



Family Workers Contact

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Child Development Center
363 Broadway
Paterson NJ, 07501
Phone: 973-278-5200
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Pre-Kindergarten
Registration Information

Student Registration Requirements:

- Student must be accompanied by their parent or legal guardian, when registering.
- Student must reside in Paterson.
- Student must be 3 or 4 years of age on or before October 31, 2023 to be enrolled in Pre- K.
- Individuals registering a student, other than the student’s natural parent, must provide legal proof of guardianship.
- Call 973-321-0674 for more information.

Mandatory Documents:

(3) Proofs of Address: Proof of address **must** be current, within **30 days**.
One proof of address must be a primary document.

<u>PRIMARY DOCUMENT</u>	<u>SECONDARY DOCUMENT</u>
<ul style="list-style-type: none"> • PSE&G Bill • Cable Bill • NJ Driver’s License, State ID or NJ Vehicle Registration • Employee Paystub • House Deed • Consulate ID • Dated letter from the Board of Social Services 	<ul style="list-style-type: none"> • Notarized Lease Agreement, signed by Landlord and Tenant(s) • Bank Statement • Phone Bill • Credit Card Bill

- Student’s immunization record
- Student’s original birth certificate
- District approved physical examination form
- Photo ID of parent/guardian
- Home Language Survey
- Registration Form
- IEP and/or 504 (if applicable)
- Student must be present**

In Collaboration with Paterson Public Schools

Student Information

Student's Name: _____
First Name Middle Name Last Name

Home Address: _____ Phone#: _____
House # Street City Zip Code

Date of Birth: _____ Gender: M F Place of Birth: _____
Month/Day/Year City, State & Country, if not USA

Race/Ethnicity (Please select all that apply):

- African American/Black American Indian/Alaskan Native Asian
 Hawaiian Native/Pacific Islander Hispanic White/Caucasian

Date entered the Country _____ Date entered US School _____

Has the student ever attended a Paterson Public School? Yes No

Transferred from (School, City, State): _____

Does your child have an: IEP (Individualized Education Plan) 504 Accommodation Plan

Does your child receive services for: Bilingual/ESL

None of the Above

Parent/Legal Guardian Information

Mother/Legal Guardian: _____ DOB _____
First Name Last Name

Home Address: _____
House # Street City Zip Code Resides with child?

Mobile #: _____ Email: _____

Father/Legal Guardian: _____ DOB _____
First Name Last Name

Home Address: _____
House # Street City Zip Code Resides with child?

Mobile #: _____ Email: _____

Name of Person registering child: _____ Relationship to child: _____

Language preferred for receiving communications: English Spanish Other (specify) _____

List the name, date of birth, school and grade of siblings attending a Paterson Public School or Charter:

Sibling(s) Name	DOB	School Attending	Grade

Emergency Contacts

Name/Relationship	DOB	Home Address	Phone #

Residence Information

Per the McKinney-Vento Act 42U.S. 17435, the following questions will help us to determine if your child is eligible for additional services.

1. Is your current address a temporary living arrangement? Yes No
(a month to month lease is not considered temporary)
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered No to both questions above, please sign and date below and **DO NOT fill out the remainder of this form.**

Signature of Parent/Guardian: _____ Date: _____

If you answered Yes to both questions above, please sign and date above **AND complete the remainder of this form.**

Where is the student presently living? (check one)

- In a hotel/motel With more than one family in a house or apartment In a shelter
 In a place not designated for ordinary sleeping accommodations (such as a car, park or campsite)

Declaration of Residency

This is to inform Paterson Public Schools that my child(ren) _____
_____ and I (parent/guardian) _____

is/are temporarily residing at the following address: _____.

We are living with (name & relationship) _____.

My last address that I rented, leased or owned was _____.

The school district which my child(ren) attended while living at the address above was _____

_____. My child(ren) attended _____ school. The causes of

my becoming displaced/homeless are _____.

Please select an option below:

- I request to register my child(ren) in the Paterson Public School District.
 I prefer for my child(ren) to attend school in the former school district _____
(name of former district)

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Parent/Legal Guardian (please print): _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature: _____ Date: _____