

You may submit this paper application in person at a Family Welcome Center (see reverse). You can also apply online at www.nyc.gov/prek or apply over the phone by calling 718-935-2067. All applications are due by April 24, 2015. **Do not submit this application by mail or directly to programs.**

Eligibility Criteria: Applicants must be residents of New York City and have been born in 2011.

1 PRE-KINDERGARTEN APPLICANT INFORMATION

Applicant First Name				Applicant Last Name				M.I.	Date of Birth (mm/dd/yyyy) 2 0 1 1			
Parent/Guardian First Name				Parent/Guardian Last Name				Phone Number				
Street Number		Street Name				Apartment #		Applicant's Gender (optional) <input type="checkbox"/> M <input type="checkbox"/> F				
City				State N Y		Zip Code						
Parent/Guardian Email												

All families will receive communications in English. If you would like to receive communications in translation as well, please indicate your language: Arabic Bengali Chinese French Haitian Creole Korean Russian Spanish Urdu

2 OTHER CHILDREN APPLYING TO PRE-KINDERGARTEN

Do you have other children born in 2011 who are applying to pre-Kindergarten for September 2015? Yes No

If **yes**, and you want the applicants to attend the same program, you must 1) complete an application for each child and 2) enter each child's information below. Applicants must have the same programs listed in the same order on their applications to be placed together. If **no**, leave this section blank.

Other children include brothers/sisters (including stepbrothers, stepsisters, foster brothers, foster sisters) who live in the same household as the applicant named on this form.

OTHER CHILDREN APPLYING TO PRE-KINDERGARTEN		
First Name	Last Name	Date of Birth (mm/dd/yyyy)
		/ /2011
		/ /2011
		/ /2011

3 SIBLING PRIORITY INFORMATION

Does the applicant have one or more siblings who will be attending any of the district schools or New York City Early Education Centers (NYCEECs) on this application in September 2015? Yes No

If **yes**, enter the information for each of these siblings below. Please do not include other applicants listed in Section 2. If **no**, leave this section blank.

For district schools, the applicant will receive priority for admission if the sibling(s) is currently pre-registered or enrolled at the school and will be in grades K-5 at the school in September 2015.

For NYCEECs, the applicant will receive priority if a sibling aged birth – grade 12 will be enrolled in a program at the same NYCEEC for September 2015.

SAMPLE	SIBLINGS					
	Name (First Last)	Program Code	Name of District School or NYCEEC	Date of Birth (mm/dd/yyyy)	Sept 2015 Grade (if applicable)	Student ID (OSIS) (if applicable)
	John Doe	249999	P.S. 999	01/01/2008	2	1 2 3 4 5 6 7 8 9
	Jane Doe	02MA B C	NY Early Learning Center	12/15/2013	N/A	

SIBLINGS					
Name (First Last)	Program Code	Name of District School or NYCEEC	Date of Birth (mm/dd/yyyy)	Sept 2015 Grade (if applicable)	Student ID (OSIS) (if applicable)
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