

Jersey City Public Schools 3-Year Old Preschool Program
 2024-2025 Contracted Childcare Center Application
Starting Points of Hudson County

Child's Information		
Child's Name: _____		
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City of Birth: _____	State of Birth: _____	Country of Birth: _____
Child's Race/Ethnicity: _____	Language(s) Spoken at Home: _____	
Home Address: _____	Apt. #: _____	Zip Code: _____
Child's Health Insurance: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> NJ Family Care <input type="checkbox"/> Other <input type="checkbox"/> Uninsured		
Does the child have a physical/mental handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____		
Has any Agency, such as early intervention, DYFS, or a Child Study Team recommended your child for a pre-school program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child received services or therapy (Occupational Therapy, Physical Therapy, Speech, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the child currently enrolled in a preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian #1 Information	
Name: _____	Relationship to Child: _____
Daytime Telephone: _____	Mobile Telephone: _____

Parent/Guardian #2 Information	
Name: _____	Relationship to Child: _____
Daytime Telephone: _____	Mobile Telephone: _____

Sibling Information	
Does the child have an older sibling in a Jersey City Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the name(s) and school(s) attending.	
Name(s): _____	School(s): _____

Parent Certification	
I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge.	
Signature: _____	Date: _____

Do Not Write Below This Line. This Portion Needs To Be Completed By The Center.

Date of Application: _____	Signature of Provider: _____	Student ID: _____
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