

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 Yes No
2. Official transcripts, matriculation statements, experience, and background for all noncertified teachers Yes No
3. Current (annual) physical and dental examination record for each child Yes No
4. Proof of immunization status of each child as required by Public Health Law Yes No
5. Current (biannual) physical examination and tuberculin/tine test record for each staff member Yes No
6. Fire inspection report within the past 12 months Yes No
7. Copy of current Annual Report submitted to the State Education Department Yes No

Current permits on file in the school

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

Staff Data

A. Indicate number of staff in each category

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

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 7/10/13

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)

Name: _____ Position: _____
(Include any other name you may have been known by)

Signature: _____ Date: _____

Educational Background

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 and out-of-State. If other than professional or permanent certification, a Study Plan must be submitted)

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		