

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

Office of Early Learning  
89 Washington Avenue, Rm. 319 EB  
Albany, New York 12234  
(518) 474-5807

<http://www.p12.nysed.gov/earlylearning/>

## Registration Application Nonpublic Nursery Schools and Kindergartens

New Application

Renewal Application

School Name _____
Street _____ City _____
County _____ Zip Code _____ Telephone (____) _____
Fax (____) _____ Email Address _____
Owner/Board President _____
Administrative Director _____
Educational Director _____
Date School Begins _____ Date School Ends _____

School District in which school is located _____
Street _____ City _____
County _____ Zip Code _____ Telephone (____) _____
Superintendent _____

- Is the School incorporated?  Yes  No
- Is the School chartered?  Yes  No
- Is the School licensed by the New York State Office of Children and Family Services?  Yes  No
- Is the School licensed by the NYC Department of Health-Division of Day Care?  Yes  No
- Is the School accredited by the National Association for the Education of Young Children?  Yes  No

Please respond to all items and return the completed application to the address indicated above.

# Enrollment Data

\_\_\_\_\_ Total Enrollment Upon Submission of Application

\_\_\_\_\_ Number of 3 Year Olds

\_\_\_\_\_ Number of 4 Year Olds

\_\_\_\_\_ Number of 5 Year Olds

## Sessions

\_\_\_\_\_ Number of Children Attending AM Only

\_\_\_\_\_ Number of Children Attending PM Only

\_\_\_\_\_ Number of Children Attending AM and PM

## Hours

\_\_\_\_\_ Number of Children Attending 3 Hours or Less

\_\_\_\_\_ Number of Children Attending More than 3 Hours

\_\_\_\_\_ Number of Children Attending More than 6 Hours

## Groups

\_\_\_\_\_ Number of Children Enrolled in Nursery/Preschool

\_\_\_\_\_ Number of Children Enrolled in Prekindergarten

\_\_\_\_\_ Number of Children Enrolled in Kindergarten

\_\_\_\_\_ Number of Children Enrolled in Mixed-Aged  
(specify age range/group arrangements)

\_\_\_\_\_ Number of Children Under 3 Enrolled in Nursery/Preschool Groups

\_\_\_\_\_ Number of Kindergarteners enrolled in Nursery/Preschool Groups

\_\_\_\_\_ Number of Children Older than 5 Enrolled in Nursery/Preschool Groups

## Other

\_\_\_\_\_ Number of English Language Learners

\_\_\_\_\_ Number of Children with Diagnosed Disabilities

\_\_\_\_\_ Number of Children Younger than the age of Entrance Required for Kindergarten Enrollment by the School District in Which the Child Resides

Note: Registered nonpublic schools should use public school district Kindergarten entrance age requirements as benchmarks for enrolling 3, 4 and 5 year olds (see Commissioner's Regulation 125.9)



# Records and Permits

## Records on file in the school

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Appropriate New York State Certificates for Educational Director and all certified teachers              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Official transcripts, matriculation statements, experience, and background for all noncertified teachers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Current (annual) physical and dental examination record for each child                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Proof of immunization status of each child as required by Public Health Law                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Current (biannual) physical examination and tuberculin/tine test record for each staff member            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Fire inspection report within the past 12 months   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Copy of current Annual Report submitted to the State Education Department                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Current permits on file in the school

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. New York City only: Health Depart.- Division of Day Care Permit  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Outside New York City  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Health Inspection Report (date)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Certificate of Occupancy (date)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. New York State Office of Children and Family Services Day Care Permit<br>(valid for 2 year period)<br><small>(Mandated for schools enrolling children in sessions more than 3 hours/day)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# Staff Data

A. Indicate number of staff in each category

Position	Number of Staff		Number of Staff	
	Full-time	Part-time	Certified	Credentialed
<b>Director</b>				
<b>Teacher</b>				
<b>Teacher Aide/Assistant</b>				
<b>Parent Assistant (if school is a parent cooperative)</b>				

B. Complete and attach individual Staff Background Forms

# Materials That Support the Application

*Attach all items below to the application. **If not attached, please provide a brief explanation.***

A. <input type="checkbox"/> Sketch of indoor instructional space with dimensions, showing interest/activity areas	
B. <input type="checkbox"/> Sketch of outdoor space with dimensions showing placement of equipment, types of ground cover, fencing, etc.	
C. <input type="checkbox"/> Description of recent/pending renovation, construction, etc.	
D. <input type="checkbox"/> Description of educational program and New York State learning standards reflected in the curriculum	
E. <input type="checkbox"/> Staff Background Forms (last page of this Application)	
F. <input type="checkbox"/> Current Parent Handbook, newsletters, brochures, and other information about the school	
G. <input type="checkbox"/> Outside New York City – NYS Office of Children and Family Services permit or letter of exemption (required if child is enrolled 3 hours or more a day) (If licensed, omit I, J, and K)	
H. <input type="checkbox"/> New York City Schools only – New York City Day Care Permit required (omit I, J, and K)	
I. <input type="checkbox"/> Fire Inspection Report (See item G or H)	
J. <input type="checkbox"/> Certificate of Occupancy (See item G or H)	
K. <input type="checkbox"/> Health Inspection Report (See item G or H)	
L. <input type="checkbox"/> Certificate of Incorporation or Charter	
M. <input type="checkbox"/> Parent and Family Partnerships Involvement Plan	
N. <input type="checkbox"/> Staff Development Plan (postsecondary and inservice training)	

Upon registration by the New York State Education Department, I agree to comply with all regulations, laws, and guidelines governing the Voluntary Registration Program to include submission of an Annual Report at the end of each school year. I hereby certify that the above information and materials submitted are complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Authorized Person      Title      Date

MUST BE SIGNED AND DATED

# Staff Background Form

Revised 4/21/16

Education, Training and Professional Experience of Certified and Noncertified Staff Members  
(Including Individuals Certified in other countries and in States other than New York)  
(Duplicate this form as needed)

Staff Name:		Position:	
(Include any other name you may have been known by)			
Signature:		Date:	

## Educational Background

For Support Staff/Teacher Aides & Assistants: include highest education level completed.

For Professional Staff: If degree is **not** final, attach all transcripts of college courses completed by individual staff member.

Institution	Dates		Major Field of Study	Credit Hours	Degrees or Diploma
	From	To			

## Teaching Certification(s):

attach a copy of the most recent teaching certificate  
Include in State & Out-of-State. If other than professional/permanent certification, a Study Plan must be submitted (pg 4).

Title	State	Date Issued	Certificate Number	
			Initial	Professional

## Teaching Experience with Children Under Age Six (6):

include **current** position

Age Group(s)	Dates		Name of Employer	Position Held
	From	To		