Bedford Stuyvesant Early Childhood Development Center, Inc. (BSECDC)

APPLICATION FORM

Eligible Child Name:

_____ _____ _____

First name *Middle* *Last name*

Date of Birth:*	**Gender:** ☐Male ☐Female	**How well does this child speak English?** ☐Very Well ☐Well ☐Not Well ☐Not at all

Parent/Guardian 1: Relationship to child: _____

Name: _____ Email: _____

Telephone # 1: _____ Telephone # 2: _____

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 2: Relationship to child: _____

Name: _____ Email: _____

Telephone # 1: _____ Telephone # 2: _____

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

1. **Does your child have an IFSP/IEP (or Disability)?** ☐No ☐Yes
2. Child previously enrolled in Early /Head Start? ☐No ☐Yes
3. Child previously applied or was on waiting list? ☐No ☐Yes
4. Do you have any concerns about your child's overall health and development? ☐No ☐Yes, *Please describe*

Established Health Risks (check all that apply)
☐None
☐Chromosomal abnormality (i.e. down syndrome)
☐Congenital syndrome (i.e. fetal alcohol syndrome)
☐Sensory Impairment (i.e. hearing or vision impairment)
☐Other: Please Specify
_____

Income Considerations (check all that apply) ☐NONE

☐ SNAP/Food Stamps/EBT	☐ **TANF/Welfare/Public Assistance*** **	☐ **SSI*** **	☐Unemployed
☐ WIC	☐Medicaid /Subsidized Medical	☐Medicare	

Environmental Considerations (check all that apply) ☐NONE

☐**Family is homeless*** **	☐**Lives in NYCHA**	☐Mother is a teenager
☐**Family is foster family*** **	☐Family under court supervision	☐Single parent
☐Incarcerated parent	☐Parent has no HS Degree	☐Family in Military
☐Parental substance abuse	☐ Parent has HS Degree but no college degree	☐Guardian is not biological parent

How did family hear of BSECDC?

☐Recruitment/Flier	☐311
☐From an Employee	☐Online: Website, Facebook, Twitter
☐Family member or Friend	☐ Restoration Plaza
☐Walked past it/Building Sign	☐Agency/Organization _____
	☐Other: _____

Household members:
Number of Children: _____ Number of Adults: _____

Total Income: $_____

☐**Below 100% of Poverty level*** **
☐**100-130% of Poverty level**
☐Above 130% of Poverty level

To which BSECDC Campus are you applying?

_____

Date of Application: _____

Reviewed by Staff and Action Taken:
Print Name:
_____
☐Application Rejected--Family Informed
☐ Family Waitlisted
☐ Age Ineligible, Family Waitlisted
☐Application Accepted-Family Enrolled
☐Application Withdrawn by Family