Clarke New York
80 East End Avenue
New York, NY 10028
Office: 212.585.3500
Fax: 212.585.3300

Enrollment Form 2026-2027

Check one: ☐ **New enrollment** ☐ **Continuing Enrollment**

Session Start: ☐ **Summer** ☐ **Academic Year (September-June)**

Date _____

STUDENT INFORMATION

Child's Name _____
First Middle Last

Date of Birth _____ Gender _____

Preferred name _____

FAMILY INFORMATION/ FAMILY HISTORY (Please complete in full)

Parent/Guardian 1

Parent's Name		Date of Birth	
			Preferred #
Address		Home Phone	☐
Preferred Language		Cell Phone	☐
Other Language(s)		Work Phone	☐
Email Address			
Occupation		Employer	

If legal guardian, describe the relationship to the child:

Parent/Guardian 2

Parent's Name		Date of Birth	
			Preferred #
Address (if different)		Home Phone	☐
Preferred Language		Cell Phone	☐
Other Language(s)		Work Phone	☐
Email Address			
Occupation		Employer	

If legal guardian, describe the relationship to the child:

Parents' Marital Status: ☐ married ☐single ☐separated ☐divorced ☐ widowed

If separated or divorced, parent with custody: ☐ both ☐ father ☐ mother ☐legal guardian(s)

If separated or divorced what type of custody: ☐ joint legal ☐ joint physical ☐ sole physical

Note: Please attach a copy of the legal document that supports custody. This information is necessary and required for the protection of children's records, as well as to ensure that legal guardians receive appropriate correspondence and reports. Thank you.

Hearing Loss Please complete all information requested, even if you have provided it before.

To develop listening and spoken language, a child who is deaf or hard of hearing needs optimal auditory access with appropriate, working amplification (hearing aids, CIs, bahas) for their hearing loss that they wear 11-14 hours per day every day.

Hospital/Audiology Clinic:

_____

Audiologist (Name, Phone, Email)

_____

ENT/Otologist (Name)

_____

Date of last hearing test:

_____

If less than 6 months ago: ☐ A copy is attached. ☐ I already sent it to Clarke.

If more than 6 months ago: ☐We have an appointment on (date): _____

Have there been any changes in their hearing thresholds (the quietest sounds a child can hear without their hearing aids)?

Right Ear ☐ No ☐ Yes Explain:

_____

Left Ear ☐ No ☐ Yes Explain:

_____

Have there been any changes in the amplification devices they use?

Right Ear ☐ No ☐ Yes Explain:

_____

Left Ear ☐ No ☐ Yes Explain:

_____

What time does your child:

- Start using hearing aids/cochlear implants/bahas in the morning.

  _____
- Take hearing aids/cochlear implants/bahas off at night.

  _____
- Other times/activities when your child doesn't wear their amplification: (example: bath time, nap time)

  _____

What concerns or questions do you have about your child's hearing loss?

Developmental Information

Appetite ☐ Good ☐ Fair ☐ Picky Does your child feed themself? ☐ Yes ☐ No

Will Eat/Drink: ☐ milk ☐ water ☐ eggs ☐ vegetables ☐ fruit Comments: _____

Special Dietary Needs: _____

Feeding Skills: ☐ Uses a spoon ☐ Uses a fork ☐ Drinks from a cup.

Does your child use: a pacifier? ☐ Yes ☐ No a bottle? ☐ Yes ☐ No

Is your child toilet trained? ☐ Yes ☐ No Comments: _____

What is your child's bedtime?_____How many hours a night does your child sleep? _____

Does your child nap? ☐ Yes ☐ No What time and for how long? _____

What is your child's favorite book? _____

What does your child do when upset or angry? _____

What helps to comfort your child? _____

What are your child's likes? Dislikes? What else can you share about your child's personality?

What are your goals for your child this year?

Medical and Developmental Update (Please complete all information requested)

Every child needs an up to date (less than 1 year old) medical/physical form on file with all required vaccinations, lead testing, anemia testing and other required information. Children cannot start school without this information and cannot continue in school if the information is not provided.
Make any needed appointment ahead of time for your child's physical or vaccines.

My child's medical form is ☐ Up to date ☐ Expired/expiring soon. Appointment Date_____

Are there any changes in your child's medical or developmental needs, such as new allergies?
☐ No ☐ Yes Please explain, if yes: _____

Has your child received any new developmental or medical diagnosis in the last year? ☐ No ☐ Yes
If yes, please explain: _____

Has your child been evaluated by any other medical specialists, such as:

☐Psychologist ☐Psychiatrist ☐Developmental Pediatrician ☐Neurologist ☐ Other
Explain: _____

Has your child had genetic testing in the last year? ☐ No ☐ Yes If yes, please attach and explain: _____

List of Required Documents or Forms

These forms are required to be completed each year. They can be found on Clarke's website.
https://www.clarkeschools.org/new-york/

☐ Medical/Physical Form with up-to-date vaccinations for child's age.
☐ Neighborhood Consent
☐ Individual/Special Health Care Needs
☐ Consent to Obtain/Release Information
☐ Emergency Contacts and Authorized Pick Ups
☐ Consent for Emergency Medical Treatment
☐ Media Consent, Video Consent
☐ Enrollment Form

Additional Consent Forms

☐ Library Consent
☐ Technology Intake Form
☐ Email Consent
☐ Family Directory
☐ Consent to Apply Sunblock
☐ OT/PT Prescription from Primary Medical Provider on DOE form
☐ Medicaid consent form (DOE)

Updated Demographic Information

Each year we ask for families to provide information that assists us with having a complete record of your child but also assists in our analysis and research on children with hearing loss. We understand that some of this information is personal. We want to assure you that any information that could identify your child or your family is not included in our data collection for research. Children are assigned a unique number that is not related to identifying data, such as date of birth, to insure privacy and anonymity. The information you provide will not only help us to monitor your child's progress over time but provide us with valuable data to help us improve outcomes for all children who are deaf or hard of hearing.

Child's Race

☐ Caucasian/White ☐ Black/African/African American ☐ Hispanic/Latino ☐ Asian

☐ American Indian/Alaska Natives ☐ Native Hawaiians/Pacific Islanders ☐ Other_____

Home Languages

☐ English ☐Spanish ☐ Chinese ☐ French ☐ German ☐ Tagalog ☐ Urdu
☐ Arabic ☐ Russian ☐ Hindi ☐ Other(s) _____

Children in the Home

How many children live in your home (including the Clarke child) _____

Highest Level of Parent Education

Mother/Parent 1	Father/Parent 2
☐ 8th grade or less	☐ 8th grade or less
☐ Some high school	☐ Some high school
☐ High school diploma/GED	☐ High school diploma/GED
☐ Some college	☐ Some college
☐ Bachelor's degree	☐ Bachelor's degree
☐ Graduate/Post graduate degree	☐ Graduate/Post graduate degree
☐ Unknown	☐ Unknown

Hearing Status of Biological Parents (childhood) and other biological family

Mother: ☐ no hearing loss ☐ hearing loss ☐ unknown
Father: ☐ no hearing loss ☐ hearing loss ☐ unknown
Siblings ☐ no hearing loss ☐ hearing loss ☐ unknown
Others: _____

Does your child qualify for Medicaid? ☐ No ☐ Yes

Family Income

☐Less than $25,000 ☐ $25,000-$49,000 ☒ $50,000-$74,000 ☐ $75,000-$99,000

☐$100,000 or more ☐ Prefer not to share.

Parental Consent to Use E-mail to Communicate with Clarke Staff (Early Intervention or Preschool)

Parent 1's Name

Parent 2's Name

Parent 1's E-mail

Parent 2's E-mail

Child's Name

Child's DOB

At your request, you have chosen to communicate personally identifiable information concerning your child by e-mail without the use of encryption. E-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can mis-address an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

* Even when e-mail is encrypted, Clarke cannot guarantee that it is completely secure.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I, authorize the Clarke School professionals (therapists, teachers, administrative staff, etc.) to communicate with my at the email address I have provided concerning my child's participation in the Early Intervention or Preschool/CPSE program and any other related matters. I understand that use of e-mail with and without encryption presents the risks noted above and may result in an unintended disclosure of such information. My signature below indicates my consent for the use of e-mail to communicate.

Date

In addition, I give permission for members of my child's team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. Early intervention or Preschool team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

E-mail address for:

E-mail address for:

E-mail for:

E-mail address for:

Clarke Schools for Hearing and Speech/New York

CONSENT FOR EMERGENCY MEDICAL TREATMENT

2026-2027

Emergency care provided by Clarke School staff is limited to simple first aid (i.e., applying Band-Aids.). Parents will be notified (i.e. note sent home) of all injuries.

For more serious injuries:

1. If care than simple first aid is needed, 911 is called. In some situations, Clarke may call 911 for injuries or illness that you, as parents, would not call 911 consider an emergency.
2. After calling 911, a Clarke School staff member will telephone the child's parents; if the parents are unavailable, an emergency contact will be called.
3. By regulation, EMTs must bring any child aged 5 and under to the ER. If a parent arrives at the school before the EMTs leave for the hospital, the parent can sign to refuse medical treatment.

   Clarke staff cannot refuse medical treatment under any circumstances.
4. The two closest ERs are:

   New York Presbyterian Hospital-Pediatric Emergency Room at 525 E 68th St, New York, NY 10065 (212) 746-5050

   Lenox Hill Hospital at 100 East 77th Street (between Lexington and Park Avenues- 212.434-2000).

   5. If ambulance transportation is necessary, a staff member will accompany the child if the parent is not able to do so.

Clarke School needs your permission to proceed with emergency care in instances where delay might compromise your child's well-being. Children cannot attend Clarke without this signed consent on file.

Child's Name:	Date of Birth:
Parent/Guardian:	Relationship to child if not the parent:
Parent Signature:	Date:
Parent/Guardian:	Relationship to child if not the parent:
Parent Signature:	Date:

Pediatrician's Name/Number	

HEALTH ALERTS : List any health alerts, medical conditions, allergies, etc. and instructions in case of emergency and the parent/emergency contacts can't be reached. Please list any regular medicines your child takes. **Include for children with cochlear implants "No MRI allowed"**

The completed form is valid until September of the next school year. Consent can be revoked by parent/guardian at any time. Updated 4-2024

Student's Name: _____ **Date of Birth:** _____

Date: _____

Clarke Schools for Hearing and Speech/New York
Emergency Contacts and Consent to Pick Up

Full Name Parent 1: Signature:		Parent 1 cell number: Parent 1 work number:	Parent 1 address:
Full Name Parent 2: Signature:		Parent 2 cell number: Parent 2 work number:	Parent 2 address (if different):

Emergency Contacts

List 3 people, not including either parent. If there is an emergency or your child is sick and we can't reach a parent, an emergency contact will be called. Please make sure your contacts know they are on this list.

Name	**Phone Number**	**Relationship to Child**

Unauthorized Contacts: List anyone who is not allowed to pick up or have contact with your child.

Name	Relationship to child	**Is there a court order related to this individual? (if yes, it must be attached**)

Pediatrician's Name/Number:	
HEALTH ALERTS: List any health alerts, medical conditions, allergies, etc. and instructions in case of emergency and the parent/emergency contacts can't be reached. Please list any regular medicines your child takes.	

People authorized to pick-up your child.

Children will not be released to anyone that is not on this list. This is for babysitters, emergency contacts, or family members who may pick up your child occasionally or regularly. Please make sure that anyone authorized to pick up your child brings valid picture identification. Children will not be released to anyone who does not show valid picture identification. Please add any additional names on the back.

Name:	Relationship to child	Phone Number	E-mail address

The completed form is valid until September of the next school year. Consent can be revoked by parent/guardian at any time.

Updated 4-2024

Clarke Schools for Hearing and Speech/New York
Individual Health Care Plan for A Child with Special Health Care Needs
Clarke School does not have a nurse and does not administer medication.

Date:

Child's Name	Child's date of birth
Name/Contact information of involved health care provider:	
Name/Contact information of involved health care provider:	
Parents/Guardian(s) Names/Cell Numbers	

For Medical Professional to Complete: For each need, describe warning signs of distress, and what to do if there is a problem related to this need at school. Clarke may only provide simple first aid. Other options for care include calling the parent to pick up the child or calling 911.

☐ Child has a cochlear implant. No MRI allowed.
☐ Child is prescribed an epi-pen for **_____
****allergy epipen is for must be listed below.*

Special Need	What to look for:	Plan for school:

Please list medications, including vitamins, antihistamines, or inhalers, regularly given to child at home for anything listed above. **Clarke is not authorized to dispense medication.**

Medicine	Dose	Frequency

Health Care Provider Name/Signature/Date Completed

Parents are required to update Clarke and this form if there are any changes to a child's health.

RELEASE AND CONSENT FORM

Clarke Schools for the Hearing and Speech ("Clarke") demonstrates unconditional respect for each child's and family's well-being without regard to differences. In partnership with families, program curriculum maximizes learning and development of the whole child, including listening and spoken language, speech, literacy, cognition, social-emotional, physical, and academic skills. The developmentally appropriate curriculum is goal-oriented and based on current research and evidence-based practices. It intentionally brings the skills of listening and talking to the family's natural routines and daily schedule, incorporating time and materials for play, self-initiated learning, individual and group interaction, and creative expression.

Clarke's program facility provides observation areas or spaces with video cameras or audio capability designated as available for observation by families, professionals, donors, and the greater community.

I, the undersigned being the parent or guardian for the student listed below, do hereby give my permission and my consent to Clarke to use my child's name, words, and images and for my child to be photographed, video/audio recorded, or live streamed (each a "Recording"). I agree that Clarke may use these Recordings and my child's information to allow for observations of students for the purposes of evaluating students, professional development and teachers' performance evaluations, mentor training for individuals who support families and their children with hearing loss who use listening and spoken language to communicate and learn, and for observation of students by Clarke's families and donors. Clarke supports direct service observations via live and recorded video.

Please indicate your answer by checking: ☐ **YES** or ☐ **NO**

Student's Name

Printed Name of Parent/Guardian Relationship to Student

Signature of Parent or Guardian Date

Street Address

City State Zip

Phone: (home) (work) (cell)

Parent/Guardian Email address

Updated: February 2023

3741584

Clarke Schools
for Hearing and Speech

RELEASE AND CONSENT FORM

We believe the best way to demonstrate the power of Clarke's work is by providing real-life examples of our children, families and educators.

I, the undersigned being the parent or guardian for the student listed below, do hereby give my permission to Clarke Schools for Hearing and Speech to use my child's name, words, art and images (via photos/video/audio/other electronic recordings or screenshots) in any media coverage, as well as any print and/or electronic promotional, educational or other materials. I agree that Clarke Schools for Hearing and Speech can allow others to use my child's words, art or images without limitations or compensation.

Please indicate your answer by circling: **YES** ☐ or **NO** ☐

Student's Name

Printed Name of Parent/Guardian Relationship to Student

Signature of Parent or Guardian

Date

Street Address

City State Zip

Phone: (home) (work) (cell)

Parent/Guardian Email address

Clarke Schools
for Hearing and Speech

80 East End Avenue
New York, NY 10028-8004

V/TTY 212.585.3500
FAX 212.585.3300

clarkeschools.org

Notification of Neighborhood Walks
2026-2027

Clarke does not have a playground or outdoor space at the school. We use the beautiful playground and facilities at Carl Shurz Park, at East 84th Street. We also take neighborhood walks for physical activity and for learning. This letter is to notify you that these activities happen daily, weather permitting. If there are any offsite trips other than those mentioned here, a permission slip will be sent home for you to review and sign.

I am aware that my child will take neighborhood walks and use the park and playground at Carl Shurz Park.

_____ _____
Child's Name Child's Date of Birth

_____
Parent/Guardian's Name (please print)

_____ _____
Parent/Guardian Signature Date

The completed form is valid until September of the next school year. *Updated 4-2024*

Clarke Schools
for Hearing and Speech

80 East End Avenue
New York, NY 10028-8004

V/TTY 212.585.3500
FAX 212.585.3300

clarkeschools.org

CONSENT TO OBTAIN/RELEASE MEDICAL AND/OR EDUCATION INFORMATION

In order for Clarke to communicate, discuss, request or share private/confidential information with other individuals or providers, the parent/legal guardian must consent in writing and specify what information can be shared and with whom. Please fill in one form for each person or agency (for example, one form for the pediatrician and one form for the audiologist.)

Child's Name:	DOB:

I consent to the communication of medical or educational information about my child between Clarke School for the Deaf dba Clarke Schools for Hearing and Speech and the following individuals/organization:

Name:	
Address:	
Phone #	
Fax #	
Email Address:	
Please include any restrictions or limits to this release:	

Such information includes:

- ☐ Audiology Evaluations and Reports
- ☐ Health/Physical Forms
- ☐ MAPping/CI Program reports
- ☐ Prescriptions for service
- ☐ IFSP/IEP
- ☐ Prescription for OT, PT, Speech
- ☐ Psychological Evaluations or Reports
- ☐ Psychiatric Report
- ☐ Progress Reports
- ☐ Speech/Language Evaluation Reports
- ☐ Other _____
- ☐ Other_____

☐ In addition, I give Clarke consent to release the above checked information to the same individual(s) listed above with the exception of: _____.

_____

Parent Signature Date

This release will expire at the end of 1 year unless consent is revoked, in writing, before that time.

Clarke Schools
for Hearing and Speech

80 East End Avenue
New York, NY 10028-8004

V 212.585.3500
FAX 212.585.3300

clarkeschools.org

2026-2027 Technology Intake Form

Name		Date of Birth	
Facility where child receives Audiology Services			
Managing Audiologist Name			
Managing Audiologist Email			
Phone & Fax Number			
Type/Degree of Hearing Loss			
Date of most recent UNAIDED audiological evaluation (less than one year old)			
Date of most recent AIDED audiological evaluation (less than one year old)			

	Hearing Aid or CI Manufacturer	Hearing Aid/CI Model	Serial Number
Right			
Left			

	Manufacturer	Model	Serial Number
FM Transmitter			
FM Receiver Right			
FM Receiver Left			

I hereby authorize the release of any and all Audiological information pertaining to my child _____ (D.O.B. _____) to the Clarke Schools for Hearing and Speech and by the individuals listed below:

Name /Address Phone number Email address	Consent to Release Information (parent signature required on each line/name)	Consent to obtain information: (parent signature required)
Audiologist:		
ENT/Otologist		

_____
Signature of Parent or Legal Guardian

_____
Date

This consent is valid for one year from the time of signature. Parents can revoke consent at anytime. Parents can limit consent at any time. Please speak to the Campus Director if a limited release is preferred.

Clarke Schools
for Hearing and Speech

80 East End Avenue
New York, NY 10028

VOICE 212.585.3500
FAX 212.585.3300

clarkeschools.org

Library Card

Dear Parents,

Our Lending Library has really expanded since it first opened in September 2006- we have over 3000 titles and will continue to add new titles throughout the school year. Our library also has many books for parents, on a variety of topics. All families are encouraged to borrow books (and make suggestions for new titles).

Children may borrow books to take home. The preschool classes have assigned library times. Your child's teacher will let you know when that time is for your child's class. Books should be returned the following week on the assigned day. Parents may also check out 2 books at any time but may borrow their books for 2 weeks before returning or renewing. New books may be selected as long as the child and parents have no overdue books. If a child or family loses or badly damages a book, the family will be assessed a replacement fee.

I give permission for my child to borrow books from Clarke's Library. I will ensure that books are cared for appropriately. I understand that should my child lose or damage a book I will be assessed and responsible for a replacement fee.

_____

Child's Name

_____ _____

Parent's Signature Date

I would also like to borrow books from Clarke School's Parent Library. I agree to return or renew books within two weeks of the check-out date. I understand that should I lose or damage a book; I will be assessed and responsible for a replacement fee.

_____ _____

Parent's Signature Date

Clarke Schools
for Hearing and Speech

80 East End Avenue
New York, NY 10028

VOICE 212.585.3500
FAX 212.585.3300

clarkeschools.org

2026-2027 School Year
Preschool Family Directory

Dear Families,

Clarke families come from all over NYC, which can make playdates and parent connections a little more challenging than with a neighborhood school. If you would like your contact information included in the school directory for other parents to see and to contact you, please provide your contact information and your permission below.

As a suggestion, if two families live far from each other, you could plan for something after school. Parents could pick up their children from school and take advantage of the lovely Carl Schurz Park, just a few blocks north of Clarke. Clarke will not be arranging any of these playdates-it will be up to families to connect and make plans. We did try to anticipate what information might be helpful to families so that they can connect with each other.

If you would like to be included in the class directory, please send back the following information:

Child's Name:			
Child's Borough of Residence			
Where do you prefer to meet?	Other child's home my home at Clarke for an afterschool play date Other:		
Parent 1 Name		**Parent 1** Languages spoken:	
Parent 1 Cell #		**Parent 1** Email address	
Parent 2 Name		**Parent 2** Languages spoken:	
Parent 2 Cell #		**Parent 2** Email address	

Please let me know if you have any questions.

Meredith Berger
Director

Clarke Schools
for Hearing and Speech

80 East End Avenue
New York, NY 10028

VOICE 212.585.3500
FAX 212.585.3300

clarkeschools.org

PERMISSION TO APPLY SUN BLOCK

Dear Parents:

Please fill out the information below and send in sunblock with your child's name and date of birth on it. We will keep the sunblock in your child's cubby for use.

Date: _____

I am sending in sun block to be used for my child, _____.

I give Clarke School permission to apply the sunblock before going outside.

Sunblock Information (must be filled in by the parent)

The brand is _____.

The SPF is _____.

My child has used this brand before and has not had an allergic reaction.

_____ _____
Parent's Signature Date

The completed form is valid until September of the next school year. Consent can be revoked by parent/guardian at any time.
Updated 7-2025