



**Special Needs**

Does your child have any conditions that require special help or attention in school? Yes \_\_\_\_ No \_\_\_\_  
If yes, please check all that apply:

Hearing Impaired \_\_\_\_\_ Visually Impaired \_\_\_\_\_ Speech Impaired \_\_\_\_\_  
Physically Impaired \_\_\_\_\_ Emotionally Impaired \_\_\_\_\_ Asthma \_\_\_\_\_  
Developmentally Disabled \_\_\_\_\_ Other \_\_\_\_\_

Has your child received early intervention services? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_

**Your Preference**

Enter name of provider in order of your preference, and then check (√) AM, PM, Full Day (FD), or Extended Day (Ext. Day).

1<sup>st</sup> Choice \_\_\_\_\_ AM PM FD Ext. Day  
2<sup>nd</sup> Choice \_\_\_\_\_ AM PM FD Ext. Day  
3<sup>rd</sup> Choice \_\_\_\_\_ AM PM FD Ext. Day  
4<sup>th</sup> Choice \_\_\_\_\_ AM PM FD Ext. Day

**Health Insurance**

*Please check (√) Yes or No*

- 1. Does your child (do your children) have health insurance? \_\_Yes \_\_\_\_ No  
If yes, please indicate which one:  
\_\_\_\_ Medicaid \_\_\_\_ Child Health Plus \_\_\_\_ Private
- 2. Does any other member of your household under the age of 64 (including yourself) need health insurance? \_\_\_\_ Yes \_\_\_\_ No
- 3. Your child and household members may qualify for **free or low cost health insurance**. Would you like us to share your contact information with a health insurance counselor that will call you?  
\_\_\_\_ Yes \_\_\_\_ No

**Required Documentation**

To enroll my child in prekindergarten I must bring the following documentation to registration:

- 1. Proof of Age: birth certificate, baptismal certificate, or passport.
- 2. Proof of Address: Con Edison bill, medical insurance card, or documentation from NYC Housing Authority or NYC Human Resources Administration.
- 3. Immunization Requirements: Proof of immunization and physical exam are required for admission.

**I understand that prekindergarten placement outside of the Region/district zone area does not guarantee kindergarten placement in the same Region/district. 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. Non-compliance may result in my child being dropped from the program. I understand that no transportation will be provided.**

\_\_\_\_\_  
**Parent's/Guardian's Signature** \_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY</b>	
Zoned School _____	
Assigned Prekindergarten School _____	Prekindergarten Program _____