



Child Development Center  
 363 Broadway  
 Paterson NJ, 07501  
 Phone: 973-278-5200  
 Fax: 973-278-5055

**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.**

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

- 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.**

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#### **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: \_\_\_\_\_

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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: \_\_\_\_\_