



UNIVERSAL PRE-K REGISTRATION FORM

The New Rochelle YMCA Universal Pre-K PROGRAM

The program runs from **September 2026 to June 2027**. There is a morning and an afternoon program. The program is \$450 per month per child. New Rochelle City residents may choose to have their children come to the YMCA through the New Rochelle Board of Education for free.

For Questions about Registration

Enrollment or registration call 914-632-1818 ext.20 or email childcare@nrymca.org. All emails will be given to the person that can answer your question. Please include your child's name, age and which program you are interested in, as well as the best number to reach you.

Child's Name: _____
LAST FIRST MIDDLE

Home Address: _____
STREET APT # CITY STATE ZIP CODE

Child's Date of Birth: _____ **Gender:** _____

Race: ☐ Native American ☐ Hispanic ☐ African-American
☐ Caucasian ☐ Asian/Pacific Islander ☐ Other: _____

PARENT/GUARDIAN #1: _____
LAST FIRST MIDDLE

Home Address _____
(If different from above) STREET APT # CITY STATE ZIP CODE

Home Tel: _____ **Cell Tel:** _____ **Work Tel:** _____

E-Mail Address: _____

Relationship to child: _____ Does this parent have legal custody of the child? ☐ Yes ☐ No

PARENT/GUARDIAN #2: _____
LAST FIRST MIDDLE

Home Address _____
(If different from above) STREET APT # CITY STATE ZIP CODE

Home Tel: _____ **Cell Tel:** _____ **Work Tel:** _____

E-Mail Address: _____

Relationship to child: _____ Does this parent have legal custody of the child? ☐ Yes ☐ No

OTHER CHILDREN WHO RESIDE IN HOUSEHOLD (INCLUDING THOSE NOT IN SCHOOL)

Name: _____ **DOB** _____

Name: _____ **DOB** _____

Name: _____ **DOB** _____

Name: _____ **DOB** _____



EDUCATIONAL BACKGROUND:

- **Has this child attended a pre-school program prior to joining us?** No Yes
What is the name of the program or school? _____
- **Does your child have an Individualized Educational Plan (IEP)?** No Yes If so, please share a copy.
- **Does your child receive services under 504?** No Yes If so, please share a copy.
- **Does your child receive speech or language assistance?** No Yes
- **If your child is in a program, does your child get extra support in the classroom and/or is pulled out for services?** No Yes
- **If your child is already in a program, does your child receive any services afterschool?** No Yes

ADDITIONAL INFO:

Dominant Home Language: _____ Is English as a Second Language: Yes No

Resident Type: Lease Own Rent Trailer Park Unknown

Household Income: ☐ Under \$9,999 ☐ \$40,000 – \$49,999
☐ \$10,000 - \$19,999 ☐ \$50,000 – \$59,999
☐ \$20,000 – \$29,999 ☐ \$60,000 - \$69,999
☐ \$30,000 – \$39,999 ☐ Over \$70,000

-----**OFFICE USE ONLY**-----

To fully register, the following must be provided:

- ☐ If placed by **City Schools of New Rochelle**, a completed registration form.
- ☐ Completed YMCA Universal Pre-K Application
- ☐ Proof of Identification (Valid Driver's License; Valid Passport)
- ☐ 3 Proofs of Residence (Con Ed bill; Phone bill; Bank Statements; Signed Lease; Property Tax Bill; etc)
- ☐ Child's birth certificate
- ☐ Child's medical records INCLUDING Immunizations
- ☐ Recent photo of the child

☐ Name has been added to UPK Rooster

Staff Signature_____

Date Fully Submitted_____