

## **PRESCHOOL REGISTRATION REQUIREMENTS**

To be eligible for preschool, children must be 3 or 4 years old on or before January 1, 2023

**Only Parent/Guardian can register child. Please provide original documents.**

**1. ORIGINAL BIRTH CERTIFICATE with raised seal (Full Page) or PASSPORT**

- Guardian papers when applicable
- If you are a Foster Parent contact your DCF Social Worker

**2. PROOF of RESIDENCY**

Any (2) from the following

- Parent/ Guardian Driver's License or State ID with current address
- Current utility bill (no more than 1 months old) UI, GAS, WATER or CABLE
- LEASE or NOTORIZED LETTER stating that you are living at that address.

**CELL PHONE BILLS OR A COPY OF THE BIRTH CERTIFICATE ARE NOT ACCEPTED**

**3. HEALTH ASSESSMENT RECORD (Annual Physical)**

- Part I: Health History
- Part II: Medical Evaluation and Immunization Record

**CHILD MUST HAVE THEIR FLU SHOT BY JANUARY 2<sup>ND</sup>**

**4. Proof of Income (School day only)**

The following item(s) are needed:

- \_\_\_\_\_ Type of Health Insurance (\_\_\_\_\_public \_\_\_\_\_private \_\_\_\_\_ None)
- \_\_\_\_\_ Number of household members claimed on your taxed ( \_\_\_\_\_adults \_\_\_\_\_children)
- \_\_\_\_\_ 2021 Income tax (for both parents)
- \_\_\_\_\_ (4) Recent pay stubs (for both parents) – Last 4 weeks
- \_\_\_\_\_ Unemployment Benefits Sheets – **The entire sheet; all pages**
- \_\_\_\_\_ Social Security Income Sheet – **The entire sheet; all pages**
- \_\_\_\_\_ DCF Subsidy Form
- \_\_\_\_\_ State Assistance Benefit Letter (DSS Budget Form) – **The entire sheet; all pages and if you are working provide 3 recent pay stubs**

**EACH FULL DAY PRESCHOOL PROGRAM WILL BE CHARGED A PARENT FEE**

**Parent agrees to pay the parent fee according to their income & family size**

Parent signature: x \_\_\_\_\_

Student Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Bridgeport Board of Education Preschool Application

To be eligible for preschool, children must be 3 or 4 years old, on or before January 1, 2023.

Child's Name: \_\_\_\_\_  
(Last) (Apellido) (First) (Primer nombre) (Middle Initial)

Date of Birth/Fecha de Nacimiento: \_\_\_\_\_ Male/Maculino  Female/Femenino

Address/Dirección: \_\_\_\_\_ Zip (Código Postal) \_\_\_\_\_

Home Phone/Numero de Teléfono : ( ) \_\_\_\_\_ Cell Phone/Celular: ( ) \_\_\_\_\_

Mother's Name/Nombre de la Madre: \_\_\_\_\_

(Last) (Apellido) (First) (Primer nombre) (Middle Initial) (Inicial)

Father's Name/Nombre del Padre: \_\_\_\_\_

(Last) (Apellido) (First) (Primer nombre) (Middle Initial) (Inicial)

Has your child had any previous preschool or daycare experience? ¿Ha participado su niño(a) en algún programa pre-escolar o programa de cuidado?  Yes/Si  No/No If yes where?/De ser Afirmativo, ¿Dónde?

ABCD, Hall Neighborhood House, Lovable Angels, Precious Memories, Public School, YMCA or other \_\_\_\_\_

Does your child have health insurance? ¿Tiene su niño(a) plan de seguro médico?  Yes/Si  No/No If you checked yes, check which type. Husky  Yes/Si Private/Privado  Yes/Si  Other/Otro (Type/Typo) \_\_\_\_\_

Name of Doctor or Clinic/ Nombre del doctor o clínica: \_\_\_\_\_

Address of office/ Dirección de la oficina : \_\_\_\_\_ Office Phone: \_\_\_\_\_

Has your child ever been evaluated by a Birth to Three Program/ Su niño(a) he sido evaluado para servicios de Birth to three?  Yes/Si  No/No

If yes, did your child qualify for services from Birth to Three? Su niño(a) qualifica para servicios de Birth to Three?

Please describe/Favor de explicar: \_\_\_\_\_

Does your child receive support services?/ Su hijo/a recibe servicios de apoyo?  Yes/Si  No/No

If you checked yes, which type? Speech Only/Servicios de habla:  Yes/Si  No/No Special Education/Educación Especial:  Yes/Si  No/No  OTHER/Otro? (Type/Typo) \_\_\_\_\_

Ethnicity and Race Information/Información de Etnicidad y Raza

Hispanic or Latino  American  Indian or Alaska Native  Asian  Black or African American  White

By signing below, you verify that the above information on this registration form is complete and accurate.

Al firmar a continuación, usted esta confirmando que la información provista en este formulario esta correcta.

Parent/Guardian Signature/Firma de Padre/Encargado \_\_\_\_\_ Date/Fecha \_\_\_\_\_

