



Dear Legal Guardian:

The Harlem Children's Zone (HCZ) is collecting the information below to best serve your child. This information will be shared with the HCZ Promise Academy Charter Schools and the HCZ Promise Academy After-school Programs.

This information will remain active on file until a new form is received or your child leaves HCZ Promise Academy Charter Schools. You are responsible for completing the following information truthfully and updating the school main office of any changes to your contact information. If you require assistance to fill out this form, including translation services, please contact the school's main office.

<b>Student</b>	Student Last Name	Student First Name	Student Middle Name	Suffix	Birthdate (MM/DD/YY) / /	Sex M F	2023-2024 Grade K 1 2 3 4 5 6 7 8 9 10 11 12
	Home Address: Number and Street				Apt.	City	State

<b>Legal Guardian 1</b>	Last Name	First Name	Middle Name	Birthdate (MM/DD/YY) / /	Sex M F	Relationship to Student		
	Home Address: Number and Street (Same as student <input type="checkbox"/> )				Apt.	City	State	Zip Code
	Home Phone ( ) -		<input type="checkbox"/> Ok to call <input type="checkbox"/> Ok to text		<input type="checkbox"/> Guardian is currently on full-time active duty in the armed forces.  <input type="checkbox"/> Guardian is a foster guardian of this student.  <input type="checkbox"/> Guardian currently work as a migrant worker  <i>In the event of an emergency, we will attempt to reach all phone numbers listed here</i>			
	Work Phone ( ) -		<input type="checkbox"/> Ok to call <input type="checkbox"/> Ok to text					
	Cell Phone ( ) -		<input type="checkbox"/> Ok to call <input type="checkbox"/> Ok to text					
Email Address								

<b>Legal Guardian 2</b>	Last Name	First Name	Middle Name	Birthdate (MM/DD/YY) / /	Sex M F	Relationship to Student		
	Home Address: Number and Street (Same as student <input type="checkbox"/> )				Apt.	City	State	Zip Code
	Home Phone ( ) -		<input type="checkbox"/> Ok to text <input type="checkbox"/> Ok to call		<input type="checkbox"/> Guardian is currently on full-time active duty in the armed forces.  <input type="checkbox"/> Guardian is a foster guardian of this student.  <input type="checkbox"/> Guardian currently work as a migrant worker  <i>In the event of an emergency, we will attempt to reach all phone numbers listed here</i>			
	Work Phone ( ) -		<input type="checkbox"/> Ok to text <input type="checkbox"/> Ok to call					
	Cell Phone ( ) -		<input type="checkbox"/> Ok to text <input type="checkbox"/> Ok to call					
Email Address								

<b>Additional Contacts</b>	Please list the name(s) of any additional contacts and indicate whether they are <b>authorized to pick up</b> your child from school and/or may be <b>contacted in the event of emergency</b> .				
	Name	Birthdate (MM/DD/YY) / /	Relationship to child	Phone #	<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Contact for emergencies <input type="checkbox"/> Same address as child
	Name	Birthdate (MM/DD/YY) / /	Relationship to child	Phone #	<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Contact for emergencies <input type="checkbox"/> Same address as child
	Name	Birthdate (MM/DD/YY) / /	Relationship to child	Phone #	<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Contact for emergencies <input type="checkbox"/> Same address as child
	Name	Birthdate (MM/DD/YY) / /	Relationship to child	Phone #	<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Contact for emergencies <input type="checkbox"/> Same address as child
	Name	Birthdate (MM/DD/YY) / /	Relationship to child	Phone #	<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Contact for emergencies <input type="checkbox"/> Same address as child
	<b>Only legal guardians and individuals indicated above are permitted to pick up your child from school.</b> Please list any legal guardians who are <b>NOT</b> authorized to have contact with your child. Substantiating legal documentation must be provided.				
	Name	Birthdate (MM/DD/YY) / /	Relationship to child	<input type="checkbox"/> <i>Substantiating legal documentation provided (office use only)</i>	
Name	Birthdate (MM/DD/YY) / /	Relationship to child	<input type="checkbox"/> <i>Substantiating legal documentation provided (office use only)</i>		

<b>Dismissal</b>	Please choose only one (1) option below:	
	<input type="checkbox"/> My child is an <b>INDEPENDENT STUDENT</b> and has my permission to travel home alone. <input type="checkbox"/> My child is a <b>PICK-UP STUDENT</b> and may not leave independently. The authorized adults are listed on pages 1 and 2 of this form. I will update this document if any changes occur.	
	Additional dismissal instructions (please describe):	

<b>Residency</b>	<i>The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.</i>	
	<b>Where is the student currently living? (Please check <u>one</u> box.)</b> <input type="checkbox"/> In permanent housing <input type="checkbox"/> In a shelter <input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up") <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a car, park, bus, train, or campsite <input type="checkbox"/> Other temporary living situation (Please describe): _____	If you marked any box <u>other</u> than "In permanent housing", please contact a school representative for further information.

<b>By signing below, I confirm that the information provided above on pages 1 and 2 is accurate.</b>		
Signature	Name (Print)	Date

<b>Insurance</b>	<p><b>Health insurance:</b> please indicate your child's health insurance plan.</p> <p><input type="checkbox"/> Covered through private insurance (write here): _____</p> <p><input type="checkbox"/> Covered through Medicaid</p> <p><input type="checkbox"/> Covered through Child Health Plus</p> <p><input type="checkbox"/> Not covered; allow a health insurance enroller to contact my family</p> <p><input type="checkbox"/> Not covered; do not allow a health insurance enroller to contact my family</p>
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<b>Allergies</b>	<p><b>Allergies:</b> please list and describe <b>any medically documented food, environmental, or other allergies</b> that you would like HCZ staff to know about your child. Mark if any allergies include an EpiPen prescription.</p> <p><input type="checkbox"/> My child has no known allergies</p>	
	1	<input type="checkbox"/> EpiPen
	2	<input type="checkbox"/> EpiPen
	3	<input type="checkbox"/> EpiPen
	4	<input type="checkbox"/> EpiPen
	5	<input type="checkbox"/> EpiPen

HCZ has a no-outside-food policy. To seek a food accommodation, you must:

- ✓ Provide a document from your child's doctor (ex. CH-205 or 504 form) that lists specific food allergies. Generic requests for outside food will not be granted.
- ✓ Meet with your school administration and our chef to create an accommodation plan (requires principal's approval).

<b>Asthma</b>	<p><b>Asthma:</b> does your child have asthma?</p> <p><input type="checkbox"/> Yes, my child has asthma</p> <p><input type="checkbox"/> No, my child does not have asthma</p>
	<p>Additional details (if necessary):</p>

<b>Vision</b>	<p><b>Vision:</b> please indicate and describe if your child wears glasses or corrective eyewear.</p> <p><input type="checkbox"/> Yes, my child wears glasses or corrective eyewear.</p> <p><input type="checkbox"/> No, my child does <u>not</u> wear glasses or corrective eyewear.</p>
	<p>Additional details (if necessary):</p>

<b>Other Health</b>	<p><b>Other health:</b> please describe any other chronic medical conditions you would like to communicate to HCZ, including any medication your child takes. <i>A separate MAF will be required to administer any medication in school.</i></p>	
	1	
	2	
	3	
	4	

<b>Race/Ethnicity</b>	<p><i>The New York City Department of Education attempts to collect and record information regarding the early education and ethnic identity of public school students. This information is used for statistical analysis, data reporting, and accountability determinations. The New York City public school system understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential. 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. Your response is voluntary.</i></p>
	<p><b>Ethnicity:</b> What is your child's ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race:</b> What is your child's race? Mark 1 or more races to indicate what this person considers himself/herself to be.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> I decline to respond</p>

<b>Kindergarten Admit Questionnaire (new K admits only)</b>	<p><b>What kind of care or early education did your child receive during the year before kindergarten?</b></p> <p>This question is <u>ONLY</u> for new Kindergarten students. Check all that apply.</p> <p><input type="checkbox"/> My child was cared for only in a home setting (either by me, by another family member, or by a non-relative such as a babysitter or nanny).</p> <p><input type="checkbox"/> My child was in a pre-k setting that I paid for (for example, a community center, day care center, licensed family day care setting, parochial school, etc.).</p> <p><input type="checkbox"/> I lived outside of NYC the year before kindergarten.</p> <p><input type="checkbox"/> Free, DOE-Funded Pre-K</p>
	<p><b>What is the main reason you did not enroll your child in a free pre-kindergarten program the year prior to kindergarten?</b> This question is <u>ONLY</u> for new Kindergarten students. Please check one response below.</p> <p><input type="checkbox"/> I did not know about free pre-kindergarten.</p> <p><input type="checkbox"/> The application process for free pre-kindergarten was too difficult.</p> <p><input type="checkbox"/> There were no free pre-k options in my neighborhood.</p> <p><input type="checkbox"/> I applied for free pre-kindergarten but my child did not get admitted in the program that was my top choice.</p> <p><input type="checkbox"/> The free pre-kindergarten programs available for my child were half-day and I needed a full-day program.</p> <p><input type="checkbox"/> The free pre-kindergarten programs available for my child were full-day and I needed a half-day program.</p> <p><input type="checkbox"/> I wanted to keep my child at home.</p> <p><input type="checkbox"/> I preferred to keep my child in the same educational setting as the year before prekindergarten.</p> <p><input type="checkbox"/> I had concerns about the quality of DOE-funded Pre-K available to me.</p> <p><input type="checkbox"/> Pre-K services were not available at my zoned District School.</p> <p><input type="checkbox"/> None of the above.</p>

<b>By signing below, I confirm that the information provided above on pages 3 and 4 is accurate.</b>		
Signature	Name (Print)	Date



<b>If your child has other siblings in NYC schools or HCZ Promise Academy Charter Schools, complete this section.</b>					
Siblings	Last Name	First Name	Middle Name	School Name/DBN	Birthdate (MM/DD/YY) / /
	Last Name	First Name	Middle Name	School Name/DBN	Birthdate (MM/DD/YY) / /
	Last Name	First Name	Middle Name	School Name/DBN	Birthdate (MM/DD/YY) / /
	Last Name	First Name	Middle Name	School Name/DBN	Birthdate (MM/DD/YY) / /
	Last Name	First Name	Middle Name	School Name/DBN	Birthdate (MM/DD/YY) / /

<b>By signing below, I confirm that the information provided above on page 5 is accurate.</b>		
Signature	Name (Print)	Date

