The following documents will support your child's eligibility and enrollment in LYFE.

**YOUR CHILD’S DOCUMENTATION**

Please provide a copy of one of the following documents to confirm your child’s proof of age:

- Birth Certificate
- Passport
- Baptismal Certificate
- Immigration Record
- Parents Naturalization
- Census Records
- Adoption Papers
- Hospital Papers

**YOUR DOCUMENTATION**

Please provide a copy of your current academic schedule.

If you need help enrolling in a DOE school or program, LYFE can help.

**ENROLLMENT DOCUMENTATION**

The following documents are to be completed and submitted upon your child’s enrollment. These documents are included in the LYFE enrollment packet which can be obtained on the LYFE website (www.lyfenyc.org) or from a LYFE staff member:

- Child & Adolescent Health Examination Form
- School Meals Flyer
- Residency Questionnaire as per the McKinney-Vento Act 42 U.S.C. 11435
- Federal Parent/Guardian Student Ethnic & Race Identification Form

**NOTES**

Use this space to write down information and next steps to help you submit the required eligibility and enrollment documentation.
GETTING TO KNOW YOU AND YOUR FAMILY

To support your child’s enrollment in LYFE, please complete the following information so that we can learn more about you and your child. You can complete the following forms independently or with the LYFE team. These forms will be reviewed with you during your orientation meeting.

On this form, “Student Parent” means the parent who is enrolling the child. “Guardian” means the Student Parent’s guardian. Please complete the information below to get started.

YOUR INFORMATION

Date: ____/____/_____

Student Parent Name ___________________________ OSIS Number ___________________________

Child’s Name ___________________________ Child’s Date of Birth ____/____/_____

Child’s Name ___________________________ Child’s Date of Birth ____/____/_____

Child’s Name ___________________________ Child’s Date of Birth ____/____/_____

Address __________________________________ City ___________ Zip ___________

(____) -_____ (____) -_____ Cell Phone _______ Home Phone _______ Email Address _______

Parent(s)/Guardian(s) Information

Parent Name ___________________________ (____) -_____ Cell / Work Phone

Relationship to Student Parent ___________________________

Parent Name ___________________________ (____) -_____ Cell / Work Phone

Relationship to Student Parent ___________________________

Your School Information

School Student Parent is Attending ___________________________ School Phone _______

Counselor Name ___________________________
ALL ABOUT YOUR CHILD

Please provide three words that describe your child!

___________________________________________________________________________

Is this your child’s first early childhood program experience? If not, tell us about other experiences.

___________________________________________________________________________

Activities

Select the activities your child enjoys. You can choose as many as you like.

☐ Playing with toys ☐ Playing with sand/water ☐ Playing dress up
☐ Reading books ☐ Playing with blocks ☐ Painting/drawing
☐ Singing songs/dancing ☐ Playing outdoors ☐ Playing with others

Meal Time & Nap Time

What kind of milk do you give your child?

☐ Breast Milk ☐ Whole Milk
☐ Formula (Name of formula) _____________ ☐ 2% Milk
☐ Other (Name of Other) _____________

Can your child feed him/herself: ☐ Yes ☐ No

What are three foods your child likes?

___________________________________________________________________________

What are three foods your child dislikes?

___________________________________________________________________________

How does your child let you know he/she is hungry?

☐ Will ask for food ☐ Will point to food ☐ Other _____________
☐ Will cry for food

Does your child nap during the day? ☐ Yes ☐ No

If yes, what time(s) of the day does your child nap and for how long? _____________

What helps your child fall asleep? _____________

Arrival and Departure

Are there any morning routines that will help you and your child say goodbye to each other in the morning? _____________
GETTING TO KNOW YOU AND YOUR FAMILY

ALL ABOUT YOU
Please provide three words that describe you!

________________________  __________________________  __________________________

Your Interests & Goals
What do you like to do in your free time? You can choose as many as you like.

☐ Spend time with your child and/or family  ☐ Play sports  ☐ Exercise
☐ Spend time with your friends  ☐ Listen to music  ☐ Spend time alone
☐ Arts & Crafts

Are you involved in activities outside of your school?  ☐ Yes  ☐ No
If so, what activities do you participate in? __________________________

What are your goals while in school? __________________________

What about school interests you the most? You can choose as many as you like.

☐ My classes  ☐ My peers  ☐ Drama club
☐ School staff  ☐ Sports  ☐ Other __________________________

What about school interests you the least? You can choose as many as you like.

☐ My classes  ☐ My peers  ☐ Drama club
☐ School staff  ☐ Sports  ☐ Other __________________________

Parenting Experience
Since becoming a parent, what has been your biggest success?

Since becoming a parent, what has been your biggest challenge?

Your Supports
Who are the people in your life with whom you have a good relationship with?

☐ Mother  ☐ Co-parent  ☐ School Counselor
☐ Father  ☐ Significant Other  ☐ Teacher
☐ Sibling  ☐ Friends  ☐ Other __________________________
ALL ABOUT YOUR FAMILY

Please provide three words that describe your family!

____________________________________  ______________________________________  ______________________________________

What are some activities you and your family enjoy doing together? You can choose as many as you like.

☐ Going to the park  ☐ Shopping together
☐ Watching a movie  ☐ Cooking together
☐ Reading together  ☐ Other __________________________

What languages(s) do you speak at home? You can choose as many as you like.

☐ English  ☐ Creole  ☐ Russian
☐ Spanish  ☐ French  ☐ Bengali
☐ Other _________________________

What language(s) does your child prefer to speak at home?

☐ English  ☐ Creole  ☐ Russian
☐ Spanish  ☐ French  ☐ Bengali
☐ Other _________________________

What is the best way for LYFE to exchange information with you about your child?

☐ Cell phone  ☐ Email
☐ Home phone  ☐ Letters mailed home

What is the best way for LYFE to exchange information with your family and/or the adults that are important to you?

☐ Cell phone  ☐ Email
☐ Home phone  ☐ Letters mailed home