

# UNION-ENDICOTT UPK

- FAMILY ENRICHMENT NETWORK (CFJ)
- FIRST PRESBYTERIAN NURSERY SCHOOL
- HEADSTART

**OFFICE USE ONLY:**

School Year \_\_\_\_\_

Start Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

**PLEASE PRINT**

**STUDENT**

**NAME** \_\_\_\_\_  
(First) (Middle) (Last) (Jr/Sr/III/IV)

**SOCIAL SECURITY** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **SEX** \_\_\_\_\_  
(MM/DD/YYYY) (MF)

**RACE (Please Check One):**

- \_\_\_\_\_ 1. American Indian or Alaska Native
- \_\_\_\_\_ 2. Black or African American
- \_\_\_\_\_ 3. Asian
- \_\_\_\_\_ 4. Hispanic or Latino
- \_\_\_\_\_ 5. White
- \_\_\_\_\_ 6. Hawaiian/  
Other Pacific Islander

**US CITIZEN:** \_\_\_\_\_ **If No, indicate citizenship:** \_\_\_\_\_ **DATE ENTERED INTO US:** \_\_\_\_\_  
(Y/N) (MM/DD/YYYY)

**PRIMARY LANGUAGE:** \_\_\_\_\_ **HOME LANGUAGE:** \_\_\_\_\_

**STUDENT RESIDENTIAL ADDRESS:**

**STREET NUMBER:** \_\_\_\_\_ **STREET NAME:** \_\_\_\_\_

**APARTMENT NUMBER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** New York **ZIP CODE:** \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_  
(Sal) (First) (Middle) (Last) (Jr/Sr/III/IV)

**STREET NUMBER:** \_\_\_\_\_ **STREET NAME:** \_\_\_\_\_

**APARTMENT NUMBER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** New York **ZIP CODE:** \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

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**NAME:** \_\_\_\_\_  
(Sal) (First) (Middle) (Last) (Jr/Sr/III/IV)

**STREET NUMBER:** \_\_\_\_\_ **STREET NAME:** \_\_\_\_\_

**APARTMENT NUMBER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** New York **ZIP CODE:** \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_