# New York City Early Childhood Education (3-K and Pre-K) Program Registration Form for the 2022-2023 School Year

### School Day and School Year Services

#### **Directions**

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

Section 1. STUDENT INFORMATION									
Last Name	First Name		Date of Birth						
Current Address (Building #, Street)			Apt#						
City	State	Zip Code	Gender (optional)						
Section 2. HEALTH INSURANCE (option	onal)								
Does this student have health insurar	Yes	No Child Health Plus B No							
If yes, what type of coverage? Private Health Insurance		Medicaid	Child Health Plus B						
If no, would you like to be contacted a	about getting coverage	Yes	No						
Section 3. FAMILY/CAREGIVER INFORMATION									
Parent/Guardian Last Name	ame								

Section 3. FAMILY/CAREGIVER INFORMATION					
Parent/Guardian Last Name	Parent/Guardian First Name				
Relationship to Student					
Primary (Cell) Phone Number					
Secondary Phone Number					
Email Address					



#### Section 4. 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.

Please identify the student's current living arrangements. Please check one box:

Check Housing Questionnaire Choice

Doubled Up

With another family or other person because of loss of housing or because of economic hardship

Shelter

Emergency or Transitional shelter

Hotel/Motel

Living in what is NOT an emergency or transitional shelter and involves payment



	Other Temporary Living Situation					
	Trailer park, campground, car, park, public place, abandoned building, street or any other					
	inadequate living space					
	Permanent Housing					
	A fixed, regular, and adequate housing situation					
Note: 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.  This form is accompanied by a one-page attachment titled,  "McKinney-Vento Homeless Assistance Act - Students in Temporary Housing Guide for Parents & Youth."						
Parent/Guardian Signature						
Signature		Date				

#### Section 5. FEDERAL PARENT OR GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

Dear Families and Caregivers,

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students, including those participating in City-funded contracted care. This information is kept confidential in accordance with the Family Educational Rights and Privacy Act (1974) and Chancellor's Regulation A-820, which prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

To fulfill this data-collection requirement we need your help. Please respond to the ethnicity and race questions below. The first question provides an opportunity for you to indicate whether your child is of Hispanic, Latino, or Spanish origin; the second question provides an opportunity for you to indicate your child's race(s). Please be sure to respond to both questions. If you identify more than one race for your child, your child will be counted in a "two or more races" category. Hispanic students of all races will be counted in the Hispanic category.

The NYCDOE and our contracted programs understand the sensitive nature of this process. The options provided by the federal government may not allow for an accurate or complete portrayal of your child's own ethnic or race identification. We encourage you to provide responses using your best judgment. If you decline to respond to either question, federal guidelines require that the NYCDOE or its contracted program's staff make an identification of your child on your behalf.

Children may not be refused admission or enrollment to a program because of race, color, creed, national origin, gender (sex), gender identity, pregnancy, alienage, citizenship status, disability, sexual orientation, religion, weight or ethnicity.

Thank you for your cooperation.



Question 1:	Is the student Hispanic, Latino or of Spanish origin? The Federal	Government defines				
"Hispanic, Latino, or of Spanish origin" as a person of Cuban, Dominican, Mexican, Puerto Rican, Central						
or South Am	erican, or other Spanish culture or origin regardless of race.					
	Yes, Hispanic					
	No, not Hispanic					
Question 2:	Please check all boxes from the provided racial categories that a	pply to the student. All				
definitions a	re derived from the U.S. Census.					
	American Indian or Alaskan Native – a person having origins in	any of the original peoples				
	of North and South America (including Central America) and wh	o maintains tribal affiliation				
	or community attachment.					
	Asian – a person having origins in any of the original peoples of the Far East, Southeast					
	Asia, or the Indian Sub-Continent including, for example, Cambodia, China, India, Japan,					
	Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and \	/ietnam.				
	Native Hawaiian or Pacific Islander – a person having origins in any of the original peoples					
	of Hawaii, Guam, Samoa, or other Pacific Islands.					
	Black – a person having origins in any of the Black racial groups	of Africa				
	White – a person having origins in any of the original peoples of	Europe, the Middle East, or				
	North Africa.					
Parent/Guar	dian Signature					
Signature		Date				

Section 6. FOR CBO									
Program Name				Site ID					
Student Seat Type (check only one)		First Day of Attendance							
3-K SDY	Pre-K SDY	Pre-K HD	Official Class Code						
Supplementary Documents:					Date Received				
Proof of Birth: (type)									
Proof of Residence 1: (type)									
Proof of Residence 2: (type)									
Home Language Survey: (primary language)									
Parental Consent to Photograph, Film, or Videotape a Student for Non-Profit Use									
Child and Adolescent Health Examination Form									

Section 7. HOME LANGUAGE SURVEY								
Dear Families and Caregivers,								
This survey is part of your child's enrollment package and provides your new program with important information about your family's language needs. Please return this form to your program administrator.								
Student: Last Name	First Name	Today's Date						
Person Completing Survey: Last Name	First Name							
Relationship to Student								
Program Name								
LANGUAGE IN THE HOME								
Which language(s) do you speak at home? English		apply) rean						
Spanish	Ru	ssian						
Cantonese	Ur	du						
Mandarin	Alk	panian						
Arabic	Pu	njabi						
Bengali	Ро	ish						
French	Ot	ner (please specify):						
Haitian-Creole								
Which language(s) does your child speak at they most commonly understand, or which your child? (Please select all that apply)	language(s) do you	most commonly use to communicate with						
English	Ко	rean						
Spanish	Ru	ssian						
Cantonese	Ur	du						
Mandarin	Alk	anian						
Arabic	Pu	njabi						

Polish

Other (please specify):



Bengali

French

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 in	nformation from your child	's program?					
In what language would you prefer to communicate	orally with program staff?						
Section 8. CONSENT TO PHOTOGRAPH, FILM, OR VI (e.g. educational, public service, or health awareness		NON-PROFIT USE					
Student Last Name Student Fi	irst Name	Today's Date					
Program Name							
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.							
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.							
I also hereby release the New York City Department claims, demands, and liabilities whatsoever in conne		s and employees from all					
Parent/Guardian Last Name	Parent/Guardian First Na	me					
Signature		Date					



CHILD & ADOLESCENT HE NYC DEPARTMENT OF HEALTH & MENTAL HYC	EALTH	H EXAMI - DEPARTMEN	NATION IT OF EDUCA	I FO	RM Ple Print Cle	ease early	NYC ID (OSIS)							
TO BE COMPLETED BY THE PA	RENT	OR GUARI	DIAN											
Child's Last Name		First Name			Middle Name	e		Sex	☐ Female	Date o	f Birth (Mon	 h/Day/Yea /	ar)	
Child's Address					Hispanic/Latino	'	Check ALL that appl	_	American Indi		Asian 🗆 B	lack [	White	•
City/Borough	State	Zip Code	!	School/	Center/Camp Name	)			District Number		Phone Num Home			
Health insurance Yes Parent/Guardian (including Medicaid)? No Foster Parent	Last Name	е	First Na	me		Ema	nil				Cell Work			—
TO BE COMPLETED BY THE HEALT	H CAR	E PRACTITI	ONER											
Birth history (age 0-6 yrs)	1	Does the child/a	adolescent ha		oast or present m									
☐ Uncomplicated ☐ Premature: weeks gest	tation	Asthma (check ) If persistent, chec					Mild Persistent nhaled Corticosteroid		Moderate Persi Oral Steroid		☐ Severe er Controller	Persisten  None		
☐ Complicated by		Asthma Control			☐ Well-controlled	F	oorly Controlled or N	Not Contro	lled					
Allergies ☐ None ☐ Epi pen prescribed	IΓ	<ul><li>☐ Anaphylaxis</li><li>☐ Behavioral/men</li></ul>	tal health disor	der	<ul><li>☐ Seizure disorde</li><li>☐ Speech, hearin</li></ul>		mpairment	Medi	cations (attac		<b>in-school med</b> Yes (list below		eeded)	
☐ Drugs (list)		Congenital or a  Developmental	cquired heart di	sorder	☐ Tuberculosis (la	atent infection of			ліс		169 (list below	,		
☐ Foods (list)		☐ Diabetes <i>(attaci</i> ☐ Orthopedic inju	MAF)	""	☐ Surgery									
Other (list)		⊥ Orthopedic inju <b>Explain all check</b>	ry/disability <i>e<b>d items abov</b>i</i>	9.	<ul><li>Other (specify)</li><li>Addendum at</li></ul>									
Attach MAF in in-school medications needed														
PHYSICAL EXAM Date of Exam:/_	/	General Appeara	nce:											
Height cm (	%ile)		[	☐ Phys	ical Exam WNL									
Weight kg		NI Abni		VI AbnI □ □ HI	FINT	NI Abni		NI Abni	domon		NI Abnl			
BMI kg/m² (		<ul><li>□ Psychosocial</li><li>□ Language</li></ul>		_		☐ ☐ Lymph☐ ☐ Lungs		☐ ☐ Ab ☐ Ge ☐ ☐ Ge ☐ ☐ Ge ☐ ☐ Ge ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	enitourinary		<ul><li>☐ ☐ Skin</li><li>☐ ☐ Neuro</li></ul>	logical		
	/0110/	☐ ☐ Behavioral				☐ ☐ Cardio			tremities		☐ ☐ Back/	-		
Head Circumference (age ≤2 yrs) cm (	— <sup>7011E)</sup>  I	Describe abnorm	alities:											
Blood Pressure (age ≥3 yrs) /		Nutrition					Hearing		Пат	te Done		Pos	sults	
DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? Date S		< <b>1 year</b> 🗌 Breas	tfed $\square$ Formul	a □ Bo	oth		< 4 years: gros	e haarin		le Done	/ [	II □Abn		oforrod
☐ Yes ☐ No /	/	≥ <b>1 year</b> ☐ Well-b	alanced 🗌 Nee	eds guid	dance 🗌 Counseled [	Referred	OAE	o neami	<b>.</b>		;	II □Abni II □Abni		
Screening Results: WNL	[	Dietary Restrictio	ns 🗌 None 🗌	Yes (lis	st below)		≥ 4 yrs: pure tor	ne audior	netrv —			II □Abn		
Delay or Concern Suspected/Confirmed (specify area(s)	) below):	CODEENING TEC	re ne	la Dana	Booule	in .	Vision			te Done		Res		
☐ Cognitive/Problem Solving     ☐ Adaptive/Self-Help       ☐ Communication/Language     ☐ Gross Motor/Fine Motor		SCREENING TEST		te Done	Result	μg/dL	<3 years: Vision			_/	_/ Rigi	□ NI	☐ Abı	1/
☐ Social-Emotional or ☐ Other Area of Concern	Ι.	required at age 1		′	/	μg/αL	Acuity (required and children age			_/	_/ Left		_′_	_
Personal-Social		yrs and for those a	at risk)	/	_/	μg/dL	_	-	,			Unabl		
Describe Suspected Delay or Concern:	1.5	Lead Risk Assess		/	At n	sk (do BLL)	Screened with ( Strabismus?	Glasses?			;	☐ Yes ☐ Yes		
	L	(annually, age 6 n	- /		Not	at risk	Dental							
			—— Chil	d Care	Only ——	a/dl	Visible Tooth De		f 1 /	. #*			'es	
	- 1	Hemoglobin or Hematocrit		/_	/	g/dL	Urgent need for Dental Visit with			-	intection)	□ Y □ Y		□ No □ No
Child Receives EI/CPSE/CSE services Yes	es 🗌 No	TICINATOCITE	Dhyoid	sion Cor	firmed History of Var	%		сло р			Report only			
			riiyait	Jan Gui	illillieu History or vai	icelia illiectio	III 🗀				neport only	Positive	; !!!!!!!	ility.
IMMUNIZATIONS – DATES									•		IgG Titer			
DTP/DTaP/DT / / /	_//	//_	/	_/	// MMR	, ,	dap/	_/	/	./	Hepatitis I		//	
Td////	_//	//_	/	_/	Varicella	//_	/	_/	/	./	Measle: Mump		//	
Hep B / / / /	_			/	Mening ACWY	'		/	/	/	Rubella		//	
Hib / / / /	/ /			/	Hep A			/	/	/	Varicella		/	
PCV/ /			/_	/	Rotavirus		/	/	/	/	Polio		 /,	/
Influenza//	_//_	//	/	/	Mening B	//	/	_/	/_	/	Polio 2	2	/	
HPV///////	_//		/	_/	Other	/_	/		/	_/	Polio :	3	/	
ASSESSMENT Well Child (Z00.129)	□ Diagnos	ses/Problems (list	ICD-10	) Code	RECOMMENDATION	<b>IS</b> □ Fu	III physical activity	y						
					☐ Restrictions (spec	cify)								
					Follow-up Needed						Appt. date: _	/	/_	
					Referral(s):	None   E	arly Intervention		P 🗌 Denta	al 🗌	Vision			
Health Care Practitioner Signature			<u> </u>		Other Date Form	Completed			OHMH PRA	CTITION	ER			   
Health Care Practitioner Name and Degree (with				Dvc	ctitioner License No.	and Ctata	//		ONLY I.D.	ı. 🗆	\F ()	TALE !	Delay M	20=(-)
Health Care Practitioner Name and Degree (print)				rid	Judonet License NO.	anu Slatë			'PE OF EXAM omments:	ı. LINA	ae Gurrent	IVAE F	riior Y	sar(S)
Facility Name				Nati	onal Provider Identifi	er (NPI)					I.B. times	DED		
Address		City			State	Zip		Da	te Reviewed:	:	I.D. NUM	BEK	T	
ruul 000		Oity			Jialt	ΔIÞ		RE	VIEWER:					$\perp$
Telephone	Fax				Email			FC	RM ID#				T	





## Text messages to boost your child's learning



Welcome to Ready4K! The NYCDOE is excited to give you this FREE resource to help your PK-5th graders stay on track with their learning goals all year long.

## How does Ready4K help my child

**learn?** Ready4K texts you 3 easy-to-do learning tips and activities each week. Each text message you will get is written for your child's age or grade. Research shows that doing Ready4K activities is a great way to help your child stay on track.

Ready4K tips **build on your daily routines**, like activities to use when getting dressed, during bath time, or when preparing a meal. No internet, extra time, or special materials are required.

You'll also receive links to **NYC resources** that many families find helpful.

## What do I need to do?

As a NYC family of a child between 0 - 10, you can enroll for **FREE by texting NYC to 70138**.

There's **absolutely no cost**, though data and message rates may apply. You can opt out anytime by texting STOP to 70138.

Questions? Contact the program director at your child's school for more details.

