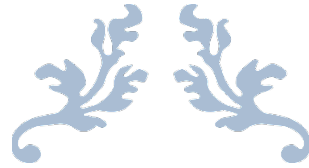


REVISED 2016

BRONX BAPTIST DAY CARE & LEARNING CENTER
331 East 187th Street, Bronx, NY 10458



BRONX BAPTIST DAY CARE & LEARNING CENTER

Application Package



“Educating, Encouraging, and Enlightening the next generation.”

Bronx Baptist Day Care & Learning Center

331 East 187th street Bronx, NY 10458

718-933-4201/4095 bbcoffice@aol.com

Student Name _____

Class: _____

D.O.B _____

FOR OFFICE USE ONLY:

Signed/Dated Parent Contact

Updated Medical

Immunization Card

Birth Certificate

Emergency Contact Card

Photo release

Permission to take child to hospital/Administration of Medication policy

CACFP Enrollment Income Eligibility Form

State-Funded Prekindergarten

Proof of address

Affidavit of support

Other _____

Enrollment Process Complete

Child Start

Date _____

Signature: _____

Date _____

Additional Information:

Bronx Baptist Day Care & Learning Center

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SERVICE AGREEMENT

I hereby agree to and understand the following policies of the Bronx Baptist Day Care & Learning Center as it pertains to payments for child services rendered by this Center.

The fee for service at Bronx Baptist Day Care & Learning Center can be paid weekly, bi-weekly, or monthly and is due in advance of that service period. The fees are as follows:

- A non-refundable **annual** registration fee of \$30.00 is due at enrollment/continuation
- Program cost is \$200.00/week for 2-5 year olds, and \$125.00/week for full-day 4-5 year olds in the SUFDPK with extended care included.
- A security deposit of **two weeks fee** is due per child upon enrollment or reinstatement. This deposit is refundable within 30 days after service is discontinued providing there are no outstanding balances.
- **The Statewide Universal Full Day Pre-Kindergarten (SUFDPK)** is funded through the New York State Education Department. Therefore, tuition is **FREE** for the designated operating hours during the regular school year (September-June) for as long as funding remains available.
- **SUFDPK OPERATES FROM 8:15AM-2:35PM DAILY FROM SEPTEMBER through JUNE.**
- Should students registered in the SUFDPK require extended services (7:30am-8:15am; 2:35pm-6:00pm), it is available for a weekly cost of \$125.00. Parents registering for these services are required to pay a security deposit.
- **EXTENDED CARE ONLY:** If your account is in arrears with the Center for two weeks or more, the Center may utilize the Security Deposit to cover the outstanding Extended Care fee. If this occurs, it will be considered a breach of contract and Extended Care services will be suspended until all balances and security deposit are paid in full.
- **See separate payment policies on the back of this form.**

Check age range of child: 2-3 year old 4-5 year old SUFDPK SUFDPK w/ extended care

Check method of payment: Weekly Bi-weekly ACS or HRA Voucher SUFDPK

Check Status of Child: New Enrollment Continuation Reinstatement

These policies are instituted and can be changed at any time by the Bronx Baptist Day Care & Learning Center with prior and sufficient notification to all concerned. Affix your signature below certifying that you have read and understand fees and policies stated above and on the back of this form.

Name of Parent/ Guardian (Print) Signature of Parent/Guardian Date

Name of Director/Administrator (Print) Signature of Director/Administrator Date

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Payment Policies

1. All payments are due in full and in advance by the Monday commencing that period.
 - a. Bi-weekly payments are due every two weeks (not Bi-monthly)
 - b. Monthly payments are based on a full year average that includes both four and five week months.
2. Fees may be paid with cash, money orders and checks in good standing. ***If checks are returned, we will only accept cash and money orders.***
3. Payment in full of fees is due whether your child is in attendance or not-there are no exceptions, this includes illnesses and vacations.
4. Each unpaid check returned by your bank will incur a charge of \$35.00 to be paid promptly to the Center.
5. A non-refundable *annual* registration fee of \$30.00 is due when your child is enrolled, reinstated or continued as a student. This fee is due by the first day of Center operation in September for students continuing from the previous Center year.

6. A security deposit of two weeks fee is due per child upon enrollment or reinstatement. This deposit is refundable within thirty days after service is discontinued or graduation, providing there are no outstanding balances. ***Two weeks discontinuance notice must be given to the Director or Administrative Personnel and a Security Deposit Request Form completed.***
7. There is a \$20.00 late pickup charge per child for each 15 minutes (or part thereof) beyond the specified pick-up time for that date.
8. Late payments of fees and/or past due balances is a violation of contract and may result in termination of child care services. If outstanding balances exceed two (2) weeks fee, services will not be provided until all fees are paid in full. If this occurs, parents and/or guardians are not permitted to bring their child to the Center until all arrears are paid in full.

These policies are instituted and can be changed at any time by the Bronx Baptist Day Care & Learning Center with prior and sufficient notification to all concerned.

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REGISTRATION FORM

CHILD'S NAME:			DATE OF BIRTH
ADDRESS:			APT#
COUNTY:	STATE:	ZIP CODE	HOME PHONE:
MOTHER'S/GUARDIAN'S NAME			CELL
MOTHER'S PLACE OF EMPLOYMENT/PROGRAM/SCHOOL			

ADDRESS:			
COUNTY	ZIP CODE	TELEPHONE	
FATHER'S NAME			CELL
FATHER'S PLACE OF EMPLOYMENT/PROGRAM/SCHOOL			
ADDRESS			
COUNTY	ZIP CODE	TELEPHONE	
NAMES OF RELATIVES OR OTHER RESPONSIBLE PERSONS TO CONTACT IF PARENTS CANNOT BE REACHED:			
NAME:		PHONE:	
NAME:		PHONE:	
NAME:		PHONE:	
WHO IS AUTHORIZED TO TAKE YOUR CHILD HOME?			
NAME:		PHONE:	
NAME:		PHONE:	
WHO IS NOT AUTHORIZED TO TAKE YOUR CHILD HOME?			
NAME:		NAME:	
HOURS OF CARE AND DATE OF ADMISSION AS DISCUSSED WITH THE DIRECTOR			

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Date: _____

I _____ hereby give permission to the administration of the Bronx Baptist Day Care & Learning Center to act on my behalf and take my child to the hospital to seek emergency medical care in the event that my child _____ becomes ill at the center.

PARENT SIGNATURE

DATE

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MEDICAL HISTORY OF CHILD *(Complete all sections)*

ALLERGIES: _____

ANY EVIDENCE OF HEARING LOSS OR DIFFICULTIES? _____

ANY EVIDENCE OF VISION DIFFICULTIES? _____

SPEECH DIFFICULTIES? _____

HOSPITALIZATION _____

OTHER ILLNESSES _____ SURGERY _____

FAMILY BACKGROUND

IS CHILD ADOPTED? _____ IF SO, AT WHAT AGE? _____

NAMES AND AGES OF OTHER CHILDREN IN THE HOME _____

SOCIAL AND PHYSICAL GROWTH

- 1. RIGHT HANDED OR LEFT HANDED? _____
- 2. WELL COORDINATED? _____
- 3. DOES HE/SHE SPEAK WELL? _____
- 4. GOOD WITH HANDS? _____
- 5. USUAL FEARS _____
- 6. SHY? _____
- 7. EXCITABLE? _____
- 8. RESTLESS? _____

WHERE HAS YOUR CHILD RECEIVED CARE *(check all that apply)*

- Child Care Center Family Day Care (based in someone's home) Care given by relative
- In home care (babysitter or nanny) none

DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD'S DEVELOPMENT?

WHAT DO YOU FEEL IS YOUR CHILD'S SPECIAL ABILITIES OR CAPABILITIES?

WHAT ARE SOME OF THE WAYS YOUR CHILD PLAYS AT HOME?

HOW DOES YOUR CHILD REACT WHEN HE/SHE DOES NOT GET HIS/HER WAY?

DOES YOUR CHILD PLAY WELL WITH OTHER CHILDREN? _____

IS YOUR CHILD ENROLLED IN SPECIAL ACTIVITIES? (DANCING, MUSIC, ETC.)

LIST METHODS OF DISCIPLINE USED WITH CHILD _____

CHILD'S SPECIAL INTERESTS _____

CHILD'S DISLIKES _____

CHILD'S FAVORITE FOODS _____

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD?

SIGNATURE (PARENT/GUARDIAN)

DATE

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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 nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release Bronx Baptist Day Care & Learning Center 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: _____

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CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE AND FIELD TRIPS

FIELD TRIPS:

I _____ parent/guardian of _____ hereby consent for my child to attend and to take part in all trips carried out by Bronx Baptist Day Care & Learning Center.

PHOTO PERMSSION:

Your child may be photographed at various school and field trip activities for use in Bronx Baptist Day Care & Learning Center’s videos, displays and promotional material, both in print and online.

Please check the appropriate box below:

- I consent for my child to be photographed for use in videos, displays and promotional material, both in print and online.
- I **DO NOT** consent for my child to be photographed for use in videos, displays and promotional material, both in print and online.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian of _____ (enter student name here),

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 _____.

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 (v) all that apply:	
<input type="checkbox"/> English	<input type="checkbox"/> Urdu
<input type="checkbox"/> Spanish	<input type="checkbox"/> French
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
<input type="checkbox"/> Bengali	<input type="checkbox"/> Albanian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Polish
<input type="checkbox"/> Russian	<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 write 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

PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child's first time participating in an instructional program or group experience in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO:
a. Where did he/she go participate in daycare/preschool/play group?
b. What was the date of enrollment?
c. How long did he/she attend?
d. Which language was used for instruction?
2. Has your child participated in an instructional program or group experience in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:
a. Where did he/she participate in daycare/preschool/play group?
b. How long did he/she attend?
c. Which language was used for instruction?

3. Does your child have any conditions that require special help or attention in school? <input type="checkbox"/> Yes	
<input type="checkbox"/> No	
IF YES, please check all that apply:	
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
IF YES, what early intervention has your child received, if any?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <input type="checkbox"/> Yes	
<input type="checkbox"/> No	
IF YES: Which ones?	

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. What is your first language?	
Parent/Guardian: _____	Parent/Guardian: _____
_____	_____
First language: _____	First language: _____
_____	_____
2. In what language would you like to receive written information from the school?	
3. In what language would you prefer to communicate orally with school staff?	

Parent Signature	Date

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY		
Date:	Name of Student/ID:	
Borough:	District:	School:

<p>Gender:</p>	<p>Ethnicity Code: (form PSE):</p>	<p>Date of Birth:</p>
<p>Relationship of person providing information for survey (check one):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Guardian</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Other (specify):</p>		
<p>If an interview is conducted, in what language is it conducted?</p>		
<p>Is a translator/interpreter used?</p>		
<p>OTELE Alpha Code</p>		
<p>Potential English Language Learner?</p>		
<p>Instruction will be provided in:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Both English and the home language of _____</p>		

MCKINNEY-VENTO HOMELESS ASSISTANCE ACT Students in Temporary Housing – Guide for Parents & Youth

Topic	Important Information
Children living in the following situations are considered homeless for the purpose of education rights under the McKinney-Vento Act:	<ul style="list-style-type: none"> • In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care. • In a car, park, public place, bus, train, or abandoned building. • Doubled up with friends or relatives because you cannot find or afford housing.
Unaccompanied Youth	<p>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> <p><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p>
Students who fall under the McKinney-Vento Act’s definition of homeless have the following rights:	<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.
Important Information:	<ul style="list-style-type: none"> • Each borough Integrated Service Center (ISC) has at least one Students in Temporary Housing (STH) Content Expert 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 STH liaison available to assist children who are homeless with their educational needs. • 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.

School Selection:	Schools must allow parents/guardians to choose the child’s school when their child is homeless. The parent/guardian may choose among the following: 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.
School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)	<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 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.
Enrollment Disputes:	<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.
Transportation	<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, buses will be provided to students in grades K-6; if not available, they are eligible for a student MetroCard. • For students in grades Pre-K-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 your borough Integrated Service Center or your Children First Network to speak to a STH liaison or call 311.

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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
Date of Birth MM/DD/YY	Gender	School

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

Check ✓	Residency Questionnaire Checklist	School Use Only
		ATS Code
	Doubled-Up With another family or person because of loss of housing or as a result of economic hardship	D
	Shelter Emergency of transitional shelter	S
	Awaiting Foster Care Placement	A
	Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street or any other inadequate living space	T
	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:

	School Use Only
Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	Enter P if applicable

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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."

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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 F	STUDENT’S FIRST NAME	GENDER (optional) M / F	
DATE OF BIRTH (MM/DD/YY)	OSIS #/STUDENT’S ID # (if available)	TELEPHONE #	
STUDENT’S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)			
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 State Education Department 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 New York State Education Department 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 State Education Department 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 New York State Education Department require further information.

Primary Leaseholder Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

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

Notary Public

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FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

To the Parent/Guardian:

Federal law requires the New York State Education Department 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 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.

FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

–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

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 (v) 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 (v) 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): _____

See reverse side for an important message to parents/guardians and for confidentiality procedures and regulations

331 East 187th street Bronx, NY 10458
718-933-4201/4095 bbcoffice@aol.com

- Parent Handbook Received

CONTRACTED SERVICES

- Free Statewide Universal Full Day Pre-Kindergarten Program **ONLY** (8:15am-2:35pm)
- Free Universal Pre-Kindergarten Program **AND** Extended Care Services.

The policies of this contract agreement are subject to change by Bronx Baptist Day Care & Learning Center. I hereby understand and agree to the policies and services as stated in this contract.

_____	_____	_____
PARENT/GUARDIAN (PRINT)	PARENT/GUARDIAN (SIGNATURE)	DATE

CHILD/CHILDREN'S NAMES: _____