-page attachment titled, "McKinney-Vento Homeless Assistance Act - Students in Temporary Housing Guide for Parents &amp; Youth."</b></p>	
Parent/Guardian Signature	
Signature	Date

**LANGUAGE IN THE HOME**

Which language(s) do you speak at home? (please select all that apply)

English

Korean

Spanish

Russian

Cantonese

Urdu

Mandarin

Albanian

Arabic

Punjabi

Bengali

Polish

French

Other (please specify):

Haitian-Creole

Which language(s) does your child speak at home? If your child does not speak, which language(s) do they most commonly understand, or which language(s) do you most commonly use to communicate with your child? (Please select all that apply)

English

Korean

Spanish

Russian

Cantonese

Urdu

Mandarin

Albanian

Arabic

Punjabi

Bengali

Polish

French

Other (please specify):

Haitian-Creole

**PRIMARY LANGUAGE PREFERENCES**

What is your child's primary language?
What is your first language?
In what language would you like to receive written information from your child's program?
In what language would you prefer to communicate orally with program staff?

<b>Section 8. CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE</b> (e.g. educational, public service, or health awareness purposes)	
Student Last Name Student First Name	Today's Date
Program Name	
<p>I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the Student named above by the program named above.</p> <p>I also grant to the program named above the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.</p> <p>I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.</p>	



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Parent/Guardian Last Name	Parent/Guardian First Name
Signature	Date

<b>FOR CBO USE ONLY</b>			
Program Name		Site ID	

Student Seat Type (check only one) 3-K SDY Pre-K SDY Pre-K HD	First Day of Attendance
	Official Class Code
Supplementary Documents:	Date Received
Proof of Residence 1: <i>(type)</i>	
Proof of Residence 2: <i>(type)</i>	
Parental Consent to Photograph, Film, or Videotape a Student for Non-Profit Use	
Child and Adolescent Health Examination Form	



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				<i>Please Print Clearly</i>	<b>NYC ID (OSIS)</b>													
TO BE COMPLETED BY THE PARENT OR GUARDIAN																		
Child's Last Name					First Name				Middle Name				Sex ! Female ! Male		Date of Birth (Month/Day/Year) ____/____/____			
Child's Address								Hispanic/Latino? ! Yes ! No		Race (Check ALL that apply) ! American Indian ! Asian ! Black ! White ! Native Hawaiian/Pacific Islander ! Other								
City/Borough				State		Zip Code		School/Center/Camp Name				District ____ Number ____		Phone Numbers Home _____				
Health insurance ! Yes (including Medicaid)? ! No		! Parent/Guardian Last Name ! Foster Parent				First Name				Email				Cell _____ Work _____				

<b>Birth history</b> <i>(age 0-6 yrs)</i>		<b>Does the child/adolescent have a past or present medical history of the following?</b>	
! Uncomplicated ! Premature: _____ weeks gestation ! Complicated by _____		! Asthma ( <b>check severity and attach MAF</b> ): ! Intermittent ! Mild Persistent ! Moderate Persistent ! Severe Persistent If persistent, check all current medication(s): ! Quick Relief Medication ! Inhaled Corticosteroid ! Oral Steroid ! Other Controller ! None Asthma Control Status ! Well-controlled ! Poorly Controlled or Not Controlled	
<b>Allergies</b> ! None ! Epi pen prescribed ! _____ Drugs <i>(list)</i> _____ ! Foods <i>(list)</i> _____ ! Other _____ <i>(list)</i> _____ <b>Attach</b> <b>MAF in in-school medications needed</b>		! Anaphylaxis ! Seizure disorder ! Behavioral/mental health disorder ! Speech, hearing, or visual impairment ! Congenital or acquired heart disorder ! Tuberculosis <i>(latent infection or disease)</i> ! Developmental/learning problem ! Hospitalization ! Diabetes ( <b>attach MAF</b> ) ! Surgery ! Orthopedic injury/disability ! Other (specify) <b>Explain all checked items above. ! Addendum attached.</b>	
<b>PHYSICAL EXAM</b> Date of Exam: ____/____/____		<b>General Appearance:</b>	



Telephone	Fax	Email												
			FORM ID#											