

THE UNIVERSITY OF THE STATE 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the School licensed by the NYC Dept. of Health & Mental Hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the School incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incorporated as a (check one):	<input type="checkbox"/> Not for profit agency	<input type="checkbox"/> For profit business
Operating with a Business Certificate (DBA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operating Pre-K classes under a contract with a public school district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the School chartered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operating as a Mission of a Church or Synagogue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operating as a Parent Cooperative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operating as a Montessori School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the School accredited by the National Association for the Education of Young Children (NAEYC)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Staff Data

A. Indicate Directors

Directors	Administrative or Educational

B. 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)
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A
	<input type="checkbox"/> Submitted <input type="checkbox"/> N/A

TEACHING ASSISTANTS & AIDES (only Staff Background Forms required)

Teaching Assistant/Aide Name	Staff Background Form Submitted
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Parent Cooperatives Only	Co-op
Do parents serve as teaching assistants?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Official transcripts, matriculation statements, experience and background for all noncertified teachers	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Current (annual) physical and dental examination record for each child	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Proof of immunization status of each child as required by Public Health Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
	A physical examination and tuberculin/tine test record for each staff member, required once upon hire	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Record of Fire Drills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Permits on File	New York City only: Health Dept. – Division of Day Care Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outside NYC only: Health Inspection Report, if preparing or serving meals	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outside NYC only: Certificate of Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outside NYC only: New York State Office of Children and Family Services Day Care Permit*	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Included	<input type="checkbox"/>
Sketch of outdoor space with dimensions showing placement of equipment, types of ground cover, fencing, etc.	<input type="checkbox"/> Included	<input type="checkbox"/>
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.	<input type="checkbox"/> Included	<input type="checkbox"/>
Staff Development Plan (postsecondary and in-service training)	<input type="checkbox"/> Included	<input type="checkbox"/>
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	<input type="checkbox"/> Included	<input type="checkbox"/>
Staff Study Plan (last page of this Application) for any Lead/Head Teacher not professionally/permanently certified in Early Childhood Education (B-2)	<input type="checkbox"/> Included	<input type="checkbox"/>
Current Parent Handbook, newsletters, brochures, and other information about the school	<input type="checkbox"/> Included	<input type="checkbox"/>
Outside New York City – NYS Office of Children and Family Services permit (required if child is enrolled 3 hours or more a day)	<input type="checkbox"/> Included <input type="checkbox"/> N/A	<input type="checkbox"/>
New York City Schools only – New York City Day Care Permit required	<input type="checkbox"/> Included <input type="checkbox"/> N/A	<input type="checkbox"/>
Fire Inspection Report	<input type="checkbox"/> Included	<input type="checkbox"/>
Outside New York City – Certificate of Occupancy	<input type="checkbox"/> Included <input type="checkbox"/> N/A	<input type="checkbox"/>
Outside New York City – Health Inspection Report	<input type="checkbox"/> Included <input type="checkbox"/> N/A	<input type="checkbox"/>
Certificate of Incorporation or Charter	<input type="checkbox"/> Included	<input type="checkbox"/>
Parent and Family Partnerships Involvement Plan	<input type="checkbox"/> Included	<input type="checkbox"/>

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	
<i>Signature</i>		Date	
Position	<input type="checkbox"/> Educational Director <input type="checkbox"/> Administrative Director <input type="checkbox"/> Coordinator <input type="checkbox"/> Lead/Head Teacher (3-5s only) <input type="checkbox"/> 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)

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. (✓)

TEACHING EXPERIENCE WITH CHILDREN UNDER AGE SIX (6): include **current position**

Age Groups	From (date)	To (date)	Name of Employer	Position Held

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 <i>(Lead/Head Teacher of 3-5-year-olds)</i>		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	