



LITTLE HONORS

LEARNING CENTER

Day Care Center Ages 2-5 years of Age

908-247-1401 1673 Flatbush Ave. Brooklyn NY 11210

littlehonorslearningcenter@gmail.com

Student Information

Name: _____ DOB: _____ Sex: M F

Preferred name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother/ Guardian 1: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Father / Guardian 2: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Please check your preferred method of communication about important information.

Email

Text

Letter

Emergency Contact

Name: _____ Relationship to child: _____

Phone: _____ Authorized for pick up: NO YES

Name: _____ Relationship to child: _____

Phone: _____ Authorized for pick up: NO YES

Please notify Little Honors in writing if there is anyone outside of the previously listed guardians or emergency contacts to pick up your child at any time. Children will not be released to unauthorized persons.

Please list if there anyone who IS NOT ALLOWED to pick up child. _____

Does your child any health issues? No Yes

If so, please list _____

Does your child have any allergies? No Yes

If so, please list _____

It is the policy of Little Honors Learning Center to contact parent first in the case of an emergency, if none of the above persons can be reached, by signing below Little Honors is authorized the school to call and have the ambulance take my child to the nearest hospital.

In the case of an emergency, I hereby give permission to Little Honors Learning Center to call and have the ambulance take my child to the nearest hospital to the emergency room.

Name: _____ Sign: _____ Date: _____

Uniform Policy

All children are expected to be in uniform daily. Little Honors uniform consist of green bottom and yellow shirt. Please see the parent handbook for full dress code and uniform policy. By signing below, you are agreeing to complying with the Little Honors uniform policy.

Parent signature: _____ Date: _____

Extended Day

Extended day is available for children. There is a cost of \$50 for early morning drop off which is 7am until 8:15am at which time school begins. After care is a fee of \$150, which is the hours of 2:30 pm to 6pm. We also accept vouchers.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Evening					
Total Hours					

ADDITIONAL INFORMATION WILL BE PROVIDED.

Parent signature: _____ Date: _____

Registration Checklist

Be sure to bring the following when you register for school.

- Proof of your child's age (child's birth certificate, passport, or record of baptism),
- Your child's immunization records (if available),
- Your child's latest report card/transcript (if available), and
- Two (2) of the documents below verifying proof of address:
 - Lease agreement, deed, mortgage statement for the residence;
 - A residential utility bill (gas or electric) in the resident's name issued by a utility company (such as National Grid or Con Edison) — must be dated within the past 60 days;
 - A bill for cable television services provided to the residence; must include the name of the parent and the address of the residence and be dated within the past 60 days;
 - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, the federal Office of Refugee Resettlement, the Human Resources Administration, or the Administration for Children Services (ACS), or an ACS subcontractor, indicating the resident's name and address — must be dated within the past 60 days;
 - A current property tax bill for the residence;
 - A water bill for the residence — must be dated within the past 90 days;
 - Rent receipt which includes the address of residence — must be dated within the past 60 days;
 - State, city, or other government issued identification (including an IDNYC card), which has not expired and includes the address of residence;
 - Income tax form for the last calendar year;
 - Official NYS Driver's License or learner's permit, which has not expired;
 - Official payroll documentation from an employer issued within the past 60 days, such as a paystub with home address, a form submitted for tax withholding purposes, or payroll receipt (a letter on the employer's letterhead is not adequate) — must include home address and be dated within the past 60 days;
 - Voter registration documents, which include the name of the parent and the address of residence;
 - Unexpired membership documents based upon residency (such as neighborhood residents' association), which include the name of the parent and the address of residence;
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers; documents must have been issued within the past 60 days and include name of student and address of residence.

Note for Students in Temporary Housing

Students in temporary housing, as defined by McKinney-Vento, are not required to submit documentation (including address, proof of date of birth, and immunization) in order to enroll. Schools must provisionally pre-register the student and then work with the students in temporary housing DOE contact to obtain documentation.

Student Registration Form

To Be Completed by Parent/Guardian:

Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ()	
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M F	PLACE OF BIRTH	HOME/NATIVE LANGUAGE	
NAME, CITY, STATE OF LAST SCHOOL (or current school)				LAST GRADE COMPLETED	
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ 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 ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

STUDENT NAME: LAST

Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER ()	WORK/CELL PHONE NUMBER ()		PARENT/GUARDIAN EMAIL	

FIRST

To Be Completed by Enrollment Staff:

Registration (check one): <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of – New York City school Transfer Request (check one): <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): Notes:	Disposition: _____ Enrolled School Name DBN
	Referred to: _____ School Name DBN 1) _____ 2) _____ 3) _____

DATE:

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ Date: _____

Name/Signature of Counselor: _____

Additional Comments: _____

To Be Completed by Enrollment Staff:

Name of Staff Completing Registration: _____

Documents Presented (Check all that apply)		
Proof of residence may be verified by any <u>two</u> of the following:		
<input type="checkbox"/> Residential Utility Bill (electric/gas issued by National Grid, Con Edison or the Long Island Power Authority; must be dated within the past 60 days)		
<input type="checkbox"/> Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Child Services (ACS), or an ACS subcontractor indicating that resident's name and address; must be dated within the past 60 days		
<input type="checkbox"/> An original lease agreement, deed, or mortgage statement for the residence		
<input type="checkbox"/> A current property tax bill for the residence		
<input type="checkbox"/> A water bill for the residence; must be dated within the past 90 days		
<input type="checkbox"/> Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer's letterhead will not be accepted; must be dated within the past 60 days		
<input type="checkbox"/> Parent Affidavit of Residency, if applicable, as per CR A-101		
Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

** Updated proof of address requirements are reflected in Chancellor's Regulation A-101.*

Interview Notes (Please Include all applicable information):

School History: Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info

Entitled Services: Special Education Services, ELL Services, etc.

Special Circumstances: Agency Involvement/Contact, Temporary Housing, Foster Care, etc.

School Interests: Parent Preferences, Academic Interests, Requests

To be completed by Enrollment Counselor, if applicable:

Indicate if any court order exists which affects a parent's access to the student's records:

Name (first & last): _____ Documentation Presented (court order, etc.): _____

STATUS OF DISPOSITION (Check one): Registered Referred No Action Info Given Pending

Other (Specify): _____

Comments:

STUDENT NAME: LAST

FIRST

DATE:

NO ACCESS

If there is a person who may **NOT HAVE ACCESS** to child, please indicate:
Please submit a copy of the order of protection to your child's school.

Name	Relationship	Order of Protection Exists?	Effective Date of Court Order
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

- Allergist/Immunologist Cardiologist Dermatologist Development/Behavioral Specialist
 Neurologist Pulmonologist Other _____

Health Alert

Does child have any health condition that may affect participation in physical activities? Yes No

Limitations _____
(e.g., stair climbing, participation in gym)

Known Diagnoses (please check all that apply)

- Asthma Seizures Allergies/Anaphylaxis Diabetes None Other _____

Allergies (select all that apply)

- Milk Eggs Peanuts Tree Nuts (Other Nuts) Fish
 Shellfish Soy Wheat Other _____

My child has (X any that apply): Private health insurance Medicaid No health insurance

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes No

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.
The recommendation of the parent as indicated above will be respected as far as possible.

SIBLINGS

Sibling's Last Name	Sibling's First Name	Sibling's School of Attendance

SIGNATURE OF PARENT/GUARDIAN

- By checking this box, I agree to be contacted by elected School, District, and/or City-wide parent leader volunteers regarding events, updates, and other matters connected to my school community.
- By checking this box, I agree that my contact information can be shared with elected School, District, and/or City-wide parent leader volunteers so I can be updated on events and other matters connected to my school community.

Principal will be notified in writing of any changes to information on this card _____
Signature of Parent/Guardian

FOR OFFICE USE ONLY

To be completed by school staff only.

Grade _____ Class _____ Room No. _____ Teacher _____

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition



Parent Affidavit

Date: _____

STUDENT INFORMATION

Last Name	First Name	Middle Name	Student Id #
Date of Birth (mm/dd/yyyy)	Age	Home Phone Number	Borough
Home Address (House number and Street)	Apt #	State	Zip Code

PARENT INFORMATION

Last Name	First Name	Relationship to Student	
Home Address (House number and Street)	Apt #	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

My Child is not living with me for the following Reasons

My child does not reside with me and is residing with the following individual at the following address:

Last Name	First Name	Relationship to Student	
Home Address (House number and Street)	Apt #	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

My child will be in the care and custody of the above-named person at the address indicated above for the following period of time: _____

I declare that I am the parent of this child, as defined by Chancellor's Regulation A-101, and that I have relinquished custody/control over the child and am no longer financially supporting them. My child is residing with the above-named person at the above address, and I declare that this person has assumed custody and/or control over the child and is financially supporting them.

I declare that the information provided above is true and correct. In the event that this custodial arrangement changes, I agree to contact my child's school immediately.

Parent Signature: _____



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 an attested "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. Doubled-up families do not need to submit this form.

Section A: STUDENT INFORMATION – Please print clearly in ink

Student's Last Name		Student's First Name	
Date of Birth (mm/dd/yyyy)	OSIS #/Student Id #		Telephone Number
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 Number	Work Phone Number	Cell Phone Number	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 Number	Work Phone Number	Cell Phone Number	Email Address
Relationship to Parent		Anticipated Duration of Stay	



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/ID:	
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?			
OTELE Alpha 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 _____			



Chancellor's Regulation A-101
Housing 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. The district cannot disclose housing status information without parental consent.

Student Name & Information:

Last Name	First Name	Middle Name
OSIS Number	Date of Birth (MM/DD/YY)	School

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

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

