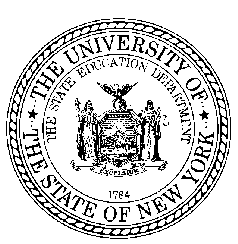
THE UNIVERSI TY OF THE STA TE OF NEW YORK

THE STATE EDUCATION DEPARTMENT

Office of Early Learning (OEL)

89 Washington Avenue, Rm. 319 EB, Albany, New York 12234

Phone: (518) 474-5807 | Fax: (518) 473-7737 | Website: [Office of Early Learning](http://www.nysed.gov/early-learning)

****

# Registration Application

# Nonpublic Nursery Schools and Kindergartens

**(Revised 4/2022)**

New Application (no prior application) □ New Application (prior application on file)

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

## School Information Continued

|  |  |
| --- | --- |
| Is your school incorporated? | □ Yes □ No |
| If yes, does it state, “non-public nursery school and/or kindergarten”? | □ Yes □ No |
| Does the school enroll students for sessions more than 3 hours/day? | □ Yes \* □ No |
| \*If yes, who is your school licensed by? | Licensed by: |
| Have you made or do you plan to make any changes to the building or parts of the building used or to be used in the operation of your school? [8 CRR-NY 125.2 (f)] | □ Yes □ No  If yes, you must provide a copy of the plans to the department. |

## Staff Data

|  |  |
| --- | --- |
| **Directors** | **Administrative or Educational** |
|  |  |
|  |  |
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### Staffing Assignments (3-5-year-old classes ONLY)

**In the charts below, please list the staff who are employed in your school. SED approval requires the submission of a completed Staff Background Form, credentials and study plan for any new hires. Attach additional pages as needed.**

**LEAD TEACHERS**

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

|  |  |  |
| --- | --- | --- |
| **Teacher Name** | **Certification on file with NYSED**  **(√)** | **\*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** | **Previously Submitted to NYSED (√)** | **Staff Background Form Submitted** |
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## Enrollment Data

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| --- | --- | --- |
| **General** | Total Enrollment Upon Submission of Application |  |
| **Enrollment** | Number of 3-Year-Olds |  |
|  | Number of 4-Year-Olds |  |
|  | Number of 5-Year-Olds |  |
| **Hours** | Number of Children Attending 3 Hours or Less |  |
|  | Number of Children Attending More than 3 Hours |  |

\*\*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** |
| AM  Classroom ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PM  Classroom 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 (8 CRR-NY 125.6) | Yes  No |
|  | Official transcripts, matriculation statements, experience, and background for all noncertified teachers (8CRR-NY 125.6) | Yes  No |
|  | Current (annual) physical and dental examination record for each child (8CRR-NY 125.5) | Yes  No |
|  | Proof of immunization status of each child as required by Public Health Law (8CRR-NY 125.5) | Yes  No |
|  | A physical examination and tuberculin/tine test record for each staff member, required once upon hire (8CRR-NY 125.5) | Yes  No |
|  | Record of Fire Drills (8CRR-NY 125.3) | 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 the application is complete and in compliance with the instructions before submitting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Documents** | **Checked by**  **Registered School** | **On File at SED** | **Checked by SED OEL** |
| Sketch of indoor instructional space with dimensions, showing interest/activity areas [8 CRR-NY 125.2] | Included | □ |  |
| Sketch of outdoor space with dimensions showing placement of equipment, types of ground cover, fencing, etc. [8 CRR-NY 125.2] | 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. [8 CRR-NY 125.8] | Included | □ |  |
| Staff Development Plan (postsecondary and in-service training) [8 CRR-NY 125.8] | 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 [8 CRR-NY 125.8] | Included | □ |  |
| Staff Study Plan (attached) for any Lead/Head Teacher not professionally/permanently certified in Early Childhood Education (B-2) [8 CRR-NY 125.8] | Included | □ |  |
| Current Parent Handbook, newsletters, brochures, and other information about the school [8 CRR-NY 125.8] | Included | □ |  |
| Outside New York City – NYS Office of Children and Family Services permit (required if child is enrolled 3 hours or more a day) [8 CRR-NY 125.2] | Included  N/A | □ |  |
| Outside New York City – Certificate of Occupancy | Included  N/A | □ |  |
| Outside New York City – Health Inspection Report (if preparing food) | Included  N/A | □ |  |
| New York City Schools only – New York City Day Care Permit required. (if enrolling children for more than 15 hrs/week) | Included  N/A | □ |  |
| Fire Inspection Report [8 CRR-NY 125.3] | Included | □ |  |
| Certificate of Incorporation or Charter | Included | □ |  |
| Parent and Family Partnerships Involvement Plan [8 CRR-NY 125.8] | 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

(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 not already on file)**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certification Title** | **State** | **Date Issued** | **Initial**  **Cert. ()** | **Professional**  **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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