

REGISTRATION REQUIREMENTS

To be eligible for preschool, children must be 3 or 4 years old on or before January 1, 2021

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)

The following item(s) are needed:

- _____ Type of Health Insurance (_____public _____private _____ None)
- _____ Number of household members claimed on your taxed (_____adults _____children)
- _____ 2019 Income tax (for both parents)
- _____ (3) Recent pay stubs (for both parents) – Last 3 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, 2021.

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** _____

