

APPLICATION FOR COMMUNITY BASED ORGANIZATION (CBO) UNIVERSAL PRE-KINDERGARTEN (UPK) FOR THE 2009–10 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. Duplicate a blank application if you intend to apply to more than one CBO. Complete, sign and return this application to the CBO of your choice. Be sure to make a copy of the application(s) and retain for your records. For a list of CBOs please review the Pre-Kindergarten Directory available at your local school or CBO. You may also visit the NYC Department of Education website at <http://schools.nyc.gov/choicesenrollment/prek>.

Please note that a separate application must be submitted to each CBO to which you apply.

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/dd/yyyy)	GENDER (optional)
		/ / 2005	<input type="checkbox"/> M <input type="checkbox"/> F

STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

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