URBAN STRATEGIES EARLY LEARN I Center I and II 1091 SUTTER AVENUE 1152 ELTON STREET BROOKLYN, NY 11208

APPLICATION FORM

Please Print Clearly

| Child's Last Name | Middle | 322 | First | |
|---|----------------------|------------------|-------|----------|
| // DOB (M/D/Y) | FM (CI | neck One) | | |
| Child's Address | | | | Apt# |
| City | State | | | Zip Code |
| Parent/Guardian's Last Name | - | First | Name | |
| | | | | |
| Home Tele# | | Work Tele# | | : |
| | | | | |
| Emergency Contact Person | Tele | phone Number | 2 2 | - |
| Household Information | | | | |
| How many people live in your child': | s household? | | | |
| | | * | | |
| Please indicate your income amount Veekly IncomeBi-weekl | | | come | |
| o you receive food stamps? Yes | No Do you rec | eive AFDC? Yes _ | No | |
| s this child in foster care? Yes N Which language(s) are spoken at hon | | I that apply | | |
| villen language(s) are spoken at non | ile: Flease check at | i mat appiy. | | |
| nglish Spanish Haitian/Creole C | Chinese Russian | Polish | | |
| | | | | |
| orean Urdu Arabic Bengali | Other, please speci | fy , | | |
| oes your child currently attend a pr | eschool program? | Yes No | | |
| yes, please specify | | | | |