

**NEW YORK CITY HOUSING AUTHORITY**  
NEW YORK CITY DEPARTMENT OF EDUCATION

**NYC EARLY LITERACY  
LEARNERS APPLICATION**

NEW YORK CITY EARLY LITERACY LEARNERS (NYCELL) WORKS WITH PARENTS/CAREGIVERS OF CHILDREN BETWEEN THE AGES OF 1 TO 3 YEARS AND 9 MONTHS TO ENCOURAGE PRE-READING SKILLS AND SCHOOL READINESS. APPLICANTS AND THEIR CHILDREN WILL COME TO THE COMMUNITY CENTER TWO TIMES A WEEK FOR TWELVE WEEKS.

COMMUNITY CENTER	DATE
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NAME

ADDRESS

TELEPHONE (    )	CELL PHONE (    )	E-MAIL
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Please provide the names and ages of children in your household who are three years, nine months of age or younger and your relationship to each child. Place a check next to those who will attend the program with you.

Name	Date of Birth	Age	Relationship	Will Attend

I understand that my child(ren) and I will come to the center two times a week for twelve weeks. I would prefer to participate in the  Tuesday & Thursday session  
 Wednesday & Friday session

The language we speak most frequently at home is:

English     Spanish     French Creole     Japanese     Chinese     Other \_\_\_\_\_  
(Language)

We also speak \_\_\_\_\_  
(Language)

Do you have other children in a day care or Pre-K program?  Y     N

If yes, please complete:

Name	Age	School/Day Care



Do you have school age children in your home?  Y  N If yes, please complete

Name	Age	Grade	School

Do any of your children participate in the Partners in Reading Program?  Y  N

Do any of your children participate in another after school program?  Y  N

If yes, please provide name and location \_\_\_\_\_

**EMERGENCY CONTACTS**

Please provide the names and telephone numbers for two people whom we can reach in case of an emergency.

Name	Relationship
Address	Phone
Name	Relationship
Address	Phone

Do the children that will participate with you have any of the following?

Speech Difficulty     Asthma     Poor Hearing     Poor Eyesight

Allergies     Other (please name) \_\_\_\_\_

**CONSENT FORM**

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Children)

I hereby apply to enroll and have the above named child(ren) participate in the Community Center program. I understand that my child(ren) will be with me throughout the workshop and that I maintain primary responsibility. I understand that the New York City Housing Authority is not responsible for my or the child's personal property. I consent to my and my child's participation in any game or activity sponsored by the New York City Housing Authority. We also understand that the New York City Housing Authority is not responsible for injury suffered by my child or myself while participating in any field trips, bus trips or other outings. In case of an accident or medical emergency, I authorize the New York City Housing Authority to secure proper treatment, to hospitalize, and to order injection, anesthesia or surgery for the child, by a duly licensed medical doctor, clinic or hospital.

Parent/Guardian _____ <small>(Print &amp; Sign)</small>	Date
Center Director _____ <small>(Print &amp; Sign)</small>	Date

