



# Big Apple Academy

A NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE

Learning Today, Leading Tomorrow



For new students

2937 86th Street, Brooklyn, NY 11223 • Tel: (718) 333-0300 • Fax: (718) 333-1311

## APPLICATION FORM

Grade \_\_\_\_\_

### STUDENT'S INFORMATION

1. NAME \_\_\_\_\_ 2. DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. GENDER M F  
Last Name First Name Mo Day Year

4. ADDRESS \_\_\_\_\_  
Street Apt# City ZIP Code

5. HOME PHONE # \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. FAMILY DOCTOR: \_\_\_\_\_ 8. DOCTORS PHONE # \_\_\_\_\_

9. PLACE OF BIRTH \_\_\_\_\_ 10. DATE OF ENTRY INTO US (MM/DD/YY) \_\_\_\_\_ (if applicable)

11. S.S # \_\_\_\_\_

### PARENT'S INFORMATION

12. MOTHER'S NAME \_\_\_\_\_ 13. PLACE OF WORK \_\_\_\_\_

14. BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

15. FATHER'S NAME \_\_\_\_\_ 16. PLACE OF WORK \_\_\_\_\_

17. BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

18. Does your child need bus transportation service: (Please check):  Yes  No

19. Name of person/people you authorize to pick- up child from the school/bus stop:

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
Last Name First Name Relationship

20. RELATIVES OR FRIENDS PHONE # TO CONTACT IN CASE OF AN EMERGENCY:

\_\_\_\_\_  
Name Relationship Phone #

\_\_\_\_\_  
Name Relationship Phone #

21. HOW DID YOU HEAR ABOUT US:  Friends,  Newspaper,  Radio/TV,  Internet,  Other

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby given authority to the Big Apple Institute, Inc. a/k/a Big Apple Academy staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# SCHOOL REGISTRATION CONTRACT

For new students

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Parent's first & last name) (Address)  
agree to register my son/ daughter \_\_\_\_\_ with Big Apple Institute, Inc. a/k/a Big Apple  
(Child's First and Last Name)  
Academy and enroll him/her into grade \_\_\_\_\_.

I undertake to pay \$\_\_\_\_\_ per month as a tuition fee. Tuition payments are due in full on the First of Each Month (**a late payment charge of \$50 will be added for payments made after the 5th of each month.**) The Big Apple Institute, Inc. a/k/a Big Apple Academy reserves the right to suspend and/or dismiss a student, thereby refusing to administer services for egregious lack of payments of tuition. The Big Apple Institute, Inc. a/k/a Big Apple Academy reserves the right to begin these proceeding if tuition payment is submitted beyond the deadline of the 15<sup>th</sup> of each month.

I understand that this amount covers expenses for attendance of my son/daughter to the Elementary/Junior High School and after school programs at Big Apple Institute Inc., a/k/a Big Apple Academy including: school staff supervision, participation in all school programs, educational instructions, activities, use of text books, work books, computers, labs, educational materials, daily meals. This amount does not include any trips or extracurricular activities outside of school, physicians' fees, hospital fee s, or medicine other than provided by the standard school emergency procedures.

I also understand that there will be no deductions made for any absences in cases of illness, vacations, or other reasons. Full tuition payments are due regardless of school recess, national or religious holidays noted in the School Annual Calendar.

I understand that for the safety, welfare and proper maintenance of all students, the Big Apple Institute, Inc. a/k/a Big Apple Academy reserves the right, in its sole discretion, to suspend or expel students whose conduct or influence is damaging and/or potential dangerous to the safety of students, school staff or school property. The Big Apple Institute reserves the right to determine the severity of the disciplinary issues and threats to the safety of its students, in its sole and absolute discretion. Some egregious examples of misconduct include but are not limited to: physical violence toward students and school staff, damage or defacing of school property, theft, inappropriate behavior, carrying/use of weapons or materials which may be used as weapons. On the part of the parent, an obvious misrepresentation regarding the medical or mental history of a student will result in action to be taken against the student that may include dismissal from the school. The previously stated examples of misconduct are just examples and Big Apple Institute, Inc. a/k/a Big Apple Academy a/k/a Big Apple Academy may deem other conduct or misrepresentation as damaging or dangerous, in its sole and absolute discretion. All of the abovementioned disruptions to the safety standards of the Big Apple Institute, Inc. a/k/a Big Apple Academy may lead to the student's dismissal from the school. The Big Apple Institute, Inc. a/k/a Big Apple Academy administrative staff reserves the right to make judgments upon disciplinary action, in its sole and absolute discretion, to be taken against a student (including suspensions or dismissals). In the event of school suspensions or dismissals, no refunds or adjustments will be made to the school tuition fees. In cases of damage done to the school property, the school principal or administrative staff reserves the right to assess the level of damage caused to the school property. All costs for repairs will be charged to student account. The school shall have further right to charge and receive collection of attorney's fees on any unpaid balances plus interest, expenses and court costs, if any, in the event that the school initiates proceedings for the collection on any unpaid balances due.

Big Apple Institute, Inc. a/k/a Big Apple Academy assumes no responsibility for the acts done by students when in violation of school rules, local, State or Federal laws. Big Apple Institute, Inc. a/k/a Big Apple Academy is not responsible for losses of personal property or acts done by students or other persons while off schools premises and the undersigned parents, agree to indemnify and hold harmless Big Apple Institute, Inc. a/k/a Big Apple Academy its officers, directors, partners, employees and agents, from and against all claims, actions, damages, liabilities, losses, costs and expenses, including attorney fees, that arise out of or in connection with acts done by students in violation of school, local, State or Federal laws.

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. I also grant to the Big Apple Institute, Inc. a/k/a Big Apple Academy the right to edit, use and reuse said products, purposes including use in print, on the internet, and all other forms of media. I also hereby release the Big Apple Institute, Inc. a/k/a Big Apple Academy and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I hereby confirm that the above named child is in good physical condition and has been examined by a physician within the past 6 (six) months. My child remains in good health and is able to participate in full in all education and sports programs (including swimming) at the Big Apple Institute, Inc. a/k/a Big Apple Academy.

In cases of extreme emergency, I give permission to the physician or hospital selected by the school officials to hospitalize, secure proper treatment for, order injections, anesthesia, X-rays or surgery to my child. I understand that the cost of medical services will be entirely my responsibility. I understand that the Big Apple Institute, Inc. a/k/a Big Apple Academy will make every effort to contact me or another designated emergency contact person before or immediately after such emergency treatment is rendered.

Parents/guardians further agree to waive the right to press legal charges against Big Apple Institute, Inc. a/k/a Big Apple Academy its officers, directors, and employers, in those instances where any of the above have not clearly demonstrated negligence leading to injury of your child.

I understand that I have to pick up my child from the school premises at or before 6:00 P.M (this excludes children who are transported via the bus services). I understand that in cases when I am late to pick up my child (after 6:00 P.M),

I am obligated to make an additional payment of \$30 for every 30 minutes that my child remains in the waiting room of the school premises. NO EXCEPTIONS will be made.

I have read and understood the Agreement of the Enrollment terms, which have been presented in the Agreement. I agree to all terms contained in the Agreement. In agreeing to the terms presented in the Agreement, I acknowledge that I am also acting on the behalf of the other parent/legal guardian (if that person is not present at the signing of the Agreement) with the authority to enroll my child in to the Big Apple Institute, Inc. a/k/a Big Apple Academy and agree to execute this agreement on his or her behalf. I recognize that the Big Apple Institute, Inc. a/k/a Big Apple Academy relies upon the representation herein made in accepting my child to the Big Apple Institute, Inc. a/k/a Big Apple Academy.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

For  
new  
students

## EMERGENCY MEDICAL RELEASE AGREEMENT

**As the parent or legal guardian of:**

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(CHILD'S LAST AND FIRST NAME)

I, \_\_\_\_\_, give permission for my child to receive whatever emergency medical care that may be needed to the Big Apple Institute, Inc. a/k/a Big Apple Academy personnel for the treatment of any injury that may be incurred while in the activity of swimming on premises or elsewhere. I understand that the Big Apple Institute, Inc. a/k/a Big Apple Academy will make effort to contact my emergency contact or myself before or immediately after such emergency treatment is rendered.

**Signature**

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**Date**

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## LIMITED WAIVER OF LIABILITY

**Big Apple Institute, Inc. a/k/a Big Apple Academy** provides serious education, recreation and sports programs including swimming lessons. Our staff is trained to provide the maximum protection for your child while in our care. Even with all of these safeguards injuries can occur. As a parent or legal guardian of the above named student, I fully understand the risks involved in my child's participation in all school activities. To the best of my knowledge, my child has no medical conditions which would conflict with his/her participation in the Big Apple Institute, Inc. a/k/a Big Apple Academy education, sports and recreation programs. I further agree to waive the right to any legal proceedings against the Big Apple Institute, Inc. a/k/a Big Apple Academy its officers and staff, in those instances where any of the above has not clearly demonstrated negligence leading to injury of the above named student.

**Signature**

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**Date**

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## PARENTS' REQUEST FOR THE LOAN OF TEXTBOOKS

The school provides free textbooks for its students for the school year. It is expected that every book issued to the student by the school, will be returned in good condition. In the event that a book is missing, damaged, destroyed or simply not returned to the school, the parents of this student will be charged the full cost of the book. It is the responsibility of every student to see that each of his/her textbooks is covered with protective covering to ensure its good condition.

It is required by Section 701 of the Education Law that parents submit written requests for the loan of all textbooks. Therefore, every student's parents are obligated to fill out the request form in order for the New York City Board of Education to provide textbooks in a timely manner to each eligible student.

I (We), \_\_\_\_\_  
*Parent (s) First and Last name(s)*

parent(s)/ legal guardian(s) of: \_\_\_\_\_,  
*Student's First and Last Name*

student of class \_\_\_\_\_, at Big Apple Academy are requesting the New York City  
Grade

Department of Education to provide my (our) child with textbooks for the 202\_\_\_\_ - 202\_\_\_\_\_

School year.

I (We) promise to take good care of the textbooks and return each of them in good condition at the end of school year. Otherwise, I (we) will be financially responsible for damaged and/or lost textbooks.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## **TRANSPORTATION REQUEST FORM**

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ hereby authorize the Big Apple Institute, Inc. a/k/a Big Apple Academy, ("Organizers"), to facilitate the procurement of bus transportation services for my son/daughter for the school year. In their role as facilitators, I/we hereby authorize Organizers to enter into a Pupil Transportation Services Agreement with Academy Transportation Inc. on my/our behalf.

I/we hereby release the Organizers and shall hold them faultless for the acts or omissions of Academy Transportation Inc. in the performance of the bus transportation services for Student(s).

### **PARENT/GUARDIAN INFORMATION:**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### **STUDENT INFORMATION:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

### **SCHOOL BUS TRANSPORTATION LIABILITY WAIVER**

As a parent/guardian of the above named child/children, I hereby release the Big Apple Institute, Inc. a/k/a Big Apple Academy, its agents, employees and trustees from all liability arising out of his/her transportation on the school bus to or from the Big Apple Institute, Inc. a/k/a Big Apple Academy and throughout all of the extra curriculum activities including daily trips.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold faultless and defend the Big Apple Institute, Inc. a/k/a Big Apple Academy, its officers, directors and agents, and the chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the school, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

I understand that it is my full responsibility as parent/guardian to:

- Place the child on the bus in the morning, and to meet the child in the evening at the bus stop.
- Be on time for the evening pickup.
- Instruct my child/children as to his/her pickup and drop off point.
- Review with my child/children the School Bus Rules provided by the school.

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DRESS CODE

Below, you will find clarification on what articles of clothing may and may not be worn to school. This list is being provided to you to clarify whatever confusion you may have in regard to what is considered appropriate clothing. Incorporated into the clothing list is the notice about the kinds of consequences a student should expect if the dress code is to be violated.

1. Footwear must be worn at all times. Unsafe footwear such as: loose sandals, flip flops, shower shoes, wheelie shoes and the like, is not permitted.
2. Hats or other head coverings, except in the case of religious observance, may not be worn in the building.
3. Each student must dress in a manner that does not attract undue attention. Shorts and skirts should not be a distraction. As a general rule, shorts/skirts should not be shorter than the length of your fingertips when your arms are at your sides.
4. Clothing should not be tight, revealing or suggestive. Belly shirts, tube tops, strapless tops, backless sundresses, tank tops, halter tops, off the shoulder blouses, see-through tops, pants that reveal underwear, etc. are not permitted. At no time, should a student's undergarments be visible nor should any skin be visible between the bottom of the student's shirt and the top of his/her pants/skirt.
5. No clothing may be worn that promotes illegal substances, alcohol or tobacco products. In addition, clothing with messages or graphics deemed offensive, profane, violent, derogatory or otherwise inappropriate is not permitted.

Upon a student's first violation of the dress code a warning is issued. If the student violates the dress code for the second time he/she will receive an in-school suspension. Should a student violate the dress code after the second incident, he/she will be removed from school until such time as a meeting can be scheduled with the student, his/her parents and the principal.

Students are expected to comply with the dress code. If a student is sent to the office by a teacher for violating the dress code he/ she is expected to cooperate and not argue or engage in a confrontation with the teacher. Challenging a teacher's authority will result in greater and more serious consequences.

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Signature

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Date

## Policies on Wireless Devices and Other Electronics

The following document clarifies the Big Apple Institute, Inc. a/k/a Big Apple Academy Cell Phone Policy designed to ensure safe and productive learning environment for our students.

1. Cell phones are prohibited from use in classrooms and any other school areas. Once inside the school, students must store their cell phones/electronic devices in any location that is not visible to teachers, school staff or other students, even though they are turned off.
2. Cell phones and electronic devices may never be turned on during the instructional time or used while any school quiz, test, or examination is being administered.
3. Under no circumstances photographing or video recording is allowed anywhere on the school premises.
4. Use of cell phones or electronic devices for bullying, harassment, or academic dishonesty (including cheating and plagiarism) may result in disciplinary actions or even student expulsion.
5. Students are not allowed to charge their cell phones in school.
6. Students are not allowed to wear Headphones or other Bluetooth enabled devices in class. An exception can be made for Computer class where such devices may be employed for learning purposes.
7. Cell phones must not be used in bathrooms.
8. Cell phones must not be used on school playgrounds and parks.
8. Violation of any cell phone policy stated above will result in confiscation of a device according to the following ladder of disciplinary actions:
  - First Offense: If a cell phone/ electronic device rings, vibrates, or is used for any reason without teacher's permission, or is visible at any time during a school day, a staff member will confiscate the device. The school administration will contact parents, and the confiscated device will remain in the main office until a parent or a guardian picks up the confiscated gadget.
  - Second Offense: The device will be confiscated and remain in the main office until the end of the school year.
9. It should be noted that neither the school nor any of its employees are responsible for loss or damage of any student's phone whether that device is in the student's possession or confiscated by the staff. It is the responsibility of a student to adhere to this policy and exercise caution securing his or her belongings at all times.
10. All students can contact their parents during the school day utilizing the specifically designated phone located in the Principal's office.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT RELEASE FORM

**Big Apple Institute, Inc. a/k/a Big Apple Academy recommends all participants obtain a physical examination from their physician prior to participating in any or all programs provided by Big Apple Institute, Inc. a/k/a Big Apple Academy or its affiliates.**

1. The sports programs at **Big Apple Institute, Inc. a/k/a Big Apple Academy** require the participant to perform a great deal of physical exertion, including sprints, hand-eye coordination activities, and agility drills. This form of exercise directly affects heart rate, body temperature and respiration, and requires the participant to be in good physical condition. It is up to the participant, or parent/guardian, to ensure that he/she is physically capable and in good mental condition, so as to permit safe participation in the program. **Big Apple Institute, Inc. a/k/a Big Apple Academy** shall have no responsibility, nor liability to confirm the medical condition of a participant. The undersigned recognizes the possible dangers connected with physical activity and competition and it is expressly agreed that participation in the program shall be undertaken at the participant's own risk. In consideration of the undersigned's participation in the program, the undersigned hereby certifies and represents that he/she is in good medical condition and is physically capable of safely participating in the program, and utilizing all exercise equipment, athletic equipment, and training required in the program.

2. The undersigned hereby releases **Big Apple Institute, Inc. a/k/a Big Apple Academy**, its directors, employees, agents, representatives, coaches, and volunteers, as well as the owners of any facilities in which the program is conducted, on behalf of himself/herself and any one claiming by, through or under the undersigned, from any and all claims of damage, injury, or death, of any kind, arising out of the undersigned's participation in the program. In addition, the undersigned acknowledges and agrees to indemnify and hold **Big Apple Institute, Inc. a/k/a Big Apple Academy** harmless from any claims of damage, injury or death arising out of the participation of the undersigned in the program, including injuries caused in whole or in part by the undersigned, or another participant.

**Moreover, by this release, the undersigned also intends to fully, completely and forever release, discharge, and absolve Big Apple Institute, Inc. a/k/a Big Apple Academy all of its directors, employees, agents, representatives, coaches, and volunteers, from any active or passive negligence whatsoever on the part of Big Apple Institute, Inc. its directors, employees, agents, representatives, coaches, and volunteers. The undersigned further agrees and promises not to sue or exercise any legal rights to seek damages or relief of any nature from Big Apple Institute, Inc. its directors, employees, agents, representatives, coaches, and volunteers. The undersigned certifies that he/she has read this release and all of the statements contained herein, and further represents that he/she understood its contents and has voluntarily executed this release. The undersigned understands that he/she is giving up valuable rights and is signing this release voluntarily. The undersigned further agrees that no oral representations, statements, or inducements of any kind apart from this written release have been made with regard to the subject matter of this release.**

3. The undersigned hereby warrants that he/she is over the age of eighteen, is competent to contract in his/her name, and that the undersigned has the authority to grant this consent and release.

Signature: \_\_\_\_\_

Relationship if participant is minor: \_\_\_\_\_



**Parent Authorization**  
**for**  
**4:00 PM and After School Transportation**

Date: \_\_\_\_\_

I/We \_\_\_\_\_  
*[Print full name(s)]*

residing at \_\_\_\_\_  
*[Print complete street address including any apartment number]*

\_\_\_\_\_

*[Print borough name]*

*[Zip code]*

the parent(s) of \_\_\_\_\_  
*[Print **ONE** student name only]*

authorize \_\_\_\_\_  
*[Print complete school name]*

to receive reimbursement from the Board of Education of the City School District of the City of New York (dba New York City Department Of Education and "NYCDOE") for the transportation of the Student to and from the School for purposes of satisfying the requirements of New York State Education Law Section 3627, i.e., transportation that includes afternoon trips from the School after 4:00 P.M. I/We acknowledge and agree that I/We shall not seek reimbursement for the said transportation independently from the NYCDOE.

Signature: \_\_\_\_\_

**When completed, this form should be returned to be retained by child's school.  
It is NOT necessary to return this form to the NYC DOE.**

See INSTRUCTIONS on reverse.

**DAY CARE CENTER NAME: Big Apple Academy**

Print the name of the child(ren) enrolled in Day Care:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS:**

**Complete SECTION A if your household:**

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if Section A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A	SECTION B														
<p>TANF Number _____            Food Stamp Case Number _____            FDPIR Number _____            Foster Child's Name _____            Foster Child's Personal Monthly Income \$_____</p> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws</p> <p>Signature: _____            Date: _____</p>	<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 <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>\$_____</td></tr> <tr><td>2. _____</td><td>\$_____</td></tr> <tr><td>3. _____</td><td>\$_____</td></tr> <tr><td>4. _____</td><td>\$_____</td></tr> <tr><td>5. _____</td><td>\$_____</td></tr> <tr><td>6. _____</td><td>\$_____</td></tr> </tbody> </table> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____            Print Name: _____            SS# _____ Date: _____</p>	Name of Household Members	Monthly Gross Income	1. _____	\$_____	2. _____	\$_____	3. _____	\$_____	4. _____	\$_____	5. _____	\$_____	6. _____	\$_____
Name of Household Members	Monthly Gross Income														
1. _____	\$_____														
2. _____	\$_____														
3. _____	\$_____														
4. _____	\$_____														
5. _____	\$_____														
6. _____	\$_____														
<p><b>FOR SPONSOR USE ONLY</b></p>															
<p>Sponsor Agreement Number _____            Total Household Members _____            Total Income \$_____            Free _____ Reduced _____ Paid _____            Signature of            Determining Official _____            Date Determined _____</p>															

## **Section 9**

Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member signing the application does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### **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) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) 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 COMPLETING DOH-3688**

### **Instructions for Parents or Guardians:**

Write in the name of the day care center in the space provided. Print the name of each child in your household who attends this day care center. Section A: If your household receives Temporary Assistance for Needy Families (TANF) or Food Stamps or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the TANF, FS or FDPIR number (do not use your ACD or DSS child care subsidy number) and 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 day care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the day care center

**Section B:** Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in day 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 signature and social security number of the adult signing the certification is required. If you do not have a social security number, write none.

### **Instructions for Centers and Sponsors**

**The For Sponsor Use Only section is to be completed, signed and dated by day care center or sponsor staff.**

The sponsor/center representative must review the income eligibility application 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 day care.

**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 application 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 applications (missing signatures, income information, social security numbers, TANF FDPIR or Food Stamp numbers) are categorized in the paid category.

**The income eligibility application is valid for one calendar year only.**

# NEW ADMISSION EXAMINATION FORM

DEPT. OF HEALTH & MENTAL HYGIENE — DEPT. OF EDUCATION  
Return in 2 Weeks. Please Print Clearly / Press Hard

## HEALTH MESSAGE

STUDENT ID # / OSIS  

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See Reverse Side

TO BE COMPLETED BY THE PARENT OR GUARDIAN					
STUDENT LAST NAME		FIRST NAME		MIDDLE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
BIRTHDAY MONTH		BIRTHDAY DAY		BIRTHDAY YEAR	
<input type="checkbox"/> PARENT LAST NAME FIRST NAME <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT			STUDENT ADDRESS		APT/FL _____ ZIP _____
DISTRICT _____ NUMBER _____ SCHOOL _____			SCHOOL NAME: _____ <input type="checkbox"/> Annex 1 <input type="checkbox"/> Annex 2		RACE/ETHNICITY <i>Check all that apply</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Other
Does this child have any form of health insurance, including Medicaid or Child Health Plus?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**TO BE COMPLETED BY THE HEALTH CARE PROVIDER** If yes to any item, provide:

Does the student have a past or present medical history of the following:

PRES.	PAST	NO	DESCRIPTION	PRES.	PAST	NO	DESCRIPTION	DATE	DETAILS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA (If present, attach medication administration form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (If present attach medication administration form)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congenital Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgery		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serious Accidents		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Problems/Limitations		

**PHYSICAL EXAMINATION:** HEIGHT \_\_\_\_\_ in ( %/o ile) WEIGHT \_\_\_\_\_ lb ( %/o ile) BMI \_\_\_\_\_ ( %/o ile) BLOOD PRESSURE \_\_\_\_\_ / \_\_\_\_\_

GENERAL APPEARANCE (NUTRITIONAL STATUS): \_\_\_\_\_

NL	AB	DESCRIPTION	NL	AB	DESCRIPTION	NL	AB	DESCRIPTION	NL	AB	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	LYMPH NODES	<input type="checkbox"/>	<input type="checkbox"/>	ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	BACK
<input type="checkbox"/>	<input type="checkbox"/>	DENTAL STATUS	<input type="checkbox"/>	<input type="checkbox"/>	LUNGS	<input type="checkbox"/>	<input type="checkbox"/>	GENITO URINARY	<input type="checkbox"/>	<input type="checkbox"/>	SKIN
<input type="checkbox"/>	<input type="checkbox"/>	NECK	<input type="checkbox"/>	<input type="checkbox"/>	CARDIOVASCULAR	<input type="checkbox"/>	<input type="checkbox"/>	EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	NEURO
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	GROSS MOTOR
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	PSYCHO/SOCIAL DEV.
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	LANGUAGE
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	BEHAVIORAL
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	FINE MOTOR

DESCRIBE ABNORMALITIES: \_\_\_\_\_

Hearing	DATE	RESULTS	Vision	DATE	RESULTS
AUDIO/SWEEP	_____	P F	Right FAR NEAR	_____	FUSION P F
THRESHOLD	_____	P F	Left FAR NEAR	_____	COLOR P F
			Both FAR NEAR	_____	

*Note: Screening for Amblyopia requires separate distance acuity measurements in each eye and a fusion test.*

**TB:** Only required for students newly entering the NYC school system in Intermediate/Middle/Junior or High School

MANTOUX	DATE	RESULTS	BLOOD-BASED TB TEST	RESULTS	DATE	Chest X-ray	BCG	On INH
(PPD) IMPLANTED	_____	<input type="checkbox"/> NEGATIVE _____ MM	Name _____	<input type="checkbox"/> POS	_____	_____	_____	_____
READ	_____	<input type="checkbox"/> POSITIVE _____ MM	Date _____	<input type="checkbox"/> NEG	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Indicated	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**LEAD:** Risk Assessment \_\_\_\_\_ DATE DONE \_\_\_\_\_ RESULTS  No Risk  At Risk

If at risk, do venous lead screening DATE DONE \_\_\_\_\_ RESULTS \_\_\_\_\_

**IMMUNIZATION — DATES** Citywide Immunization Registry no. \_\_\_\_\_

DPT/DTaP or DT or Td _____	_____	_____	_____	_____	_____	Other _____
IPV/OPV _____	_____	_____	_____	_____	_____	
Hepatitis B _____	_____	_____	_____	_____	_____	
HIB _____	_____	_____	_____	_____	_____	
						MMR _____
						VZV _____

May provide copy of CIR print out in lieu of completing this section. Must complete CIR Number above.

**DIAGNOSES — If Asthma, indicate severity**

Well Child V202 ICD CODE \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

1. _____ ICD CODE _____ 2. _____ ICD CODE _____ 3. _____ ICD CODE _____	DOH ONLY PROVIDER I.D. _____ <b>TYPE OF EXAMINATION:</b> <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year/s Comments _____ _____ _____
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RECOMMENDATIONS/REFERRALS	Address	I.D. NUMBER
<input type="checkbox"/> FULL PHYSICAL ACTIVITY <input type="checkbox"/> RESTRICTIONS Specify limitations and/or special alerts (i.e. allergies, medications, precautions)	Telephone _____ Name of facility _____	Date Reviewed: _____ REVIEWER: _____
Type of facility <input type="checkbox"/> HHC Child Health Clinic <input type="checkbox"/> Private Practice <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> HHC Communicare Clinic <input type="checkbox"/> Comm. Health Center <input type="checkbox"/> OTHER <input type="checkbox"/> HHC Hosp. Clinic <input type="checkbox"/> Vol. Hosp. Clinic <input type="checkbox"/> SHP in School		