

REGISTRATION REQUIREMENTS

To be eligible for preschool, children must be 3 or 4 years old on or before
January 1, 2020

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 2ND

4. Proof of Income (School day only)

- Income tax Form/W2 (for both parents)
- (3) Current pay stub (for both parents)
- Unemployment Benefits Letter
- SSI
- State Assistance Benefit Letter (DSS Budget Form)

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

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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.

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Parent/Guardian Signature/Firma de Padre/Encargado _____ Date/Fecha _____

