

# UNIVERSAL PRE-K REGISTRATION FORM

## The New Rochelle YMCA Universal Pre-K PROGRAM

The program runs from September 2022 to June 2023. There is a morning and an afternoon program. The program is \$450 per month per child. New Rochelle City residents can choose to have their children come to the YMCA through the New Rochelle Board of Education.

### For Questions about Registration

Enrollment or registration call 914-632-1818 ext.25 or email [bzayasnymca@gmail.com](mailto:bzayasnymca@gmail.com). All emails will be given to the person that can answer your question. Please include your child's name, age and which program you are interested in, as well as the best number to reach you.

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The New Rochelle YMCA • Attn: Bianca Zayas • 50 Weyman Ave • New Rochelle NY 10805

<b>CHILD'S NAME</b>			
STREET	CITY	STATE, ZIP	
CHILD'S DATE OF BIRTH	GENDER	GRADE ENTERING IN SEPT. 2022	
<b>Race:</b>			
Native American		African American	
Hispanic	Asian/Pacific Isl.	Caucasian	Other _____
<b>PARENT/ GUARDIAN RESPONSIBLE FOR CHILD</b>			
HOME		WORK	CELL
STREET	CITY	STATE, ZIP	
E-MAIL			

### EDUCATIONAL BACKGROUND?

- Has this child attended a pre-school program prior to joining us? **No** **Yes**  
 What is the name of the program or school? \_\_\_\_\_
- Does your child have an Individualized Educational Plan (IEP)? **No** **Yes** If so, please share a copy.
- Does your child receive services under 504? **No** **Yes** If so, please share a copy.
- Does your child receive speech or language assistance? **No** **Yes**
- If your child is in a program, does your child get extra support in the classroom and/or is pulled out for services? **No** **Yes**
- If your child is already in a program, does your child receive any services afterschool? **No** **Yes**

**EMERGENCY CONTACT INFORMATION—OTHER THAN PARENT/GUARDIAN:**

Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Resides in Same Household Yes No

If different household:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone Type Cell Home Office

Phone 2 \_\_\_\_\_ Phone Type Cell Home Office

Relationship to the Student \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Resides in Same Household Yes No

If different household:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone Type Cell Home Office

Phone 2 \_\_\_\_\_ Phone Type Cell Home Office

Relationship to the Student \_\_\_\_\_

**OTHER CHILDREN WHO RESIDE IN HOUSEHOLD**

*Children not yet enrolled in school*

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

**ADDITIONAL INFO:**

Dominant Home Language: \_\_\_\_\_ English as a Second Language: Yes No

Resident Type: Lease Own Rent Trailer Park Unknown

Proof of Residency: Mortgage Stmt Property Tax Bill Real Estate Stmt Utility Bill

Lease Landlord Verification Form Other: \_\_\_\_\_

\_\_\_\_\_

