

Jersey City Public Schools Preschool Program
 Contracted Childcare Center Application
SuperTots II Educational Center

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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email: _____