



The Salvation Army UPK Program Application

This application contains all the forms you'll need to apply for the Universal Pre-Kindergarten program at The Salvation Army. Make sure you've completed all of the forms and included all of the required documents listed below before returning your application.

In this application:

- DOE Application for Community-Based Organization UPK
- Child & Adolescent Health Examination Form (*you will need a doctor to fill this out with you*)
- Federal Parent/Guardian Student Ethnic & Race Identification (Form PSE)
- Residency Questionnaire
- Parent Affidavit of Residency (if required)
- The NYC DOE Pre-Kindergarten Language Needs Survey
- Consent to Photograph, Film, or Videotape a Student for Non-Profit Use
- CACFP Income Eligibility Form

You'll also need to provide:

- Proof of Birth Date (a copy of a birth certificate, passport, or baptismal certificate)
- Two of the following Proofs of Address:
 - Utility bill from past 60 days (gas/electric/water)
 - Letter on government letterhead
 - Current deed or mortgage statement
 - Current property tax bill
 - Current lease agreement
 - Official payroll documentation from employer

Once you've completed all of the above forms, please bring them to your selected UPK location, along with the accompanying documents.

We are here to help you along the way! If you have any questions regarding the application process, please contact Sarah Fay at (212)337-7439, or sarah.fay@use.salvationarmy.org (se habla español).

The Salvation Army UPK Program Locations

Bedford Temple
110 Kosciuszko Street
Brooklyn, NY 11216

Bronx Tremont
2121 Washington Avenue
Bronx, NY 10457

Jamaica Citadel
90-23 161 Street
Queens, NY 11432

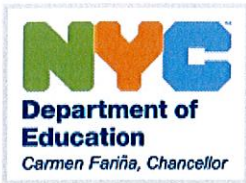
Port Richmond
1295 Forest Avenue
Staten Island NY 10302

Brownsville
280 Riverdale Avenue
Brooklyn, NY 11212

Harlem Temple
540 Lenox Avenue
New York, NY 10037

NY Temple
132 West 14th Street
New York, NY 10011

Ridgewood Citadel
69-23 Cypress Hills Street
Queens, NY 11385



APPLICATION FOR COMMUNITY-BASED ORGANIZATION (CBO) UNIVERSAL PRE-KINDERGARTEN (UPK) FOR THE 2014 - 2015 SCHOOL YEAR

DIRECTIONS:

Please print clearly in blue or black ink only. Please note that only Parent/ Guardians who are New York City residents may submit an application. Complete, sign and return this application directly to each CBO you wish to apply to. Be sure to make a copy of the application and retain for your records. For a list of CBOs, please review the Pre-kindergarten Directory available at your local school, CBO or online at <http://schools.nyc.gov/ChoicesEnrollment/PreK>.

NAME OF CBO YOU ARE APPLYING TO: The Salvation Army

Section A: STUDENT INFORMATION – Please print clearly in ink			
STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (mm/dd/yyyy) / / 2010	GENDER (optional) <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)			N . Y .

Section B: OPTIONAL INFORMATION – Please print clearly in ink	
HEALTH INSURANCE	
Does the student have health insurance?	
<input type="checkbox"/> Yes <input type="checkbox"/> If yes, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> No <input type="checkbox"/> If no, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME LANGUAGE	
In which language(s) would you like to receive written and/or oral communication regarding the Pre-Kindergarten Admissions process? Please check all that apply: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Urdu <input type="checkbox"/> Other, please specify: _____	

Section C: PARENT INFORMATION – Please print clearly in ink		
I understand that daily attendance and promptness are required. I must arrange for a responsible adult to bring my child to school and pick him/her up daily. I understand that no transportation is provided.		
PARENT/GUARDIAN LAST	NAME PARENT/GUARDIAN FIRST NAME	RELATIONSHIP TO STUDENT
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	PARENT/GUARDIAN EMAIL ADDRESS
Parent/Guardian Signature	Date	

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

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TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="radio"/> Female <input type="radio"/> Male	Date of Birth (Month/Day/Year) / / 2010
Child's Address		Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race (Check ALL that apply) <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other	
City/Borough	State N. Y.	Zip Code	School/Center/Camp Name	District Number
Health insurance (including Medicaid)? <input type="radio"/> Yes <input type="radio"/> No	Parent/Guardian <input type="radio"/> Parent/Guardian <input type="radio"/> Foster Parent	Last Name	First Name	Phone Numbers Home Cell Work

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="radio"/> Uncomplicated <input type="radio"/> Premature: _____ weeks gestation <input type="radio"/> Complicated by _____ Allergies <input type="radio"/> None <input type="radio"/> Epi pen prescribed <input type="radio"/> Drugs (list) _____ <input type="radio"/> Foods (list) _____ <input type="radio"/> Other (list) _____	Does the child/adolescent have a past or present medical history of the following? <input type="radio"/> Asthma (check severity and attach MAF/Asthma Action Plan): <input type="radio"/> Intermittent <input type="radio"/> Mild Persistent <input type="radio"/> Moderate Persistent <input type="radio"/> Severe Persistent <i>If persistent, check all current medication(s):</i> <input type="radio"/> Inhaled corticosteroid <input type="radio"/> Other controller <input type="radio"/> Quick relief med <input type="radio"/> Oral steroid <input type="radio"/> None <input type="radio"/> Attention Deficit Hyperactivity Disorder <input type="radio"/> Orthopedic injury/disability <input type="radio"/> Chronic or recurrent otitis media <input type="radio"/> Seizure disorder <input type="radio"/> Congenital or acquired heart disorder <input type="radio"/> Speech, hearing, or visual impairment <input type="radio"/> Developmental/learning problem <input type="radio"/> Tuberculosis (latent infection or disease) <input type="radio"/> Diabetes (attach MAF) <input type="radio"/> Other (specify) _____	Medications (attach MAF if in-school medication needed) <input type="radio"/> None <input type="radio"/> Yes (list below) _____ Dietary Restrictions <input type="radio"/> None <input type="radio"/> Yes (list below) _____
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Explain all checked items above or on addendum

PHYSICAL EXAMINATION Height _____ cm (_____%ile) Weight _____ kg (_____%ile) BMI _____ kg/m ² (_____%ile) Head Circumference (age ≤2 yrs) _____ cm (_____%ile) Blood Pressure (age ≥3 yrs) _____ / _____	General Appearance: <table border="1"> <tr> <td>NI Abnl</td><td>NI Abnl</td><td>NI Abnl</td><td>NI Abnl</td><td>NI Abnl</td> </tr> <tr> <td><input type="radio"/> HEENT</td><td><input type="radio"/> Lymph nodes</td><td><input type="radio"/> Abdomen</td><td><input type="radio"/> Skin</td><td><input type="radio"/> Psychosocial Development</td> </tr> <tr> <td><input type="radio"/> Dental</td><td><input type="radio"/> Lungs</td><td><input type="radio"/> Genitourinary</td><td><input type="radio"/> Neurological</td><td><input type="radio"/> Language</td> </tr> <tr> <td><input type="radio"/> Neck</td><td><input type="radio"/> Cardiovascular</td><td><input type="radio"/> Extremities</td><td><input type="radio"/> Back/spine</td><td><input type="radio"/> Behavioral</td> </tr> </table> Describe abnormalities: _____	NI Abnl	NI Abnl	NI Abnl	NI Abnl	NI Abnl	<input type="radio"/> HEENT	<input type="radio"/> Lymph nodes	<input type="radio"/> Abdomen	<input type="radio"/> Skin	<input type="radio"/> Psychosocial Development	<input type="radio"/> Dental	<input type="radio"/> Lungs	<input type="radio"/> Genitourinary	<input type="radio"/> Neurological	<input type="radio"/> Language	<input type="radio"/> Neck	<input type="radio"/> Cardiovascular	<input type="radio"/> Extremities	<input type="radio"/> Back/spine	<input type="radio"/> Behavioral
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DEVELOPMENTAL (age 0-6 yrs) <input type="radio"/> Within normal limits If delay suspected, specify below <input type="radio"/> Cognitive (e.g., play skills) _____ <input type="radio"/> Communication/Language _____ <input type="radio"/> Social/Emotional _____ <input type="radio"/> Adaptive/Self-Help _____ <input type="radio"/> Motor _____	SCREENING TESTS <table border="1"> <thead> <tr> <th></th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)</td> <td>___/___/___</td> <td>___ μg/dL</td> </tr> <tr> <td>Lead Risk Assessment (annually, age 6 mo-6 yrs)</td> <td>___/___/___</td> <td><input type="radio"/> At risk (do BLL) <input type="radio"/> Not at risk</td> </tr> <tr> <td>Hearing <input type="radio"/> Pure tone audiometry <input type="radio"/> OAE</td> <td>___/___/___</td> <td><input type="radio"/> Normal <input type="radio"/> Abnormal</td> </tr> <tr> <td colspan="3" style="text-align: center;">Head Start Only</td> </tr> <tr> <td>Hemoglobin or Hematocrit (age 9-12 mo)</td> <td>___/___/___</td> <td>___ g/dL ___ %</td> </tr> </tbody> </table>		Date Done	Results	Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	___/___/___	___ μg/dL	Lead Risk Assessment (annually, age 6 mo-6 yrs)	___/___/___	<input type="radio"/> At risk (do BLL) <input type="radio"/> Not at risk	Hearing <input type="radio"/> Pure tone audiometry <input type="radio"/> OAE	___/___/___	<input type="radio"/> Normal <input type="radio"/> Abnormal	Head Start Only			Hemoglobin or Hematocrit (age 9-12 mo)	___/___/___	___ g/dL ___ %	Tuberculosis <i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i> PPD/Mantoux placed ___/___/___ Induration _____ mm PPD/Mantoux read ___/___/___ <input type="radio"/> Neg <input type="radio"/> Pos Interferon Test ___/___/___ <input type="radio"/> Neg <input type="radio"/> Pos Chest x-ray (if PPD or Interferon positive) ___/___/___ <input type="radio"/> NI <input type="radio"/> Not Indicated <input type="radio"/> Abnl Vision (required for new school entrants and children age 4-7 yrs) ___/___/___ Acuity Right ___/___ ___/___/___ Left ___/___ <input type="radio"/> with glasses Strabismus <input type="radio"/> No <input type="radio"/> Yes
	Date Done	Results																		
Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	___/___/___	___ μg/dL																		
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IMMUNIZATIONS - DATES CIR Number of Child: _____ Hep B ___/___/___ Rotavirus ___/___/___ DTP/DaP/DT ___/___/___ Hib ___/___/___ PCV ___/___/___ Polio ___/___/___	Influenza ___/___/___ MMR ___/___/___ Varicella ___/___/___ Td ___/___/___ Tdap ___/___/___ Hep A ___/___/___ Meningococcal ___/___/___ HPV ___/___/___ Other, specify: ___/___/___
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RECOMMENDATIONS <input type="radio"/> Full physical activity <input type="radio"/> Full diet <input type="radio"/> Restrictions (specify) _____ Follow-up Needed <input type="radio"/> No <input type="radio"/> Yes, for _____ Appt. date: ___/___/___ Referral(s): <input type="radio"/> None <input type="radio"/> Early Intervention <input type="radio"/> Special Education <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> Other _____	ASSESSMENT <input type="radio"/> Well Child (V20.2) <input type="radio"/> Diagnoses/Problems (list) _____ ICD-9 Code _____ _____ _____
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Health Care Provider Signature	Date	DOHMH PROVIDER ONLY I.D. _____
Health Care Provider Name and Degree (print)	Provider License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments
Address	City	Date Reviewed: ___/___/___
Telephone (_____) _____	Fax (_____) _____	I.D. NUMBER _____
		REVIEWER: _____



THE New York City DEPARTMENT OF EDUCATION
FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

FORM
PSE

To the Parent/Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept secure and confidential.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question provides an opportunity for you to indicate whether your child is of Hispanic, Latino, or Spanish origin; the second question provides an opportunity for you to indicate your child's race(s). Please be sure to respond to both questions. Students identified with more than one race will be counted in the "two or more races" category. Hispanic students of all races will be counted in the Hispanic category.

The New York City Department of Education understands the sensitive nature of this process. The options provided by the federal government may not represent an accurate or complete portrayal of your family's own ethnic or race identification. We encourage you to provide responses using your best judgment. If you decline to respond to either question, federal guidelines require New York City Department of Education school staff to make an identification of your child on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.

Thank you for your cooperation.

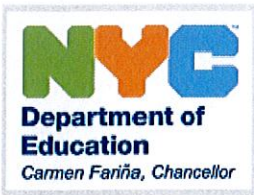
Parents and Guardians: Please complete the form on the reverse side of this page and return it to your child's school.

School staff: File the completed form in the student's Cumulative Record folder as confidential information.

Confidentiality Procedures and Regulations

The Family Educational Rights and Privacy Act (1974) and Regulations of the Chancellor A-820 prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

¹ Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools.



THE New York City DEPARTMENT OF EDUCATION
FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

FORM
PSE

- All students between 5 and 21 years of age have the right to a free public education.
- Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.1

English Only

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Borough -- District --- | School [][][]

Name of High School/ Mini School /Annex -----

Grade Code [][][]

Class Code [][][][]

NYC Student Identification Number [][][][][][][][][][][][][]

(HIGH SCHOOL ONLY 4-DIGIT)

Date of Birth (Month/Day/Year) [][][][][][][]

Student Name: Last, First, Middle Initial

PARENT/GUARDIAN: PLEASE COMPLETE THIS SECTION

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

For Question (1), check (✓) the box that best describes your child.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- [] YES, Hispanic
[] NO, not Hispanic

For Question (2), check (✓) all boxes that apply to your child.

2. Select one or more races from the following five racial groups.

- [] AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America. (ATS Code: B)
[] ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (ATS Code: C)
[] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. (ATS Code: D)
[] BLACK: A person having origins in any of the Black racial groups of Africa. (ATS Code: E)
[] WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code: F)

Signature of Parent/Guardian/Other/School Staff Observer:

Date:

Relationship to Student:

- [] Parent [] Guardian [] Other (Specify): [] School Staff Observer (Name):



Residency Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth MM/DD/YY	Gender	School
	/ / 2010		

Please identify the student's current living arrangements. Please check one box:

Check (√)	Residency Questionnaire Choice	School Use Only ATS Code
<input type="checkbox"/>	Doubled-Up With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="checkbox"/>	Shelter Emergency or transitional shelter	S
<input type="checkbox"/>	Awaiting Foster Care Placement	A
<input type="checkbox"/>	Hotel / Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="checkbox"/>	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

<input type="checkbox"/>	Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	School Use Only Enter "Y" if applicable
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Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Please return this form to your child's school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

**This form is accompanied by a one-page attachment titled,
"McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth."**

McKinney-Vento Homeless Assistance Act

Students in Temporary Housing Guide for Parents & Youth

TOPIC	IMPORTANT INFORMATION
<p>Children living in the following situations are considered homeless for the purposes of education rights under the McKinney-Vento Act:</p>	<ul style="list-style-type: none"> • In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care placement. • In a car, park, public place, bus, train or abandoned building. • Doubled up with friends or relatives because you cannot find or afford housing.
<p>Unaccompanied Youth</p>	<ul style="list-style-type: none"> • Youth who is not in the physical custody of a parent or guardian and who meets the definition of homelessness set forth in the explanation above. <p><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p>
<p>Students who fall under the McKinney-Vento Act's definition of homeless have the following rights:</p>	<ul style="list-style-type: none"> • To a free public education. • To immediate enrollment in the zoned school. • To attend school no matter how long they have lived at their current location. • To stay in their school of origin (school attended before becoming homeless or the last school attended) or choose to attend their new zoned school. • To transportation services to and from school. • To not be denied immediate school enrollment just because of their situation or because they lack enrollment documentation. • To not be separated from the regular school program because they are homeless. • To receive free school meals.
<p>Important information:</p>	<ul style="list-style-type: none"> • Office of School and Youth Development (OSYD) has at least one Students in Temporary Housing (STH) Content Expert in each borough who serves as the STH liaison and manages programs and services designed to help children who are homeless pursue their education. The STH Content Expert supervises a team of Family Assistants. • Each Children First Network (CFN) has a designated Youth Development liaison available to assist children who are homeless with their educational needs and provide support to the schools in the network. • Additionally, District 75 and District 79 each have a designated STH liaison available to assist children who are homeless with their educational needs. • Family Assistants are located at shelters and in some schools. They are responsible for assisting homeless parents and their children with their educational needs. • Family Assistants are available to assist the child's parent/guardian with school enrollment, obtaining immunizations, school records, and arranging transportation to and from school. School staff should not hesitate to contact their STH liaison for individual questions, to arrange training, or to assist unaccompanied youth.
<p>School Selection:</p>	<p>Schools must allow parents/guardians to choose the child's school when their child is homeless. The parent/guardian may choose among the following:</p> <ol style="list-style-type: none"> a) The school the child attended when permanently housed (school of origin); b) The school in which the student was last enrolled; or c) Any school available to a permanently housed child residing in the area where the homeless student is currently residing.
<p>School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)</p>	<ul style="list-style-type: none"> • Elementary School – register your child at your zoned school. If you are currently residing in a NYC Department of Homeless Services shelter, the family assistant at your shelter will be able to assist you, if needed. If there is no family assistant in your shelter or if you are not residing in a shelter, please contact your school or the STH liaison for assistance. • Middle School – same procedure as elementary school except where your district does not have zoned middle schools, then you must report to the Borough Enrollment Center. For the location of your Borough Enrollment Center, please call 311. • High School – all high school students must register at the Borough Enrollment Center. For the location of the nearest Borough Enrollment Center, please call 311.
<p>Enrollment Disputes:</p>	<ul style="list-style-type: none"> • If a dispute arises over the school selection or enrollment, your child must be immediately admitted to the school in which he/she is seeking enrollment, pending resolution of the dispute. • The parent/guardian must be provided with a written explanation of the school decision on the dispute, including the right to appeal, and referred to the STH Family Assistant or STH liaison for assistance.
<p>Transportation:</p>	<ul style="list-style-type: none"> • Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary. • If available, busses will be provided to students grades K-6; if not available, they are eligible for student MetroCard. • For students in grades Pre-K to 6 who are eligible for transportation and receive a student MetroCard, their parents/guardians are eligible for public transportation assistance (MetroCard) to accompany the child. • Students in grades 7-12 are eligible for student MetroCard.

For more information, please contact the borough Students in Temporary Housing Program or your Children First Network to speak to an STH liaison or call 311.



PARENT AFFIDAVIT OF RESIDENCY

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present a notarized "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed.

Section A: STUDENT INFORMATION – Please print clearly in ink

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	GENDER (optional)
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

DATE OF BIRTH (MM/DD/YY)	OSIS #/STUDENT'S ID # (if available)	TELEPHONE #
2010		

STUDENT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)
N . Y .

Section B: PARENT INFORMATION – Please print clearly in ink

PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME

PARENT/GUARDIAN'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

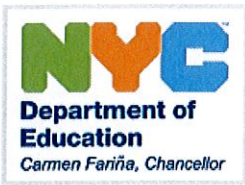
Section C: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink

PRIMARY RESIDENT/TENANT'S LAST NAME	PRIMARY RESIDENT/TENANT'S FIRST NAME

PRIMARY RESIDENT/TENANT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

RELATIONSHIP TO PARENT	ANTICIPATED DURATION OF STAY



To be completed by the Parent:

I, _____, the parent of _____,
(insert name and date of birth of student)
hereby affirm that I am residing with _____
(insert name)
at the following address _____.
(insert address and contact number of primary leaseholder)

I understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

Parent Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

Notary Public

To be completed by Primary Leaseholder/Tenant:

I hereby affirm that _____
(insert name of parent and child/children)
are residing with me at _____
(insert address)

I understand that by signing this affidavit I am verifying the residence of _____.
(insert names)

I also understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my home and interviews with my neighbors. I can be contacted at the number(s) listed below should the Department of Education require further information.

Primary Leaseholder Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

Notary Public



The New York City Department of Education Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian,
This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator, _____, and if you have questions, speak with _____ at _____.
Thank You

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Bengali <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Russian	<input type="checkbox"/> Urdu <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Albanian <input type="checkbox"/> Punjabi <input type="checkbox"/> Polish <input type="checkbox"/> Other, please specify _____	
2. What language does the child understand ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
3. What language does the child speak ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
4. What language does the child read ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	Does not read yet <input type="checkbox"/>
5. What language does the child write ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	Does not read yet <input type="checkbox"/>
6. What language is spoken in the child's home or residence most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
7. What language does the child speak with parents/guardians most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
8. What language does the child speak with brothers, sisters, or friends most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
9. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
10. Would you like your child to receive instruction using your home language (if available):		
<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time



The New York City Department of Education Pre-Kindergarten Language Needs Survey

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY		
Date:	Name of Student:	
Borough	District:	School:
Gender:	Ethnicity Code: (form PSE):	Date of Birth:
Relationship of person providing information for survey (check one):		
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):		
If an interview is conducted, in what language is it conducted?		
Is a translator/interpreter used?		
Pre-K Home Language Code		
Potential English Language Learner?		
Instruction will be provided in:		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____		



Office of Communications and Media Relations
52 Chambers Street, New York, NY 10007
Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Student Name: _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by _____.

I also grant to _____ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: _____

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Names of Foster Children _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____ (including foster children, if applicable)
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Date Determined ____ / ____ / ____
Signature of Center Staff _____

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# XXX-XX- _____ Date: _____</p>	

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

Instructions for Centers and Sponsors:

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The Sponsor Agreement Number.

Total Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2011 is valid until May 31, 2012.