



Cortelyou Early Childhood Centers, Inc.

Application for Admission (Toddlers - Fifth Grade)



Student Information

Academic Year _____

First Name: _____ Last Name: _____ Male Female

Date of Birth ____/____/____ Place of Birth _____ Ethnicity: _____

Applicant for: **Toddlers** | 2's 3's **Pre-School** | Pre-K 4 All Only Pre-K 4 All with Ext. Day

Grade School | Kdg. Gr. 1 Gr. 2 Gr. 3 Gr. 4 Gr. 5. What school district do you reside in? _____

- Does your child have an **IEP** (Individual Education Plan) or receiving any special services? Yes No

If yes, please explain: _____

- Primary language(s) spoken at home: _____

Applicant's current/previous schools, if any:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Parent/Guardian 1

Name: _____ Relationship to applicant _____

Address: _____ City _____ State _____ Zip _____

Contact Info: (H) _____ (C) _____ (W) _____

Email: _____ Occupation: _____

Employer: _____ Principal Contact: Both Mother Father

Parent/Guardian 2

Name: _____ Relationship to applicant _____

Address: _____ City _____ State _____ Zip _____

Contact Info: (H) _____ (C) _____ (W) _____

Email: _____ Occupation: _____

Employer: _____

Parent/Guardian Status: Single Married Divorced Separated Widowed Domestic

If Parent/Guardian contact cannot be reached, whom do we contact in case of an emergency?

Name: _____ Contact Number: _____



Cortelyou Early Childhood Centers, Inc.

Name of person(s) authorized to pick-up your child: _____

List any food allergies or any serious medical conditions: (e.g. peanuts, Asthma etc.)

Is there anyone who is **NOT** allowed to have access to your child? (Please submit a copy of any supporting documentation.)

Trip Consent Form

I hereby give permission to allow my child, _____ to be taken on trips to points of interest throughout the New York City area, under the supervision of **Cortelyou Early Childhood Center**, via private means of transportation. I also grant permission for my child to be taken on walking trips throughout the neighborhood when accompanied by his/her teacher.

(Initial Here: _____)

Photograph & Video Release

I hereby give permission for images of my child, captured during regular and special school activities through video, photo and digital camera, to be used solely for **Cortelyou Early Childhood Center** promotional material and publication including websites, brochure, handbooks etc., and waive any rights of compensation or ownership thereto. (Initial Here: _____)

CECC Special Needs Policy

At CECC, we recognize the right of each child, including those with special needs, to have an appropriate early childhood engagement, which combines care and learning through purposeful play. We are very sensitive to the needs and feelings of children with special needs, as well as, that of their families. We are committed to assist families to seek appropriate help, to ensure that their child's individual needs are recognized and addressed. Parents, we are aware that you are your child's primary advocate and that all decision making relating to him/her are in your hands. Therefore, parents will be involved at every stage in any plan that is recommended to support a child's individual special needs.

If any child in our school is having trouble with language or speech, vision, motor skills, social/emotional and cognitive skills; or adapting to the physical, social and behavioral environment of our program, we will try our best effort to connect the parents to appropriate agencies to conduct an early childhood evaluation.

However, if parents choose to decline an evaluation to assess the possible developmental needs their child may require, CECC reserve the rights to discontinue childcare services since we do not hold the necessary licensing and certification required to work with children requiring special services. (Initial Here: _____)

I have read the policy and agree to comply with the forms as stated.

Parent/Guardian 1 Signature: _____

Date: ____/____/____

Parent/Guardian 2 Signature: _____

Date: ____/____/____

OFFICIAL USE ONLY

Accepted Not Accepted ACD HRA Co-Payment: \$ _____ Weekly

Registration Fee Paid Full Time Part-Time * Grades 1-5 Only: Plan _____ Option _____

Comments: _____ Date Rec'd _____ Rec'd by: _____