



APPLICATION FOR ADMISSION 2020 – 2021 School Year

Child's Name (please print) _____ Date of Birth: _____ Gender: _____
First Last

Parent/Guardian

Parent/Guardian (if applicable)

Name _____
Address _____
Phone # _____
E-mail _____
Occupation _____
Relationship to child _____
Family Size _____ Child lives with _____

Which language(s) do you speak at home? _____

Please list any siblings, their ages, and where they attend school _____

Describe any group experience your child has had, including any drop-off programs _____

Describe your community involvement _____

Tell us about your family _____

Does your child receive services through Early Intervention (EI), Special Education (CPSE) or private insurance*? Yes No

If so, circle the services: *Speech Occupation Therapy Physical Therapy SEIT Counselling/Play therapy*

Our school incorporates Head Start, Early Head Start, Universal Pre-K and tuition funding to serve all families on the Lower East Side and beyond.

- I am interested in a tuition-funded spot at our school; please complete Section A of the attached application.
- I am interested in a tuition-funded spot with financial aid; please complete Sections A and B, and attach proof of income.
- I am interested in a Head Start/Early Head Start funded spot; please complete Section C, and attach a copy of your child's birth certificate, two proofs of address, and one proof of income.

Please note that applications will not be considered submitted until all documents have been received.

*This information does not impact enrollment decisions



Section A

2020-2021 Program Offerings

Please check applicable age group and schedule preferences:

- | | |
|--|---|
| <input type="checkbox"/> Infants 3-8 months (DOB 1/1/20 – 6/1/2020) | <input type="checkbox"/> Toddlers 9-20 months (YOB 2019) |
| ___ M-F, 8:30am-3pm | ___ M-F, 8:30am-3pm |
| ___ MWF, 8:30am-3pm | ___ MWF, 8:30am-3pm |
| ___ T/TH, 8:30am-3pm | ___ T/TH, 8:30am-3pm |
| ___ Extended Day (3-6pm) | ___ Extended Day (3-6pm) |
|
 | |
| <input type="checkbox"/> 2s (YOB 2018) | <input type="checkbox"/> 3s (YOB 2017) |
| ___ M-F, 8:30am-3pm | ___ M-F, 8:30am-3pm |
| ___ MWF, 8:30am-3pm | ___ MWF, 8:30am-3pm |
| ___ T/TH, 8:30am-3pm | ___ T/TH, 8:30am-3pm |
| ___ Extended Day (3-6pm) | ___ Extended Day (3-6pm) |

Early Childhood at Manny Cantor Center is proud to offer Universal Pre-K (UPK) in partnership with the NYC Department of Education. Applications are handled externally through the DOE's MySchools portal and all returning families receive enrollment priority.

- Please send me information about UPK enrollment when applications open.

Signature of Parent or Guardian _____

Date: _____



Section B

Application for Financial Aid

Financial aid is awarded on the basis of need, and there is no cutoff to apply. Typical financial aid awards range from 10%-30% of total tuition.

Please complete these form and submit alongside your Application for Admission with all supporting documents attached. Applications will not be processed until all documents have been submitted.

Names of Children: 1) _____ DOB: ___/___/___
2) _____ DOB: ___/___/___
3) _____ DOB: ___/___/___

Other Dependents: Name: _____ Relationship: _____
Name: _____ Relationship: _____

Who does the child reside with? _____

Do you rent or own your home? _____

Do you have a second home? If so, do you rent or own it? _____

Parent/Guardian 1 - Employment Information:

Name of Employer: _____ Business Phone: _____

Business Address: _____

Number of Years with Employer: _____ Position/Title: _____

Parent/Guardian 2 - Employment Information:

Name of Employer: _____ Business Phone: _____

Business Address: _____

Number of Years with Employer: _____ Position/Title: _____

Family Income:

Annually

Monthly

1. Parent/Guardian 1 Salary:	\$ _____	\$ _____
2. Parent/Guardian 2 Salary:	\$ _____	\$ _____
3. Other Income:	\$ _____	\$ _____
4. Taxes & FICA:	\$ _____	\$ _____
5. Insurance:	\$ _____	\$ _____
6. Retirement:	\$ _____	\$ _____
7. Savings:	\$ _____	\$ _____
8. Other:	\$ _____	\$ _____
9. Net Income:	\$ _____	\$ _____
Total Family Income:	\$ _____	\$ _____

Other Child(ren) in family:

Name/Age/School/ Tuition Paid Annually:

- 1). _____ \$ _____
- 2). _____ \$ _____
- 3). _____ \$ _____
- 4). _____ \$ _____

Financial Aid received from other schools (total): \$ _____

Bank Credit Information:

Savings Account Bank: _____ Amount Savings: \$ _____
Checking Account Bank: _____ Amount Checking: \$ _____
Other: _____ Amount: \$ _____

Assets

Please list your assets and their value, including real estate, mutual funds and equity.

Debt

Please list any debt you currently hold, including college loans, medical debt and mortgages.

Please add any other information that you think would be useful to the financial aid committee in evaluating your application such as the reason why this school is particularly important to your family. Most importantly, please state the amount of tuition you are able to pay. Feel free to attach an additional sheet for this section.

Please attach the following forms:

- Most recent W2 and 1040 forms
- Unemployment insurance letter, if applicable

I/We, _____, affirm that the information contained in this financial aid application packet is accurate and true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

All information will be kept strictly confidential



Section C

Application for Head Start

Head Start and Early Head Start funded spaces are available free of charge to families who meet eligibility requirements. Early Head Start classrooms serve children 0-2 years old. Head Start classrooms serve children 3-5 years old.

You will qualify for Head Start or Early Head Start if your household income falls below the 2020 Poverty Guidelines:

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

You are also eligible for Head Start/Early Head Start funding if you are currently homeless, if your child is in foster care, or if you qualify for public assistance through Temporary Assistance for Need Families (TANF) or Supplemental Security Income (SSI).

Please tell us how you qualify for Head Start:

- My income falls below the federal poverty guidelines.

Total household income: _____ Number of people in household: _____

Please attach one of the following proofs of income:

*4 x Pay stubs, covering at least one full month

*W2 form

* Letter from your employer w/ contact details

*1040/1099 form

- My child is in foster care.

Please attach foster care reimbursement letter.

- I am currently homeless.

Please attach Homeless Shelter Agency Letter.

- I qualify for public assistance.

Please attach SSI/TANF/HRA documentation.



Section C

Application for Head Start (continued)

Please complete the following information and submit alongside your Application for Admission with all supporting documents attached. Applications will not be processed until all documents have been submitted.

Your name:

What is your highest level of education?

- Advanced or Bachelor's degree
- AA degree, vocational school or some college
- High School or GED
- High school incomplete

Are you, or any of your child's guardians, enrolled in school? Yes No

Are you, or any of your child's guardians, a member of the military?

- Yes, active duty
- Yes, military veteran
- No

Names of Children: 1) _____ DOB: ___/___/___
 2) _____ DOB: ___/___/___
 3) _____ DOB: ___/___/___
 4) _____ DOB: ___/___/___

Other Dependents: Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

We offer enrollment priority to families in the following categories. Please select if any of the following apply to you:

<input type="checkbox"/> Active ACS Case <input type="checkbox"/> Adolescent Parent (21 or younger) <input type="checkbox"/> Diagnosed Disability, Parent or Child <input type="checkbox"/> English is a second language <input type="checkbox"/> Foster Child <input type="checkbox"/> Housing Needs (Homeless/Shelter) <input type="checkbox"/> Housing Needs (Unsafe/Overcrowded) (# of people _____ / # of bedrooms _____) <input type="checkbox"/> Parents are immigrants within the last 3 years <input type="checkbox"/> Parent / Child in Counseling <input type="checkbox"/> One Parent Incarcerated/recently discharged w/i the last 3 yrs <input type="checkbox"/> Both Parents Incarcerated/recently discharged w/i the last 3 yrs	<input type="checkbox"/> Parent in School/Training/Employed <input type="checkbox"/> Receiving Preventive Services (Court/ACS Mandated Services, Family Preservation Services, ACS Preventive Services) <input type="checkbox"/> Parent enrolled in Job Center <input type="checkbox"/> Sibling enrolled in Early Childhood at Manny Cantor Center Program in upcoming school year <input type="checkbox"/> One- Parent Household <input type="checkbox"/> One-Parent Household: Unemployed <input type="checkbox"/> Two-Parent Household: Both Parents Unemployed Referred from Outside Agency: _____ <input type="checkbox"/> Other: _____
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The majority of children enrolled in our Early Head Start and Head Start funded seats start school in September. However, Head Start enrollment is ongoing and spaces sometimes open up mid-year. Please let us know what you are interested in:

- I'm interested in starting immediately, if a space becomes available
- I'm interested in a September start

I/We, _____, affirm that the information contained in this application packet is accurate and true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____