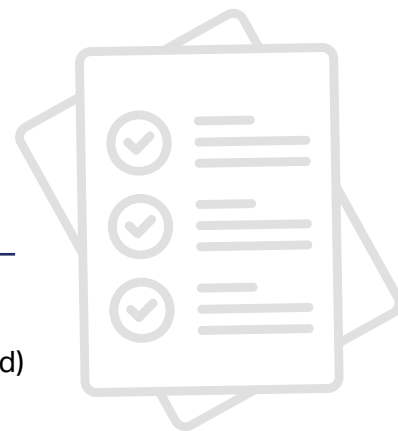


Registration Checklist



Bring these items when registering your child for school:

- ☐ **Proof of your child's age** (birth certificate, passport, or baptism record)
- ☐ **Your child's immunization records** (if available)
- ☐ **Your child's latest report card/transcript** (if available)
- ☐ **Two (2) of the below proofs of address.**
Documents should include your name and address.
 - ☐ Lease agreement, deed, or mortgage statement
 - ☐ Residential utility bill (gas or electric) issued by a utility company (such as National Grid or Con Edison dated within the last 60 days)
 - ☐ Bill for cable television services provided to the residence (dated within the last 60 days)
 - ☐ Documentation or letter from a government agency (on official letterhead), including the Internal Revenue Service (IRS), the NYC Housing Authority, the Office of Refugee Resettlement, the Human Resources Administration, the Administration for Children's Services (ACS), or an ACS subcontractor (dated within the last 60 days)
 - ☐ Current property tax bill
 - ☐ Water bill (dated within the last 90 days)
 - ☐ Rent receipt (dated within the last 60 days)
 - ☐ Government-issued identification, including an IDNYC card (not expired)
 - ☐ Last year's income tax form
 - ☐ New York State driver's license or learner's permit (not expired)
 - ☐ Pay stub or official payroll document from an employer such as a tax withholding or payroll receipt. A letter on the employer's letterhead is not adequate (dated within the last 60 days).
 - ☐ Voter registration documents
 - ☐ Membership documents based upon residency, such as neighborhood residents' association (not expired)
 - ☐ Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers (issued within the last 60 days; must include student's name)

Note for Students in Temporary Housing

Students in temporary housing, as defined by the McKinney-Vento Act, are not required to submit documentation (including address, proof of date of birth, and immunization) in order to enroll. Schools must provisionally pre-register the student and then work with the students in temporary housing NYC Public Schools contact to obtain documentation.

New York City Early Childhood Education Program Registration Form - Extended Day and Year Welcome Letter

Dear Parent(s)/Guardian(s):

We are excited to welcome you to NYC Public Schools for the upcoming school year in partnership with your child's early childhood program.

Please complete this registration packet and submit it to your early childhood program.

Important Note:

The core day of your Extended Day and Year program is **free**. If you are confirmed as eligible, your extended day and year seat type also comes with low cost extended hours. You and/or your child will not gain any advantage by, and are **not required** to participate in any:

- Pre-enrollment interview or developmental screening process.
- Additional services that require a fee (e.g., technology, summer programs, and/or special classes).

Moreover, it is the policy of the NYC Public Schools to provide equal educational opportunities in accordance with applicable laws and regulations and without regard to actual or perceived race, color, religion, age, creed, ethnicity, national origin, alienage, citizenship status, disability, sexual orientation, gender (including actual or perceived gender identity, gender expression, pregnancy/conditions related to pregnancy or childbirth), or weight and to maintain an environment free of harassment on the basis of any of the above protected classifications, including sexual harassment and retaliation.

- If your child has been found eligible for their EDY program, they may not be denied enrollment or any other educational opportunities at their program for any of the reasons listed above.
- You may not be required to participate in religious activities as a condition of participation in your DOE contracted program. You will not gain any advantage in your program by participating in any religious activities.

If you have questions or concerns, please contact earlychildhoodpolicy@schools.nyc.gov.

Child's name: _____

Parent/Guardian Signature: _____
(under no circumstances may vendors sign on behalf of parents/guardians)

Vendor Representative Signature: _____
(vendors must retain a copy of the signed letter in each student's file)

Date: _____

New York City Early Childhood Education (Early Learn, 3-K, and Pre-K) Program Registration Form

Extended Day and Extended Year Services

Directions

Please print clearly in blue or black ink, **or** complete this form electronically. Please make sure that all of the information you enter matches the information on your family's Application for Child Care Assistance, which you submitted to the DOE Family Welcome Center or emailed to ccapplication@schools.nyc.gov.

Section 1. STUDENT INFORMATION

Last Name	First Name	Date of Birth	
Current Address (Building #, Street)		Apt #	
City	State	Zip Code	Gender (optional)
Family Case Number			

Section 2. HEALTH INSURANCE (optional)

Does this student have health insurance?	Yes	No	
If yes, what type of coverage?	Private Health Insurance	Medicaid	Child Health Plus B
If no, would you like to be contacted about getting coverage	Yes	No	

Section 3. FAMILY/CAREGIVER INFORMATION

Parent/Guardian Last Name	Parent/Guardian First Name
Relationship to Student	
Primary (Cell) Phone Number	
Secondary Phone Number	
Email Address	

SECONDARY/EMERGENCY CONTACT (Other than the primary contact above)	
Emergency Contact Last Name	Emergency Contact First Name
Relationship to Student	
Primary (Cell) Phone Number	
Secondary Phone Number	
Email Address	
FAMILY/CAREGIVER ACKNOWLEDGEMENT	
By signing this form I certify that I understand that my child's daily attendance and punctuality are required. I must arrange for a responsible adult to bring my child to school and pick them up daily. I understand that no transportation is provided.	
Signature	Date

Section 4. HOUSING QUESTIONNAIRE (Chancellor's Regulation A-101)	
Information collected in this portion of the registration packet is intended to address the McKinney-Vento Act 42 U.S.C. 11432, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based on the information provided. Please complete the question below regarding the student's housing in order to help determine what services your student may be eligible to receive. Note to CBOs/Temporary Housing Liaisons: Please assist students and families in completing this portion of the form. Please be aware that if the student qualifies as residing in temporary housing the student's family is not required to submit proof of housing or other required documents included in this packet. The program/DOE may not disclose housing status information without parental consent.	
Please identify the student's current living arrangements. Please check one box:	
Check	Housing Questionnaire Choice
	Doubled Up With another family or other person because of loss of housing or because of economic hardship
	Shelter Emergency or Transitional shelter
	Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment

	Other Temporary Living Situation Trailer park, campground, car, park, public place, abandoned building, street or any other inadequate living space
	Permanent Housing A fixed, regular, and adequate housing situation
Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780. This form is accompanied by a one-page attachment titled, "McKinney-Vento Homeless Assistance Act - Students in Temporary Housing Guide for Parents & Youth."	
Parent/Guardian Signature	
Signature	Date

Section 5. FEDERAL PARENT OR GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

Dear Families and Caregivers,

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students, including those participating in City-funded contracted care. This information is kept confidential in accordance with the Family Educational Rights and Privacy Act (1974) and Chancellor's Regulation A-820, which prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

To fulfill this data-collection requirement we need your help. Please respond to the ethnicity and race questions below. The first question provides an opportunity for you to indicate whether your child is of Hispanic, Latino, or Spanish origin; the second question provides an opportunity for you to indicate your child's race(s). Please be sure to respond to both questions. If you identify more than one race for your child, your child will be counted in a "two or more races" category. Hispanic students of all races will be counted in the Hispanic category.

The NYCDOE and our contracted programs understand the sensitive nature of this process. The options provided by the federal government may not allow for an accurate or complete portrayal of your child's own ethnic or race identification. We encourage you to provide responses using your best judgment. If you decline to respond to either question, federal guidelines require that the NYCDOE or its contracted program's staff make an identification of your child on your behalf.

Children may not be refused admission or enrollment to a program because of race, color, creed, national origin, gender (sex), gender identity, pregnancy, alienage, citizenship status, disability, sexual orientation, religion, weight or ethnicity.

Thank you for your cooperation.

Question 1: Is the student Hispanic, Latino or of Spanish origin? The Federal Government defines “Hispanic, Latino, or of Spanish origin” as a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.	
	Yes , Hispanic
	No , not Hispanic
Question 2: Please check all boxes from the provided racial categories that apply to the student. All definitions are derived from the U.S. Census.	
	American Indian or Alaskan Native – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
	Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Native Hawaiian or Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	Black – a person having origins in any of the Black racial groups of Africa
	White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Parent/Guardian Signature	
Signature	Date

Section 6. FOR CBO USE ONLY			
Program Name			Site ID
Student Seat Type (check only one)		First Day of Attendance	
Infant EDY	Toddler EDY	Official Class Code	
3-K EDY	Pre-K EDY	Family Case Number	
Supplementary Documents:			Date Received
Home Language Survey: <i>(primary language)</i>			
Parental Consent to Photograph, Film, or Videotape a Student for Non-Profit Use			
Child and Adolescent Health Examination Form			

Section 7. HOME LANGUAGE SURVEY

Dear Families and Caregivers,

This survey is part of your child's enrollment package and provides your new program with important information about your family's language needs. Please return this form to your program administrator.

Student: Last Name

First Name

Today's Date

Person Completing Survey: Last Name

First Name

Relationship to Student

Program Name

LANGUAGE IN THE HOME

Which language(s) do you speak at home? (please select all that apply)

English

Korean

Spanish

Russian

Cantonese

Urdu

Mandarin

Albanian

Arabic

Punjabi

Bengali

Polish

French

Other (please specify):

Haitian-Creole

Which language(s) does your child speak at home? If your child does not speak, which language(s) do they most commonly understand, or which language(s) do you most commonly use to communicate with your child? (Please select all that apply)

English

Korean

Spanish

Russian

Cantonese

Urdu

Mandarin

Albanian

Arabic

Punjabi

Bengali

Polish

French

Other (please specify):

Haitian-Creole

PRIMARY LANGUAGE PREFERENCES

What is your child's primary language?

What is your first language?

In what language would you like to receive written information from your child's program?

In what language would you prefer to communicate orally with program staff?

Section 8. CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Student Last Name

Student First Name

Today's Date

Program Name

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the Student named above by the program named above.

I also grant to the program named above the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Last Name

Parent/Guardian First Name

Signature

Date



Authorized Escorts List Form

The New York City Health Code requires child care centers to obtain and maintain, for every child, a list of all persons authorized by the parent/ guardian to escort the child from child care. The child care center shall not release any child to any individual who has not been identified by the parent/ guardian as a person who is authorized to escort a child out of the center.

Instructions: The parent/ guardian must complete, sign, and return this form to the child care center upon enrollment and update this form immediately when there is any change in authorized escort information.

I, _____, authorize this child care center to release my child,
(parent/ guardian name)

_____, to the individuals I have identified below.
(child name)

Name:			
Relationship to child:			
Home address:			
Preferred contact:	☐ Mobile/Cell Telephone ☐ Text (Mobile)	☐ Home Telephone ☐ E-mail	☐ Work Telephone
Telephone:	Mobile/Cell:		
	Home:	Work:	
E-mail:			

Name:			
Relationship to child:			
Home address:			
Preferred contact:	☐ Mobile/Cell Telephone ☐ Text (Mobile)	☐ Home Telephone ☐ E-mail	☐ Work Telephone
Telephone:	Mobile/Cell:		
	Home:	Work:	
E-mail:			

Parent/ Guardian Signature: _____

Date: _____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of _____
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of _____
Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

--	--	--	--

DATE _____

USDA is an equal opportunity provider and employer.

DAY CARE CENTER ENROLLMENT FORM

Center Name: **BRYAN'S EDUCATIONAL CENTER**

Child's Name: _____

Male _____ Female _____ Date of Birth _____ Home Phone _____

Home Address _____

Mother/Guardian Name _____

Father/Guardian Name _____

Parent/Guardian Address and Phone, if different _____

In case of emergency, notify _____ Phone _____

Second person to notify _____ Phone _____

Physician's name _____ Phone _____

TIME MEALS SERVED

Breakfast _____ am to _____ am Lunch _____ am/pm and _____ pm Afternoon Snack _____ pm to _____ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M _____ Tu _____ W _____ Th _____ F _____ Sat _____ Su _____

What hours will your child usually be at the center? Arrive _____ ☐ am ☐ pm

Depart _____ ☐ am ☐ pm

Signature of a parent/guardian _____ Date _____



After 1 year of care

Is all the information above still correct? Yes _____ No _____

If no, what has changed? _____

Signature of a parent/guardian _____ Date _____

CENTER

318K (REV. 8/02)

NAME:

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF DAY CARE

ADDRESS:

BORO: Brooklyn, NY

DAY CARE CUMULATIVE HEALTH RECORD

Date of Admission ____/____/____

TO BE COMPLETED BY PARENTS/GUARDIANS AND DAY CARE STAFF

NAME: (Last) (First) (Middle)			SEX F ☐ M ☐	DATE OF BIRTH ____/____/____ Country/State of Birth
ADDRESS: (No.) (Street) (City/Boro) (State) (Zip)				
MOTHER'S NAME: (First) (Last)		FATHER'S NAME: (First) (Last)		TELEPHONE NO Home: Work:
FOSTER PARENT				
FOSTER AGENCY		ADDRESS		TELEPHONE #
LANGUAGE SPOKEN IN HOME				

PERSON/S TO CONTACT IN CASE OF EMERGENCY (Other Than Parent)	
NAME	RELATIONSHIP TO CHILD
ADDRESS	TELEPHONE NO. Home: Work:

NAME OF MEDICAL PROVIDER, CLINIC OR HOSPITAL

NAME	CONTACT PERSON	PATIENT NO.
ADDRESS	TELEPHONE NO.	

SIGNIFICANT FAMILY HISTORY	IS CHILD ALLERGIC TO ANY:
() Sickle Cell () Heart Disease	() Medications (Specify)
() Diabetes () Hypertension	() None
() Convulsive Disorder () Tuberculosis	() Foods (Specify)
() Allergies (Specify)	() Insect Bites
() OTHER (Specify)	() OTHER

HOSPITALIZATIONS AND ILLNESSES	YES	NO	EXPLAIN
Has child ever been hospitalized or operated on?			
Has child ever had a serious accident (broken bone, head injury, fall, burns, poisoning)?			
Has child ever had a serious illness?			

SPECIAL HEALTH CONDITIONS	AGE IT BEGAN	TREATMENT/MEDICATIONS
(Long term or chronic)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

I, _____ hereby certify that information provided herein is complete and accurate.

CONSENT FOR EMERGENCY MEDICAL TREATMENT (REQUIRED FOR ADMISSION TO DAY CARE)

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

SIGNED _____ DATE _____ RELATIONSHIP _____

Subscribed and sworn to before me this ____ day of _____ 19 ____

Notary Public or Commissioner of Deeds (OPTIONAL)

County of _____

