THE UNIVERSI TY OF THE STA TE OF NEW YORK

THE STATE EDUCATION DEPARTMENT

Office of Early Learning (OEL)

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# Registration Application

# Nonpublic Nursery Schools and Kindergartens

**(Revised 4/2020)**

[ ]  New Application [ ]  Renewal Application

## School Information

|  |  |
| --- | --- |
| School Name |  |
| School Address |  |
| City and Zip Code |  |
| County |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |
| School District in Which School is Located |  |
| Owner/Board President |  |
| Administrative Director |  |
| Educational Director |  |
| Date School Year Begins |  |
| Date School Year Ends |  |

**Does the school serve children in grades 1 – 12?** [ ]  Yes\* [ ]  No

 **\*If yes, what is the total number of children in grades 1 – 12 on the premises?**

## School Information Continued

|  |  |
| --- | --- |
| Is the School licensed by the NYS Office of Children and Family Services? |  [ ]  Yes [ ]  No |
| Is the School licensed by the NYC Dept. of Health & Mental Hygiene? |  [ ]  Yes [ ]  No |
| Is the School incorporated? |  [ ]  Yes [ ]  No |
| Incorporated as a (check one): | [ ]  Not for profit agency [ ]  For profit business |
| Operating with a Business Certificate (DBA)? |  [ ]  Yes [ ]  No |
| Operating Pre-K classes under a contract with a public school district? |  [ ]  Yes [ ]  No |
| Is the School chartered? |  [ ]  Yes [ ]  No |
| Operating as a Mission of a Church or Synagogue? |  [ ]  Yes [ ]  No |
| Operating as a Parent Cooperative? |  [ ]  Yes [ ]  No |
| Operating as a Montessori School? |  [ ]  Yes [ ]  No |
| Is the School accredited by the National Association for the Education of Young Children (NAEYC)? |  [ ]  Yes [ ]  No |

## Staff Data

1. Indicate Directors

|  |  |
| --- | --- |
| **Directors**  | **Administrative or Educational** |
|  |  |
|  |  |
|  |  |

1. Indicate staff

### Staffing Assignments (3-5-year-old classes ONLY)

**In the charts below, please list the staff who are employed in your school. Please indicate if the staff member has been approved previously by SED. SED approval requires the submission of a completed Staff Background Form, credentials and study plan. Attach additional pages as needed.** For a renewal application, you must include an updated Staff Background Form for all staff.

**LEAD TEACHERS**

\*Please be sure to submit updated **Staff Study Plans** for teachers where required.

|  |  |
| --- | --- |
| **Teacher Name** | **\*Updated Study Plan Submitted (if required)** |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |
|  | [ ]  Submitted [ ]  N/A |

**TEACHING ASSISTANTS & AIDES** (only **Staff Background Forms** required)

|  |  |
| --- | --- |
| **Teaching Assistant/Aide Name** | **Staff Background Form Submitted** |
|  | [ ]  |
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|  | [ ]  |
| **Parent Cooperatives Only** | **Co-op** |
| Do parents serve as teaching assistants? | [ ]  Yes [ ]  No |

## Enrollment Data

|  |  |  |
| --- | --- | --- |
| **General** | Total Enrollment Upon Submission of Application |  |
| **Enrollment** | 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/Prekindergarten |  |
|  | Number of Children Enrolled in Kindergarten |  |
|  | Number of Children Enrolled in Mixed-Aged (specify age range/group arrangements) |  |
| **Other** | Number of Children from homes where a language other than English is spoken |  |
|  | Number of Children with Identified 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).

## Classroom Data

**List data for each group and session**

**(Do not include on this form children younger than two years and nine months of age as of September 1st)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enrolled in** | **Hours** | **Ages of the Children** | **Days of the Week the Group Meets** | **Total Number of Children in the Room** | **Number of Staff** | **Size of Classroom (Square Feet)** |
| **From** | **To** | **From** | **To** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Teachers** | **Aides or Assistants** |
| AMClassroom ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PMClassroom ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Other Classrooms(With sessions more than three hours a day) |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## School Records and Permits

**Indicate whether the following records and permits are on file in the school.**

|  |  |  |
| --- | --- | --- |
| **Records on File** | Appropriate New York State certificates for Educational Director and all certified teachers | [ ]  Yes [ ]  No |
|  | Official transcripts, matriculation statements, experience and background for all noncertified teachers | [ ]  Yes [ ]  No |
|  | Current (annual) physical and dental examination record for each child | [ ]  Yes [ ]  No |
|  | Proof of immunization status of each child as required by Public Health Law | [ ]  Yes [ ]  No |
|  | A physical examination and tuberculin/tine test record for each staff member, required once upon hire | [ ]  Yes [ ]  No |
|  | Record of Fire Drills | [ ]  Yes [ ]  No |
| **Current Permits on File** | New York City only: Health Dept. – Division of Day Care Permit | [ ]  Yes [ ]  No |
|  | Outside NYC only: Health Inspection Report, if preparing or serving meals | [ ]  Yes [ ]  No |
|  | Outside NYC only: Certificate of Occupancy | [ ]  Yes [ ]  No |
|  | Outside NYC only: New York State Office of Children and Family Services Day Care Permit\* | [ ]  Yes [ ]  No |

\*Mandated for schools enrolling children in sessions more than 3 hours/day

## Materials That Support the Application

Listed below are the required documents for a complete application. Use this checklist to ensure that your application is complete and in compliance with the instructions before submitting.

|  |  |  |
| --- | --- | --- |
| **Required Documents** | **Checked by****Registered School** | **Checked by SED OEL** |
| Sketch of indoor instructional space with dimensions, showing interest/activity areas | [ ]  Included | [ ]  |
| Sketch of outdoor space with dimensions showing placement of equipment, types of ground cover, fencing, etc. | [ ]  Included | [ ]  |
| Curriculum: A Statement indicating which curriculum the program is using, if the curriculum is locally developed provide a description of curriculum indicating how it is aligned with the New York State Next Generation Learning Standards.  | [ ]  Included | [ ]  |
| Staff Development Plan (postsecondary and in-service training) | [ ]  Included | [ ]  |
| Staff Background Forms (next page of this Application) for all school Directors, lead classroom teachers, teacher assistants and teacher aides of 3-5-year-olds | [ ]  Included  | [ ]  |
| Staff Study Plan (last page of this Application) for any Lead/Head Teacher not professionally/permanently certified in Early Childhood Education (B-2) | [ ]  Included  | [ ]  |
| Current Parent Handbook, newsletters, brochures, and other information about the school | [ ]  Included  | [ ]  |
| Outside New York City – NYS Office of Children and Family Services permit (required if child is enrolled 3 hours or more a day) | [ ]  Included [ ]  N/A | [ ]  |
| New York City Schools only – New York City Day Care Permit required | [ ]  Included [ ]  N/A | [ ]  |
| Fire Inspection Report | [ ]  Included  | [ ]  |
| Outside New York City – Certificate of Occupancy | [ ]  Included [ ]  N/A | [ ]  |
| Outside New York City – Health Inspection Report | [ ]  Included [ ]  N/A | [ ]  |
| Certificate of Incorporation or Charter | [ ]  Included  | [ ]  |
| Parent and Family Partnerships Involvement Plan | [ ]  Included  | [ ]  |

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 Director*** | ***Title***  | ***Date*** |

MUST BE SIGNED AND DATED

## Staff Background Form

*Revised 04/2020*

(Duplicate this form as needed)

Education, Training and Professional Experience of Certified and Noncertified Staff Members (Including individuals certified in other countries and in States other than New York)

|  |  |
| --- | --- |
| **School Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Name** |  | **Other Name Known By** |  |
| *Signature* |  | **Date** |  |

|  |  |
| --- | --- |
| **Position** | [ ] Educational Director [ ] Administrative Director [ ] Coordinator [ ] Lead/Head Teacher (3-5s only)[ ] Teacher Assistant/Teacher Aide (3-5s only) |

**Educational Background:**

For Support Staff/Teacher Assistants & Aides: 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** | **From****(date)** | **To****(date)** | **Major Field of Study** | **Credit Hours** | **Degrees or Diplomas** **(Type & Subject Area)** |
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**Teaching Certifications** (In State & Out-of-State)**:** attach a copy of the most recent **teaching certificate**

If other than permanent certification in Early Childhood Education, a completed Study Plan must also be submitted

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certification Title** | **State** | **Date Issued** | **Initial****Cert. ()** | **Permanent Cert. ()** |
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**Teaching Experience with Children Under Age Six (6):** include **current** position

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Groups** | **From (date)** | **To** **(date)** | **Name of Employer** | **Position Held** |
|  |  |  |  |  |
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## Staff Study Plan

**Revised 04/2020**

To be completed for any **Lead/Head Teacher not** professionally/permanently certified in **Early Childhood Education (B-2)**

Voluntary Registration of Nonpublic Nursery Schools and Kindergartens

|  |  |
| --- | --- |
| School Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Name *(Lead/Head Teacher of 3-5-year-olds)* |  | Age(s) Currently Teaching |  |

|  |  |
| --- | --- |
| Overall Education & Employment Goal(s) |  |
| Areas of Interest |  |
| Areas in Need of Improvement |  |

Continuing Education Plan to Address Areas Identified Above:

|  |  |  |
| --- | --- | --- |
| Topic | Source of Training | Projected Time Frame |
|  |  |  |
|  |  |  |
|  |  |  |

Certifications

*I verify that the above information represents my intentions to improve my professional expertise and/or obtain professional/ permanent teaching certification.*

**Staff Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I verify that I have reviewed and approved this study plan and will submit updates yearly with the Annual Report.*

**Ed. Director Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **SED USE ONLY** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REVIEWER COMMENTS** |  | **DATE** |  |
| **REVIEWER COMMENTS** |  | **DATE** |  |