

Preschool Application

for Academic Year

2018-2019

To qualify:

1. Child must be at least 3 years old on or before September 1, 2018 and not be age-eligible for kindergarten; and,
2. Child and family must live in Philadelphia, PA; and,
3. Family must meet current Head Start or PA Pre-K Counts income guidelines; and,
4. Child's complete *Preschool Application* [forms and required supporting documents] must be submitted to and received by the appropriate preschool program:
 - To apply for a School-Based preschool program listed on Pages 5-6, mail or hand-deliver your child's application to:
The School District of Philadelphia
440 N. Broad Street
Suite 170 – Preschool Program
Philadelphia, PA 19130-4015
 - To apply for a Community Partner preschool program listed on Pages 33-36, hand-deliver your child's application directly to the Community Partner.



PRESCHOOL FACTS

1. A free preschool program, funded by Federal Head Start, PA Pre-K Counts and local funds, for qualified children and families up to the maximum funded capacity.
2. Days and hours of operation – Established by The School District of Philadelphia; hours may vary by location:
 - September to June – follows The School District of Philadelphia’s 2018-2019 School Year Calendar to provide 180 days of instruction
 - Monday – Thursday: 8:30 AM – 3:15 PM
 - Friday: 8:30 AM – 12:45 PM
3. Before-school care, after-school care and transportation are not provided.
4. Enrolled children are brought to school on time and picked up from school on time by an individual who is at least eighteen (18) years old.
5. Breakfast, lunch and afternoon snack are provided to enrolled children at no cost to families.
6. Completing and submitting a *Preschool Application* does not guarantee that a child will be accepted to a preschool program.
7. Children and families are determined eligible for Head Start, Bright Futures and/or PA Pre-K Counts based on the maximum allowable income for Head Start, Bright Futures and/or PA Pre-K Counts income eligibility and the following verified information: child’s date of birth, family address, family size and family’s total annual gross income. The maximum allowable income, determined by the Poverty Guideline and issued each January in the *Federal Register* by the Department of Health and Human Services, is available online at www.hhs.gov. As a guide, the below chart shows the 2018 Poverty Guideline for the 48 contiguous states and D.C. and the maximum allowable income for Head Start, Bright Futures and PA Pre-K Counts income eligibility.

Family Size	2018 Poverty Guideline for the 48 Contiguous States and D.C. Maximum Income for Head Start Eligibility	300% of the 2018 Poverty Guideline Maximum Income for PA Pre-K Counts and Bright Futures Eligibility
2	\$16,460	\$49,380
3	\$20,780	\$62,340
4	\$25,100	\$75,300
5	\$29,420	\$88,260
6	\$33,740	\$101,220
7+	Add \$4,320 for each person	Add \$12,960 for each person

8. A child’s *Preschool Application* is valid for one program year.
9. Failure to inform the Office of Early Childhood Education of a change in your home address, email address and/or telephone number will negatively affect your child’s acceptance, enrollment opportunity and/or continued enrollment in a preschool program.
10. The School District of Philadelphia reserves the right to request additional documentation as necessary.
11. The preschool application process, eligibility criteria, selection process and locations vary by program and may be subject to change.



THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PA 19130-4015
TELEPHONE: 215-400-4270

Thank you for your interest in The School District of Philadelphia's preschool program. The information and documentation you provide with your child's *Preschool Application* will assist our office in determining your eligibility for the Head Start and/or the PA Pre-K Counts program. Completing and submitting a *Preschool Application* does not guarantee that your child will be accepted to a preschool program.

Please submit your child's complete application **on or before February 28, 2018**. To apply:

1. Complete and submit the enclosed application forms. All forms are completed by the parent/guardian, with the following exceptions:
 - #9: *Child Health Assessment/Physical Exam Form* (Page 29) – completed by your child's doctor – physical exam date must be within the past twelve (12) months – complete immunization record must be included
 - #10: *Dental Health/Dental Exam Form* (Page 31) – completed by your child's dentist – dental exam date must be within the past twelve (12) months
2. Make a copy of and submit the following five (5) required supporting documents:
 - 1. Proof of your child's date of birth (birth certificate, court document, passport)
 - 2. Your child's health insurance card
 - 3. Current proof of Philadelphia, PA address in the primary parent's/guardian's name (utility bill, mortgage, deed, rental/lease agreement, property tax bill, notarized statement of current address)
 - 4. Current state or federal photo ID of the primary parent/guardian
 - 5. Eight (8) current and consecutive weeks of gross income received by the primary parent, secondary parent and all children. Income to submit includes, but is not limited to, gross earnings from the following income sources: employment, self-employment, Social Security, SSI, unemployment compensation, workmen's compensation, child support, alimony/spousal support, TANF Cash Assistance, financial support from a friend or family member, retirement/pension, commission, tips, strike benefits, veteran's benefits, scholarship/grant/stipend, military allotment, rental properties and all other sources of income;
 - If you are paid in cash or with a hand-written personal or business check:** submit an original notarized statement from your employment supervisor or business owner indicating: the date, the business name/address/telephone number; your name; your position; the number of hours you work per week or your time schedule from the past 8 weeks; your gross income for each time period; the signature/title/contact telephone number of the individual writing the statement; the notary's seal and notary's signature
 - If you are self-employed, receive a 1099 or are responsible for paying your own taxes:** submit your family's entire 2017 Federal Income Tax Return (to validate, your hand-written signatures must be included);
 - If you receive financial support from a friend or family member** (a friend or family member regularly gives you money to help you support your family): submit an original notarized statement, completed by this individual, indicating: the date, the individual's name; your name; your child's name; the dollar amount and frequency of financial support they provide to you; the notary's seal and notary's signature;

NOTE: If 8 weeks of income is not available, submit the income that you have. We will evaluate your information and notify you if other income documents are needed.
3. Make a copy of and submit the following supporting documents (required, if the situation applies to you, your child and/or your family):
 - Verification of SNAP Food Stamps and/or Medical Assistance benefits – submit your family's current and complete COMPASS Report from the welfare office;
 - Current custody arrangement;
 - Documentation of child's foster care or kinship care placement;
 - Documentation of guardianship;
 - Child's Individualized Education Plan (IEP), Evaluation Report (ER), Individualized Family Service Plan (IFSP) from an Early Intervention provider (Child Link, ELWYN, ELWYN Seeds);
 - Early Head Start letter.

PRESCHOOL INFORMATION

1. Operation of The School District's preschool program is contingent upon The School District of Philadelphia receiving Federal Head Start, Pennsylvania Pre-K Counts and local funds. If it becomes necessary to make changes to the program, or if changes occur to the eligibility requirements, applicants' families will be notified by mail.
2. A family is applying to the Head Start program and for Federal Head Start funding if **Head Start (HS)** is a program offered in a selected location.
 - a. An interview is required for all families applying to the Head Start program.
3. A family is applying to the Bright Futures or Pre-K Counts program and for Pennsylvania Pre-K Counts funding if **Bright Futures, PA Pre-K Counts or PKC** is a program offered in a selected location.
4. Selection process for a School District School-Based preschool program:
 - a. Eligible children are selected based on a child's age, family income and the family's need for preschool services, not to exceed the maximum capacity in each location.
 - b. Locations and preference order listed in Section 1 on Page 7 determines which location is chosen for an accepted child.
 - c. When a complete *Preschool Application* is received **on or before February 28, 2018:**
 - i. Eligible children are considered for acceptance during the initial 2018-2019 selection process;
 1. Eligible children for the Bright Futures program are selected by lottery;
 - ii. Parents/Guardians are notified by mail of their child's acceptance or wait-list status on or before May 31, 2018.
 - d. When a complete *Preschool Application* is received **after February 28, 2018:**
 - i. Eligible children are considered for acceptance to fill remaining vacancies after the initial 2018-2019 selection process has concluded;
 - ii. Parents/Guardians are notified by mail, email or telephone call of their child's acceptance or wait-list status within six (6) weeks following the date that program eligibility is determined.
 - e. Eligible children's names are placed on the *2018-2019 Preschool Waiting List* when they are not accepted to a School District School-Based preschool program or a School District Community Partner preschool program, and will be considered for acceptance when a vacancy occurs in a selected location.
5. Selection process for a School District Community Partner preschool programs:
 - a. Please contact the specific Community Partner for information.
6. Healthy eating habits contribute to a child's overall well-being and helps them to grow up strong and healthy. The School District of Philadelphia sponsors the Child and Adult Care Food Program (CACFP) to provide daily nutritious meals and snacks to enrolled preschool children, at no cost to families, on the days they attend preschool.

To ensure the safety of our students with food allergies, children are not allowed to bring food and/or beverages to school.

Foods containing pork, peanuts or tree nuts will never be offered to your child.

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19130-4015

2018-2019 SCHOOL-BASED PRESCHOOL LOCATIONS

Locations are listed in Zip Code Order

**TO APPLY FOR ONE OF THESE LOCATIONS, SUBMIT YOUR CHILD'S APPLICATION TO:
THE SCHOOL DISTRICT OF PHILADELPHIA, 440 N. BROAD STREET, SUITE 170, PHILADELPHIA, PA 19130**

NAME	ADDRESS	ZIP CODE	PROGRAM OFFERED
McMichael Elementary School	3543 Fairmount Ave.	19104	Head Start
Holme Elementary School	9120 Academy Rd.	19114	Head Start
Loesche Elementary School	595 Tomlinson Rd.	19116	Bright Futures
Emlen Elementary School	6501 Chew Ave.	19119	Head Start
Lowell Elementary School	450 W. Nedro Ave.	19120	Bright Futures
T. Marshall Elementary School	5120 N. 6th St.	19120	Head Start
Blaine Elementary School	3001 W. Berks St.	19121	Head Start
W.D. Kelley Elementary School	1601 N. 28th St.	19121	Head Start
Meade Elementary School	1600 N. 18th St.	19121	Head Start
McKinley Elementary School	2101 N. Orkney St.	19122	Head Start
Hackett Elementary School	2161 E. York St.	19125	Head Start
Ellwood Elementary School	6701 N. 13th St.	19126	Head Start
Shawmont Elementary School	535 Shawmont Ave.	19128	Bright Futures
Cook-Wissahickon Elementary School	201 E. Salignac St.	19128	Head Start
Mifflin Elementary School	3624 Conrad St.	19129	Head Start
Bache-Martin Elementary School	2201 Brown St.	19130	Bright Futures
Blankenburg Elementary School	4600 W. Girard Ave.	19131	Head Start
Heston Elementary School	1621 N. 54th St.	19131	Head Start
Dr. Ethel Allen Promise Academy	3200 W. Lehigh Ave.	19132	Bright Futures
Pratt Early Childhood Center	2200 N. 22nd St.	19132	Head Start
Wright Elementary School	2700 W. Dauphin St.	19132	Head Start
Hunter Elementary School	144 W. Dauphin St.	19133	Head Start
Webster Elementary School	3400 Frankford Ave.	19134	Head Start
Lawton Elementary School	6101 Jackson St.	19135	Head Start
Lincoln High School	3201 Ryan Ave.	19136	Bright Futures
Forrest Elementary School	7300 Cottage St.	19136	Bright Futures
A.B. Day Elementary School	1201 E. Johnson St.	19138	Head Start
Pennypacker Elementary School	1858 E. Washington Ln.	19138	Head Start
Haverford Center	4601 Haverford Ave.	19139	Bright Futures
Barry Elementary School	5900 Race St.	19139	Head Start
Lea Elementary School	4700 Locust St.	19139	Head Start

2018-2019 SCHOOL-BASED PRESCHOOL LOCATIONS

NAME	ADDRESS	ZIP CODE	PROGRAM OFFERED
Cleveland Mastery Charter School	3701 N. 19th St.	19140	Bright Futures
McClure Elementary School	600 W. Hunting Park	19140	Bright Futures
Edison High School	151 W. Luzerne St.	19140	Bright Futures
Bethune Elementary School	3301 Old York Rd.	19140	Head Start
Cramp Elementary School	3449 N. Mascher St.	19140	Head Start
Muñoz-Marín Elementary School	3300 N. 3rd St.	19140	Head Start
Steel Elementary School	4301 Wayne Ave.	19140	Head Start
Logan Elementary School	1700 Lindley Ave.	19141	Head Start
Pennell Elementary School	1800 Nedro Ave.	19141	Head Start
Prince Hall Elementary School	6101 N. Gratz St.	19141	Head Start
Catharine Annex	6900 Greenway Ave.	19142	Head Start
Patterson Elementary School	7000 Buist St.	19142	Head Start
Anderson Elementary School	1034 S. 60th St.	19143	Bright Futures
Bryant Elementary School	6001 Cedar Ave.	19143	Head Start
Longstreth Elementary School	5700 Willows Ave.	19143	Head Start
Turner Center	5900 Baltimore Ave.	19143	Head Start
Wister Mastery Charter School	67 E. Bringham St.	19144	Bright Futures
Bregy Elementary School	1700 Bigler St.	19145	Head Start
E. Vare Universal Charter School	2100 S. 24th St.	19145	Head Start
E.M. Stanton Elementary School	1700 Christian St.	19146	Bright Futures
Childs Elementary School	1599 Wharton St.	19146	Head Start
Nebinger Elementary School	601 Carpenter St.	19147	Bright Futures
Jackson Elementary School	1213 S. 12th St.	19147	Head Start
Kirkbride Elementary School	1501 S. 7th St.	19147	Head Start
A. Vare @ George Washington School	1198 S. 5th St.	19147	Head Start
South Philadelphia High School	2101 S. Broad St.	19148	Head Start
Sharswood Elementary School	2300 S. 2nd St.	19148	Head Start
Southwark Elementary School	1835 S. 9th St.	19148	Head Start
Taggart Elementary School	400 Porter St.	19148	Head Start
Spruance Elementary School	6401 Horrocks St.	19149	Head Start
F.S. Edmonds Elementary School	8025 Thouron Ave.	19150	Bright Futures
Lamberton Elementary School	7501 Woodbine Ave.	19151	Bright Futures
Rhawnhurst Elementary School	7809 Castor Ave.	19152	Bright Futures
Fitzpatrick Elementary School	4101 Chalfont Dr.	19154	Bright Futures + Head Start

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#1: CHILD and FAMILY INFORMATION FORM

The information and documentation you provide will assist in determining your eligibility for The School District of Philadelphia's preschool program. You are obligated to provide accurate and complete information. Deliberate misrepresentation of your information may subject you to prosecution under applicable Federal and/or State laws. **PLEASE PRINT CLEARLY and use BLUE or BLACK INK.**

Section 1: LOCATIONS

CHOOSE THE LOCATION(S) WHERE YOU WOULD LIKE YOUR CHILD TO ATTEND: Review the *2018-2019 School-Based Preschool Locations* on pages 5-6. Select 1, 2 or 3 locations in preference order. If your child is accepted to preschool, the locations you select and the availability of funding in those locations will determine which location is chosen for your child. **BEFORE-SCHOOL, AFTER-SCHOOL and TRANSPORTATION ARE NOT PROVIDED.** You must be able to bring your child to school and pick up your child from school on time.

Name of your 1st Location Choice:

Name of your 2nd Location Choice:

Name of your 3rd Location Choice:

Section 2: CHILD

First Name:		Last Name:	
Date of Birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Address:		Apt./Unit #:	Zip Code:
Race/Ethnicity Select all that applies	<input type="radio"/> Hispanic or Latino/a	<input type="radio"/> American Indian	<input type="radio"/> Asian
	<input type="radio"/> Black or African American	<input type="radio"/> Multi-Racial or Bi-Racial	<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander	<input type="radio"/> White	<input type="radio"/> Other (specify):
Primary language:		Other language(s):	
English is spoken in the home.			<input type="radio"/> Yes <input type="radio"/> No
Child's English skills: <input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Does not speak English			
Primary Parent/Guardian:			Date of Birth:
Parent has an active custody arrangement for this child.			<input type="radio"/> Yes <input type="radio"/> No
Child lives with (select all that applies): <input type="radio"/> Mother <input type="radio"/> Step-Mother <input type="radio"/> Foster Parent/Kinship Parent <input type="radio"/> Father <input type="radio"/> Step-Father <input type="radio"/> Grandparent <input type="radio"/> Relative <input type="radio"/> Other			
Mother Complete if child does not live with his/her mother	Name:		
	Address:		
	Contact phone #:		
Father Complete if child does not live with his/her father	Name:		
	Address:		
	Contact phone #:		

Child's Name:		Date of Birth:	
Section 2: CHILD , continued			
Child has a disability.		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', list all disabilities:			
Child has an IEP (Individualized Education Plan), an IFSP (Individualized Family Service Plan) and/or an ER (Evaluation Report) and is receiving Early Intervention services from ChildLink, ELWYN or ELWYN Seeds.		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', indicate which Early Intervention services your child is receiving (select all that applies): <input type="radio"/> Speech Therapy <input type="radio"/> Special Instruction <input type="radio"/> Physical Therapy <input type="radio"/> Occupational Therapy <input type="radio"/> Other			
Child wears diapers and/or pull-ups.		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', when (select all that applies): <input type="radio"/> Daytime <input type="radio"/> Naptime <input type="radio"/> Nighttime <input type="radio"/> Other (specify):			
If 'Yes', will child be able to use the toilet with little adult assistance while in preschool?		<input type="radio"/> Yes	<input type="radio"/> No
Child is/was in preschool or daycare. <input type="radio"/> No <input type="radio"/> Yes – name:			
If 'Yes', is your child still attending preschool/daycare? <input type="radio"/> Yes <input type="radio"/> No – last date of attendance:			
I/We have a medically fragile child (chronic illness, terminal illness, etc.)		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', name of child:			
Child's mother and/or father is currently incarcerated.		<input type="radio"/> Yes	<input type="radio"/> No
Child's mother and/or father is deceased.		<input type="radio"/> Yes	<input type="radio"/> No
There have been important changes in my child's life during the last 12 months.		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', please explain:			
Child was referred to a preschool program from a mental health provider.		<input type="radio"/> Yes	<input type="radio"/> No
Child's Doctor	Doctor/Clinic/Office Name:		
	Address:		
	City:		State:
	Zip Code:	Phone #:	
Child's Dentist	Doctor/Clinic/Office Name:		
	Address:		
	City:		State:
	Zip Code:	Phone #:	
How did you hear about The School District of Philadelphia's preschool program? (select all that applies): <input type="radio"/> Another child attended the program <input type="radio"/> Neighbor <input type="radio"/> Family Member <input type="radio"/> Doctor's Office <input type="radio"/> Radio <input type="radio"/> Informational flyer <input type="radio"/> Library <input type="radio"/> Internet <input type="radio"/> Facebook <input type="radio"/> Twitter <input type="radio"/> Other			
Please share any additional information about your child that you would like us to know.			

Child's Name:		Date of Birth:	
Section 3: PRIMARY PARENT The adult who is primarily responsible for the care and well-being of the child.			
First Name:		Last Name:	
Date of Birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Primary language:		Other language(s):	
Home Address:			
Apt./Unit #:	City:	State:	Zip Code:
Home Phone#:		Cell Phone #:	
Email Address (please print clearly):			
Alternate Phone #:		Alternate Phone # belongs to:	
Best way to reach you during the day: Select all that applies	<input type="radio"/> Home Phone #	<input type="radio"/> Cell Phone #	<input type="radio"/> Work Phone #
	<input type="radio"/> Alternate Phone #	<input type="radio"/> Email	<input type="radio"/> Other (specify):
Marital Status Select one	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Divorced
	<input type="radio"/> Single	<input type="radio"/> Other (specify):	
Relationship to Child Select one	<input type="radio"/> Parent/Step-Parent		<input type="radio"/> Grandparent
	<input type="radio"/> Foster/Kinship Parent, related to child		<input type="radio"/> Foster Parent, not related to child
	<input type="radio"/> Guardian, related to child		<input type="radio"/> Guardian, not related to child
	<input type="radio"/> Other (specify):		
Race/Ethnicity Select all that applies	<input type="radio"/> Hispanic or Latino/a	<input type="radio"/> American Indian	<input type="radio"/> Asian
	<input type="radio"/> Black or African American	<input type="radio"/> Multi-Racial or Bi-Racial	<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander	<input type="radio"/> White	<input type="radio"/> Other (specify):
Status Select all that applies	<input type="radio"/> Single Parent – cares for the child without physical or financial assistance from the other parent		<input type="radio"/> Refugee Parent - fleeing other country in order to escape war, persecution, or natural disaster.
	<input type="radio"/> Teen Parent – parent was under the age of 18 when child was born		<input type="radio"/> Migrant Parent – non-immigrant
Does your family receive welfare benefits?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously	
If 'Yes', your record/case # (NOT the # on your EBT card): 51/ _____			
If 'Yes', which benefits are received? <input type="radio"/> TANF Cash Assistance <input type="radio"/> SNAP Food Stamps <input type="radio"/> Medical Assistance			
Does your family receive WIC?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously	
Education Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> High School Diploma		<input type="radio"/> GED
	<input type="radio"/> Associates Degree		<input type="radio"/> Bachelors Degree
	<input type="radio"/> Doctorate Degree		<input type="radio"/> Some College
	<input type="radio"/> 11 th Grade		<input type="radio"/> 10 th Grade
	<input type="radio"/> 9 th Grade or lower		<input type="radio"/> ESL – English as a Second Language
<input type="radio"/> Other (specify):			

Child's Name:		Date of Birth:	
Section 3: PRIMARY PARENT, continued			
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed/Self-Employed	<input type="radio"/> Unemployed/Not Employed	<input type="radio"/> Disabled
	<input type="radio"/> In School/Job Training Program	<input type="radio"/> Stay-at-Home Parent	<input type="radio"/> Retired
	<input type="radio"/> Member of the U.S. military on active duty	<input type="radio"/> Veteran of the U.S. military	
Employer Information Complete if you are Employed/Self-Employed	Employer/Business/Company Name:		
	Address:		
	City:		State:
	Zip Code:	Phone #:	
	What type of work do you do?		
	How often are you paid?	<input type="radio"/> Every week	<input type="radio"/> Every 2 weeks
	<input type="radio"/> Once a month	<input type="radio"/> Other (specify):	
School/Job Training Information Complete if you attend High School, College or a Job Training program	School/Job Training Name:		
	Address:		
	City:		State:
	Zip Code:	Phone #:	
	What are you studying?		
Do you have a disability or disabilities?			<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', please list your disabilities:			
Do you have health insurance?			<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', name of health insurance provider:			
Housing Information Select your current situation	<input type="radio"/> Own	<input type="radio"/> Rent	<input type="radio"/> Transitional housing – Since what date?
	<input type="radio"/> Shelter – Since what date?		<input type="radio"/> Train or bus station, park or in car – Since what date?
	<input type="radio"/> Living with relatives or others to due to lack of alternative, adequate housing or due to the loss of housing – Since what date?		<input type="radio"/> Hotel/Motel, camping ground or other similar situation due to lack of alternative, adequate housing or due to the loss of housing – Since what date?
	<input type="radio"/> Temporary housing situation due to emergency: eviction, flood, fire, hurricane, etc.		<input type="radio"/> Abandoned apartment building
	<input type="radio"/> Other _____		
During the past 12 months, I/we have moved from temporary to permanent housing.			<input type="radio"/> Yes <input type="radio"/> No
During the past 2 years, I/we have moved into a new house.			<input type="radio"/> Yes <input type="radio"/> No
Do you have a mental health concern?			<input type="radio"/> Yes <input type="radio"/> No
Do you have a social concern (English language learner, eating disorder, custody issues, etc.)?			<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', please list your concerns:			
Please share any additional information about the Primary Parent that you would like us to know.			

CHILD and FAMILY INFORMATION FORM

Child's Name:		Date of Birth:	
Section 4: SECONDARY PARENT An adult who shares in the care of the child.			
First Name:		Last Name:	
Date of Birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Primary language:		Other language(s):	
Home Address:			
Apt./Unit #:	City:	State:	Zip Code:
Home Phone #:		Cell Phone #:	
Email Address (please print clearly):			
Alternate Phone #:		Alternate Phone # belongs to:	
Best way to reach you during the day Select all that applies	<input type="radio"/> Home Phone #	<input type="radio"/> Cell Phone #	<input type="radio"/> Work Phone #
	<input type="radio"/> Alternate Phone #	<input type="radio"/> Email	<input type="radio"/> Other (specify):
Marital Status Select one	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Divorced
	<input type="radio"/> Single	<input type="radio"/> Other (specify):	
Relationship to Child Select one	<input type="radio"/> Parent/Step-Parent		<input type="radio"/> Grandparent
	<input type="radio"/> Foster/Kinship Parent, related to child		<input type="radio"/> Foster Parent, not related to child
	<input type="radio"/> Guardian, related to child		<input type="radio"/> Guardian, not related to child
	<input type="radio"/> No Relation	<input type="radio"/> Other (specify):	
Relationship to Primary Parent Select one	<input type="radio"/> Spouse – husband/wife		<input type="radio"/> Companion/Partner
	<input type="radio"/> Other (specify):		
Race/Ethnicity Select all that applies	<input type="radio"/> Hispanic or Latino/a	<input type="radio"/> American Indian	<input type="radio"/> Asian
	<input type="radio"/> Black or African American	<input type="radio"/> Multi-Racial or Bi-Racial	<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander	<input type="radio"/> White	<input type="radio"/> Other (specify):
Status Select all that applies	<input type="radio"/> Lives with child	<input type="radio"/> Provides financial support to child's family	
	<input type="radio"/> Does not live with child	<input type="radio"/> Teen Parent – parent was under the age of 18 when child was born	
	<input type="radio"/> Migrant Parent – non-immigrant	<input type="radio"/> Refugee Parent - fleeing other country in order to escape war, persecution, or natural disaster	
Education Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> High School Diploma	<input type="radio"/> GED	<input type="radio"/> Vocational Degree
	<input type="radio"/> Associates Degree	<input type="radio"/> Bachelors Degree	<input type="radio"/> Masters Degree
	<input type="radio"/> Doctorate Degree	<input type="radio"/> Some College	<input type="radio"/> ESL – English as a Second Language
	<input type="radio"/> 11 th Grade	<input type="radio"/> 10 th Grade	<input type="radio"/> 9 th Grade or lower
	<input type="radio"/> Other (specify):		

Child's Name:		Date of Birth:	
Section 4: SECONDARY PARENT, continued			
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed/Self-Employed	<input type="radio"/> Unemployed/Not Employed	<input type="radio"/> Disabled
	<input type="radio"/> In School/Job Training Program	<input type="radio"/> Stay-at-Home Parent	<input type="radio"/> Retired
	<input type="radio"/> Member of the U.S. military on active duty	<input type="radio"/> Veteran of the U.S. military	
Employer Information Complete if you are Employed/Self-Employed	Employer/Business/Company Name:		
	Address:		
	City:		State:
	Zip Code:	Phone #:	
	What type of work do you do?		
	How often are you paid?	<input type="radio"/> Every week	<input type="radio"/> Every 2 weeks
	<input type="radio"/> Once a month	<input type="radio"/> Other (specify):	
School/Job Training Information Complete if you attend High School, College or a Job Training program	School/Job Training Name:		
	Address:		
	City:		State:
	Zip Code:	Phone #:	
	What are you studying?		
Do you have a disability or disabilities?		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', please list your disabilities:			
Do you have health insurance?		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', name of health insurance provider:			
Do you have a mental health concern?		<input type="radio"/> Yes	<input type="radio"/> No
Do you have a social concern (English language learner, eating disorder, custody issues, etc.)?		<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', please list your concerns:			
Please share any additional information about the Secondary Parent that you would like us to know.			
Please share any other additional information that you would like us to know.			

Child's Name:		Date of Birth:	
Section 5: FAMILY MEMBERS			
List your name, the name(s) of your child(ren) and the names of all other adults and children who live with you in your home. Use additional paper if needed.			
FIRST and LAST NAME	DATE of BIRTH MM/DD/YYYY	RELATIONSHIP to PRIMARY PARENT Self, Husband, Wife, Daughter, Son, Mother, Father, Sister, Brother, Companion, Partner, Friend, etc.	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Section 6: FAMILY INCOME			
Indicate how you financially provide for your family. Select each source of income that the Primary Parent, Secondary Parent and all children receive.			
<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Workmen's Compensation
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony
<input type="checkbox"/> TANF Cash Assistance	<input type="checkbox"/> Commission	<input type="checkbox"/> Foster Care/Kinship Care	<input type="checkbox"/> Tips
<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Strike Benefits	<input type="checkbox"/> Scholarship/Grant/Stipend
<input type="checkbox"/> Financial support from Family or Friend – a family member or friend gives you money on a regular basis to help you support your family			
<input type="checkbox"/> Military	<input type="checkbox"/> Rental Properties – someone pays you rent	<input type="checkbox"/> Other (specify):	
Section 7: SIGNATURES			
Read the following and sign where indicated.			
<p>I/We have completed all sections on my/our <i>Child and Family Information Form</i> and certify the information is correct. I/We understand that deliberate misrepresentation of my/our information may subject me/us to prosecution under applicable Federal and/or State laws and that, if enrolled, my/our child's participation in the preschool program may end. I/We have attached a copy of my/our child's proof of date of birth, verification of my/our Philadelphia, PA address and copies of all income and monthly benefits that I/we and my/our children receive. I/We understand that this information is required so that my/our eligibility can be determined for The School District of Philadelphia's preschool program. I/We understand that officials from The School District of Philadelphia, the Department of Health and Human Services, the Commonwealth of Pennsylvania and the City of Philadelphia will have access to and may verify the information and supporting documentation submitted with my/our <i>Preschool Application</i>. I/We further understand that, if necessary, additional documents may be requested and I/we will comply with this request. I/We understand that my/our child's complete <i>Preschool Application</i> is confidential and will be held in strict confidence within The School District of Philadelphia and affiliated Community Nonprofit Partner Agencies that have been determined to be school officials under the Family Educational Rights and Privacy Act with legitimate educational interests as part of The School District of Philadelphia's preschool program.</p>			
_____		_____	
Signature of Primary Parent		Date	
_____		_____	
Signature of Secondary Parent		Date	

Child's Name:

Date of Birth:

Section 8: READY4K

Read by 4th and the Free Library of Philadelphia invite you to participate in Ready4K, a research-based text-messaging program for parents. Each week, you will receive approximately three (3) text messages with fun facts and easy tips to boost your child's learning – an approach that is scientifically proven to work. While there is absolutely no cost for enrolling in Ready4K, data and message rates may apply.

If your child is enrolled in a School District preschool program, would you like to receive helpful text messages with fun facts and easy tips on how to boost your child's learning?

No, thank you.

Yes, please send text messages to this number: _____

By opting to receive messages, you hereby agree to (i) the submission of this form to ParentPowered PBC, (ii) enroll in Ready4K ("the Program"), (iii) the ParentPowered PBC Terms of Use available at parentpowered.com/terms.html and Privacy Policy available at parentpowered.com/privacy.html, and (iv) receive approximately three Ready4K text messages per week from 70138. By providing us with your cell phone number above, you confirm that you want ParentPowered to send you information we think may be of interest to you, which involves ParentPowered using automated dialing technology to text you at the cell phone number you provided. While there is absolutely no cost for enrolling, data & message rates may apply. You can cancel your receipt of Ready4K text messages any time by texting STOP to 70138. For help with Ready4K text HELP to 70138 or email us at support@parentpowered.com.

Signature of Parent/Guardian

Date

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19130-4015

#2: CHILD'S MEDICAL CONCERNS FORM

Child's Name _____ Date of Birth _____

Dear Parent/Guardian,

The Office of Early Childhood Education recognizes the fact that some children have a medical condition that requires prescribed medication. When the prescribed medication is to be administered during preschool hours, a representative from Early Childhood Health Services, with written permission, will train the staff at your child's preschool to administer the medication to your child. Written permission is given by submitting form MED-1: Request for Administration of Medication, completed by you and your child's health care provider for each medication. **At no time will medication be given to your child without a completed MED-1.**

Please check one box and complete as necessary – use additional paper if needed:

- At this time, my child does not have a medical condition.
- My child has the following medical condition(s):
A representative from Early Childhood Health Services may contact you for more information.

1. Diagnosis or medical condition: _____

- Does not require medication to be administered
- Requires medication to be administered **DAILY**
Medication name, dose and times _____
- Requires medication to be administered **AS NEEDED**
Medication name and dose _____

2. Diagnosis or medical condition: _____

- Does not require medication to be administered
- Requires medication to be administered **DAILY**
Medication name, dose and times _____
- Requires medication to be administered **AS NEEDED**
Medication name and dose _____

The information on this form is true to the best of my knowledge. I understand that it is my responsibility to immediately inform my child's teacher or Early Childhood Health Services if there is a change to the information indicated above.

Signature of Parent/Guardian

Date

Early Childhood Use Only

Name of Location: _____

Signature of Early Childhood Staff: _____ Date: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
 OFFICE OF EARLY CHILDHOOD EDUCATION
 440 N. BROAD STREET
 PHILADELPHIA, PENNSYLVANIA 19130-4015

#3: CHILD'S MEDICAL HISTORY FORM

Place a check mark in the **NO** or **YES** column next to each item. For all **YES** responses, please explain in the **COMMENTS** column.

MY CHILD:	NO	YES	COMMENTS
Wears diapers			
Wears pull-ups			
Has/Had a seizure(s)			
Has/Had a serious accident or illness			
Had an emergency room visit			
Had an overnight hospital stay			
Had surgery			
Wears glasses			
Has a lazy eye, crossed eye, wandering eye or other eye conditions			
Has ear tubes, hearing loss, wears a hearing aid, has a history of ear infections or other ear conditions			
Has excessive colds, sore throats, coughing episodes, snores loudly			
Has a history of asthma or bronchitis			
Has a heart murmur, a resolved heart murmur, rheumatic fever or other heart conditions			
Has a history of anemia, sickle cell disease, elevated lead level			
Has G6PD, hemophilia or other blood conditions			
Has an umbilical or inguinal hernia			
Has reflux, stomach pain, diarrhea, constipation			
Has a feeding tube			
Has trouble urinating, urinary tract infection or kidney disease			
Has diabetes			<input type="radio"/> Type I <input type="radio"/> Type II
Has rashes, eczema, hives, boils			
Has neuropathy, muscle tics, spina bifida, muscular dystrophy, cerebral palsy			
Wears leg braces			
Uses a cane, walker or wheelchair on a daily basis			
Has/Had had polio, chicken pox, measles, mumps, scarlet fever, whooping cough			
Experiences car sickness			
Child's mother and/or child had problems during pregnancy, delivery and/or after delivery			
Child's mother/guardian is currently pregnant			Expected due date:

The information on this form is true to the best of my knowledge. I understand that it is my responsibility to immediately inform my child's teacher or Early Childhood Health Services if there is any change to the above information.

 Signature of Parent/Guardian

 Date

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19130-4015

#4: POLICIES and CONSENT for EMERGENCY MEDICAL CARE and OTHER HEALTH SERVICES FORM

This form will be taken with your child when emergency medical care is needed.

Child's Name _____ Date of Birth _____

EMERGENCY MEDICAL CARE POLICIES

Parents, you are responsible for making arrangements for alternate care for your child if s/he is ill, needs close supervision or has a contagious condition and cannot attend preschool. You are also responsible for transportation if your child has an illness or minor injury while at preschool, not sufficiently severe to warrant emergency medical transportation.

In the event your child becomes seriously ill or injured and requires immediate medical attention, s/he will be accompanied by staff and taken to the nearest hospital emergency room in an emergency medical vehicle. We will attempt to notify you at once. Under the Medical Services/Minor Act, immediate emergency treatment will be initiated at the hospital. However, it is essential that your child's teacher and the hospital is able to locate you as soon as possible, to give either written or monitored verbal permission for comprehensive treatment. Please be sure to keep your child's teacher informed about how to reach you at all times.

You are responsible for the costs of medical treatment if your child is injured. Please contact Early Childhood Health Services if your child needs medical insurance.

A Doctor's note is required before your child can return to preschool if s/he has any of the following: an emergency room visit, certain cases of illness (contagious, serious, requires a long absence, surgery, etc.), or certain cases of injury (needing doctor's care, cast or brace, special activities, etc.). If you have any doubt, please obtain a Doctor's note whenever your child goes for medical care.

CONSENT for EMERGENCY MEDICAL CARE, PREVENTIVE SCREENINGS and OTHER HEALTH SERVICES

My signature below indicates that I understand the Emergency Medical Care Policies and give consent for:

1. The administration of minor first aid to my child by preschool classroom staff;
2. The emergency medical and/or dental care which may be necessary to preserve the life of my child or to prevent impairment of his/her health in the event that time does not permit obtaining my personal consent for such care. I understand that I will be contacted as soon as possible, and will assume responsibility for giving permission for on-going care;
3. My child to participate in the Office of Early Childhood Education's screening program which may include, but is not limited to: developmental screening, behavioral screening, vision screening, hearing screening and dental screening. I understand that as part of the preventative health program, children participating in preschool programs of The School District of Philadelphia receive screenings during the school year;
4. The School District of Philadelphia's Office of Early Childhood Education Program Mental Health Consultation Services to provide services on an as needed basis. These services may include:
 - a. Observation of my/our child in the preschool setting and consult with teaching staff regarding strategies and techniques to support my/our child's healthy social/emotional development;
 - b. Conduct assessments and behavioral/developmental screenings, using standardized tools, across all domains of my/our child's development;
 - c. Provide behavioral health consultation services to my/our child and his/her teacher within the early childhood facility;
 - d. My/Our invitation to participate in team meetings and action plan development for my/our child's social/emotional well-being, where I/we will be provided with information about child-related issues and resources within my/our community that could be helpful.

If you have any questions about the above information, please speak with a representative from Early Childhood Health Services.

Signature of Parent/Guardian _____ Date _____

Early Childhood Use Only

Name of Location: _____

Signature of Early Childhood Staff: _____ Date: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19130-4015

#5: CHILD'S DIETARY or FOOD RESTRICTIONS FORM

Child's Name _____ Date of Birth _____

Dear Parent/Guardian,

The Child and Adult Care Food Program (CACFP) provides a daily nutritional breakfast, lunch and snack for your child while enrolled in preschool at no cost to families. A monthly menu, posted in each location, lists the foods and beverages that your child is offered at each meal. The Office of Early Childhood Education recognizes the fact that certain foods, due to medical, religious or other reasons, are restricted from some children's diets. Please tell us about your child. This information will be shared with your child's nutritional, health and instructional staff. If your child has a non-disabling dietary restriction, efforts will be made to provide your child with an allowable substitution.

If your child has a food allergy which requires the administration of an **EPI-PEN, Benadryl or other medication**, please let us know immediately so that we can begin the process required to train the preschool staff.

Please check one box and complete as necessary – use additional paper if needed:

- At this time, my child does not have a dietary or food restriction.
- My child has the following dietary or food restriction(s):
 1. Name of restricted food: _____
Reason for restriction: Religious Other (please specify) _____
 Medical – please indicate reaction and treatment: _____
 2. Name of restricted food: _____
Reason for restriction: Religious Other (please specify) _____
 Medical – please indicate reaction and treatment: _____

The information on this form is true to the best of my knowledge. I will inform my child's teacher if any of this information changes.

Signature of Parent/Guardian _____ Date _____

Early Childhood Use Only

Name of Location: _____

Signature of Early Childhood Staff: _____ Date: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
 OFFICE OF EARLY CHILDHOOD EDUCATION
 440 N. BROAD STREET
 PHILADELPHIA, PA 19130-4015

CHILD and ADULT CARE FOOD PROGRAM (CACFP) GENERAL INFORMATION

Please keep this page for your records.

Dear Parent/Guardian,

Your child's center participates in the Child and Adult Care Food Program (CACFP) under the sponsorship of The School District of Philadelphia (SDP). SDP is grateful for the opportunity and privilege to partner with you and your child's center to bring the benefits of CACFP to your family.

CACFP requires the completion of 2 forms: *Child Enrollment Form* and *Meal Benefit Income Eligibility Form* (pages 21-25). Your cooperation in carefully and accurately completing these forms facilitates the SDP's participation in CACFP. This information is necessary so that SDP may receive reimbursement for the meals served to enrolled preschool children. If you need help completing these forms, please do not hesitate to contact our office for assistance at 215-400-4270. Your child will receive free meals and snacks on the days they attend preschool at no cost to you. All meals provided through CACFP must meet nutritional standards established by the United States Department of Agriculture (USDA).

Meal Benefit Income Eligibility Form: When completing the *Meal Benefit Income Eligibility Form*, please be aware that the USDA defines a household as a group of related or unrelated individuals who share living expenses. Therefore, the income reported on this form must include the gross income (before deductions for taxes) of all members of your household. The reported income must be the total gross income listed by each income source that each household member received last month. [For the self-employed (self-owned businesses, farm or rental income), report income after expenses (net income)]. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, SDP receives a higher level of reimbursement for the meals and snacks served to your child.

CACFP Income Eligibility Guidelines
 Effective July 1, 2017 – June 30, 2018

Household Size	Yearly Income	Household size	Yearly Income	Household size	Yearly Income
2	\$30,044	4	\$45,510	6	\$60,976
3	\$37,777	5	\$53,243	7	\$68,709

Households currently receiving SNAP (Supplemental Nutrition Assistance Program; formerly Food Stamps) **or TANF** (Temporary Assistance for Needy Families): you may provide the nine-digit SNAP or TANF record number issued by the County Assistance Office and the name of the adult household member associated with this SNAP or TANF record number. **You cannot use the numbers on your Medical Assistance or EBT Access Cards.**

Households that do not receive SNAP or TANF, or who did not provide their nine-digit SNAP or TANF record number and household member's name: list the names of all household members, the gross income (before deduction of taxes) each household member received last month, how often and from what source the income was received. If a household member is in the military, please contact our office at 215-400-4270 for guidance on reporting his/her allowances and income. An adult household member must sign and date the form and include the last four numbers of his/her Social Security Number, or indicate that s/he does not have a Social Security Number.

Foster Children: To be considered a foster child, the child's care and placement is the responsibility of the State. The child has been an adjudicated dependent by the court and placed in the custody of the county children & youth agency; the child is formally placed by the county agency or a court with a caretaker household. (Foster children formally placed in kinship care by the county agency or a court are included in this group. It does not apply to informal arrangements that may exist outside of State or court-based systems.) When applicable, households providing foster care can include the foster child as a member of the household along with non-foster children in the household; please contact our office at 215-400-4270 for specific guidance on how to handle this situation.

Providing your child's Ethnic and Racial Identities is optional. If you elect not to provide this information, a representative of The School District of Philadelphia is required to visually identify your child. This information is used only to ensure that SDP and your center are in compliance with applicable provisions of Title VI of the Civil Rights Act of 1964.

FREQUENTLY ASKED QUESTIONS:

- 1. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your child do not have to be U.S. citizens for your child to receive free meals and snacks on the days s/he attends preschool.
- 2. Will the information on my CACFP forms be verified?** The information on your CACFP forms and your child's participation in CACFP may be checked during a CACFP Administrative Review.
- 3. What will happen to the information I provide on these forms?** The information on your CACFP forms is confidential and will remain on file in The School District of Philadelphia, Office of Early Childhood Education, 440 N. Broad Street, Philadelphia, PA.
- 4. Can my child bring his/her own breakfast, lunch and/or snack to school?** No. To ensure the safety of our students with food allergies, children are not allowed to bring food and/or beverages to school.

NONDISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, The School District of Philadelphia might not have the opportunity to receive free or reduced-price Federal reimbursement for the meals and snacks we offer your child. The adult household member who signs this application must provide the last 4 digits of his/her Social Security Number. The Social Security Number is not required when you apply on behalf of a foster child; if a Food Stamp (SNAP) or a Temporary Assistance for Needy Families (TANF) cash assistance record number is listed; or if the adult household member signing the application has indicated s/he does not have a Social Security Number. We will use your information for administration and enforcement of the CACFP Program and to determine the level of funding that will be received.

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PA 19130-4015

#6: CHILD ENROLLMENT FORM
Child and Adult Care Food Program (CACFP)

Section 1: FAMILY INFORMATION

Child Name _____ Date of Birth _____
Parent/Guardian Name(s) _____
Address _____ Apt/Unit # _____ Zip _____
Telephone (Home) _____ (Cell) _____

Section 2: PARENTAL CONTACT INFORMATION

A representative from The School District of Philadelphia and/or the State Agency may contact you to verify your child's participation in CACFP. Please place a check mark next to the time and method of contact you prefer and complete as necessary:

Telephone: I prefer to be contacted by telephone. The best time to contact me is during the:
_____ Day (9:00 AM – 5:00 PM) at this phone number _____
_____ Evening (6:00 PM – 9:00 PM) at this phone number _____

U.S. Mail I prefer to be contacted by U.S. mail at the address listed above.

Section 3: ORGANIZATION INFORMATION

Sponsoring Organization: The School District of Philadelphia
440 N. Broad St.
Philadelphia, PA 19130

Participating Location: Will be completed when your child begins preschool

Section 4: EXPECTED DAILY HOURS OF SERVICE (hours may vary slightly, depending on location)

- Monday, Tuesday, Wednesday, Thursday: 8:30 AM – 3:15 PM
- Friday: 8:30 AM – 12:45 PM

Section 5: EXPECTED DAILY MEAL SERVICE PARTICIPATION (times may vary slightly, depending on location)

- Breakfast: Offered 8:30 AM – 9:00 AM
- Lunch: Offered 11:45 AM – 12:30 PM
- Afternoon Snack: Offered 2:15 PM – 2:45 PM (Afternoon Snack is not offered on Friday)

Section 6: SIGNATURE

The information provided on this *Child Enrollment Form* accurately represents my family's expected participation in the CACFP. When changes occur, I agree to inform the Office of Early Childhood Education.

Signature of Parent/Guardian

Date

CHILD ENROLLMENT FORM

NONDISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

THE SCHOOL DISTRICT OF PHILADELPHIA
 OFFICE OF EARLY CHILDHOOD EDUCATION
 440 N. BROAD STREET
 PHILADELPHIA, PA 19130-4015

#7: MEAL BENEFIT INCOME ELIGIBILITY FORM

Child and Adult Care Food Program (CACFP)

The information you provide on this form determines the level of reimbursement The School District of Philadelphia receives from the Child and Adult Care Food Program (CACFP). Regardless of the income information you provide, you will never be asked to pay for any breakfast, lunch or afternoon snack your child eats while attending preschool.

Section 1: CHILD INFORMATION

Full Name _____ Date of Birth _____

Gender Male Female Is this child a foster child? No Yes; if 'Yes', proceed to Section 4.

Foster Child Information: To be considered a foster child, the child's care and placement is the responsibility of the State. The child has been an adjudicated dependent by the court and placed in the custody of the county children & youth agency; the child is formally placed by the county agency or a court with a caretaker household.

Section 2: HOUSEHOLDS RECEIVING SNAP [Supplemental Nutrition Assistance Program (Food Stamps)] or TANF [Temporary Assistance for Needy Families (Cash Assistance)]: If an adult member of your household has an active SNAP (Food Stamps) or TANF (Cash Assistance) account, you may give his/her active SNAP or TANF record number. If you complete this Section, you are not required to complete Section 3, **but must complete Section 4.**

Yes, an adult member of my household has an active SNAP (Food Stamps) or TANF (Cash Assistance) account.

Name of this adult household member (print) _____

SNAP or TANF Record Number **51** / _____

Section 3: HOUSEHOLD MEMBERS and GROSS INCOME – For households that do not receive SNAP/TANF, or who did not provide their nine-digit SNAP/TANF record number and household member's name, CACFP requires you to tell us who lives with you, who receives income and how much income they receive. In the HOUSEHOLD MEMBERS column, **clearly print your full name, your child's full name and the full name of every other adult and child who lives with you.** For each household member who receives income, locate the column that best describes a source of income that is received. Enter the dollar amount received (before taxes are taken out) and how often the income is received – every week, every 2 weeks, twice a month, monthly, yearly. If income is received from more than one source, complete each appropriate income column. If a household member does not receive any income, place an 'X' in the NO INCOME RECEIVED column. Use additional paper if necessary.

NOTE: for self-employed individuals (own their own business/pay their own taxes) enter the NET income (gross receipts minus allowable expenses).

HOUSEHOLD MEMBERS First and Last Names	GROSS INCOME RECEIVED FROM: Employment (before deductions), Self-Employment	GROSS INCOME RECEIVED FROM: Welfare, Child Support, Alimony	GROSS INCOME RECEIVED FROM: Social Security, SSI, Pensions, Retirement, Veteran's benefits	GROSS INCOME RECEIVED FROM: Unemployment, Workmen's Comp, Strike benefits, Rental properties, Other	NO INCOME RECEIVED
	AMOUNT / HOW OFTEN	AMOUNT / HOW OFTEN	AMOUNT / HOW OFTEN	AMOUNT / HOW OFTEN	X
1.	\$ /	\$ /	\$ /	\$ /	
2.	\$ /	\$ /	\$ /	\$ /	
3.	\$ /	\$ /	\$ /	\$ /	
4.	\$ /	\$ /	\$ /	\$ /	
5.	\$ /	\$ /	\$ /	\$ /	
6.	\$ /	\$ /	\$ /	\$ /	
7.	\$ /	\$ /	\$ /	\$ /	
8.	\$ /	\$ /	\$ /	\$ /	
9.	\$ /	\$ /	\$ /	\$ /	
10.	\$ /	\$ /	\$ /	\$ /	

Section 4: SIGNATURE and LAST 4 NUMBERS of SOCIAL SECURITY NUMBER - An adult household member must sign this form and provide the last 4 numbers of his/her Social Security Number; however, if Section 2 on Page 23 was completed in full, the last 4 numbers of the Social Security Number are not needed. If the adult does not have a Social Security Number, mark the "I do not have a Social Security Number" box. (For additional information, see Privacy Act Statement)

I certify that all information on this form is true and that the SNAP/TANF record number/household member's name is correct or that all income is reported. I understand that The School District of Philadelphia will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information on this form, and that deliberate misrepresentation of the information may cause the enrolled child to lose meal benefits and may subject me to prosecution. The information provided on this form accurately represents the child's family's expected participation in the CACFP. When changes occur, I agree to inform the Office of Early Childhood Education.

Signature of Adult

Date

Printed Name of Adult

Last 4 numbers of your Social Security Number ____ _
 I do not have a Social Security Number.

Address _____ Apt/Unit # _____

Philadelphia, PA Zip Code: _____ Is this address a homeless shelter? Yes No

Contact Phone # _____

Section 5: CHILD'S ETHNIC and RACIAL IDENTITIES: Providing this information is voluntary and does not affect your child's ability to receive free meals and snacks while attending preschool. This information will be used to determine whether or not The School District of Philadelphia is complying with applicable provisions of Title VI of the Civil Rights Act of 1964. If you do not provide this information, a representative of The School District of Philadelphia is required to visually identify the ethnic and racial identities of your child.

Mark ONE Ethnic Identity:

- Hispanic or Latino/a
- Not Hispanic or Latino/a

Mark ONE or MORE Racial Identities (in addition to an Ethnic Identity):

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other _____

Completed by School District of Philadelphia Representative

- Identified by Adult Household Member
- Visual Identification by a School District of Philadelphia Representative

Section 6: NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

MEAL BENEFIT INCOME ELIGIBILITY FORM

Section 6, continued: PRIVACY ACT STATEMENT

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, The School District of Philadelphia might not have the opportunity to receive free or reduced-priced Federal reimbursement for the meals and snacks that are offered to your child. The adult household member who signs this application must provide the last 4 numbers of his/her Social Security Number. The Social Security Number is not required when you apply on behalf of a foster child; if a Food Stamp (SNAP) or a Temporary Assistance for Needy Families (TANF) cash assistance record number is listed; or if the adult household member signing the application has indicated that s/he does not have a Social Security Number. We will use your information for administration and enforcement of the CACFP Program and to determine the level of funding that will be received.

Section 7: REIMBURSEMENT INFORMATION

The School District of Philadelphia may receive reimbursement for free or reduced-priced meals if your household income falls within the limits on this chart:

CACFP Income Eligibility Guidelines					
Effective July 1, 2017 – June 30, 2018					
Household Size	Yearly Income		Household size	Yearly Income	
2	\$30,044		4	\$45,510	
3	\$37,777		5	\$53,243	
			6	\$60,976	
			7	\$68,709	

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PA 19130-4015

#8: VERIFICATION of INFORMATION FORM

Read the following statements and sign where indicated.

My/Our signature(s) below indicate that:

1. The information I/we have provided on all of the forms in my/our child's *Preschool Application* is accurate and complete. I/we have signed all application forms where indicated and have included copies of all required supporting documents. Deliberate misrepresentation of my/our information may subject me/us to prosecution under applicable Federal and/or State laws and that if enrolled, my/our child's participation in the preschool program may end.
2. I/We understand that:
 - a. The information contained in my/our child's *Preschool Application* will be held in strict confidence within The School District of Philadelphia and affiliated Community Nonprofit Partner Agencies that have been determined to be school officials under the Family Educational Rights and Privacy Act with legitimate educational interests as part of The School District of Philadelphia's preschool program.
 - b. Completing and submitting a *Preschool Application* does not guarantee that my/our child will be accepted to a preschool program.
 - c. Before my/our child's first day in preschool:
 - i. I/We will attend an orientation meeting and an individual conference with my/our child's teacher and will receive a Parent Handbook;
 - ii. If my/our child's physical and/or dental exam dates are more than twelve (12) months old, I/we will be required to submit an up-to-date *Child Health Assessment/Physical Exam Form*, including a current immunization record and/or *Child Dental Health/Dental Exam Form*;
 - iii. I/We may be required to re-verify my/our Philadelphia, PA address, family income and/or monthly benefits;
 - iv. I/We will be notified if additional forms and/or documents are needed, and will submit them as necessary.
3. During the time my/our child is enrolled in preschool:
 - a. S/He will attend every school day, his/her health permitting;
 - b. S/He will be escorted to and from school by an individual who is at least eighteen (18) years old;
 - c. S/He will be able to use the toilet with little adult assistance;
 - d. I/We will abide by all program policies stated in the Parent Handbook and will adhere to the scheduled arrival and departure times for his/her location;
 - e. S/He may be removed from enrollment and placed on the waiting list due to excessive absences, chronic late arrival to school and/or chronic late pick-up from school;
 - f. I/We will keep my/our child's information current and inform his/her teacher and the Office of Early Childhood Education of any changes;
 - g. I/We will always make sure my/our child's teacher has an active telephone number from within the Philadelphia calling area for me/us so that I/we can be contacted should the need arise.

Child's Name

Date of Birth

Signature of Primary Parent/Guardian

Date

Signature of Secondary Parent/Guardian

Date

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
 440 N. BROAD STREET
 PHILADELPHIA, PA 19130-4015

#9: CHILD HEALTH ASSESSMENT/PHYSICAL EXAM FORM

Child's Name (Last):		Child's Name (First):		Child's Date of Birth:	
Parent/Guardian Name:		Address:		Contact Phone #:	
PA child care providers must document that enrolled children have received age-appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL, 60007. The schedule is available at www.aap.org or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.					
Health history and medical information pertinent to routine care and emergencies (describe, if any): <input type="checkbox"/> NONE				DATE OF MOST RECENT WELL-CHILD/PHYSICAL EXAM:	
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE				Do not omit any information. This form may be updated by health professional (initial and date new data).	
LENGTH/HEIGHT		WEIGHT		BLOOD PRESSURE	
_____ IN/CM %ILE _____		_____ LB/KG %ILE _____		(BEGINNING AT AGE 3)	
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> = NORMAL		IF ABNORMAL - COMMENTS	
HEAD/EYES/EARS/NOSE/THROAT					
TEETH					
CARDIORESPIRATORY					
ABDOMEN/GI					
GENITALIA/BREASTS					
EXTREMITIES/JOINTS/BACK/CHEST					
SKIN/LYMPH NODES					
NEUROLOGIC & DEVELOPMENTAL					
IMMUNIZATIONS		DATE		DATE	
DATE		DATE		DATE	
DTap/DTP/Td					
POLIO					
HIB					
HEP B					
MMR					
VARICELLA					
MENINGOCOCCAL					
PNEUMOCOCCAL					
INFLUENZA					
HEP A					
ROTAVIRUS					
OTHER/TB					
SCREENING TESTS		DATE OF TEST		NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL	
LEAD					
ANEMIA (HGB/HCT)					
URINALYSIS (UA) at age 5					
HEARING (subjective until age 4)					
VISION (subjective until age 3)					
PROFESSIONAL DENTAL EXAM					
HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (attach additional sheets if necessary) <input type="checkbox"/> NONE					
				NEXT APPOINTMENT – MONTH/YEAR:	
MEDICAL CARE PROVIDER:			SIGNATURE OF PHYSICIAN OR CRNP:		
ADDRESS:					
ZIP CODE:		PHONE:		LICENSE NUMBER:	DATE FORM SIGNED:

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PA 19130-4015

#10: CHILD DENTAL HEALTH/DENTAL EXAM FORM

Child's Name _____ Date of Birth _____

SECTION 1: Completed by parent/guardian

1. Has your child been to the dentist? No Yes – if 'Yes', date of child's last dental visit _____

2. Does your child have (or had) cavities or caries? No Yes – If 'Yes', how many? _____

3. Does your child have any problems with his/her teeth, gums, or mouth? No Yes
If 'Yes', please describe _____

4. How many times a day does your child brush his/her teeth? _____

SECTION 2: Completed by child's Dentist

1. Date of child's most recent:
Dental Examination _____ Teeth Cleaning _____ Fluoride Treatment _____

2. Has child ever needed dental treatment? No Yes
If Yes, type of dental treatment _____
Has dental treatment been completed? No Yes – if 'Yes', date of completion _____

3. Date of child's next dental visit _____

Dental Office Stamp

My signature certifies the accuracy of this information.

Dentist's Signature _____

Date _____



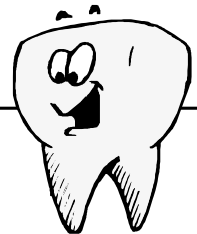
IT'S TIME TO GO TO THE DENTIST!

Please Note:

- Addresses and phone numbers may change over time; call before visiting any of the providers listed below.
- For additional dental providers and/or information, please refer to the following:
 - 1-800-DENTIST (Toll-free, nationwide)
 - 215-925-6050 – Philadelphia County Dental Society (for private dentists in your area)
 - American Academy of Pediatric Dentistry - www.aapd.org
 - American Dental Association - www.mouthhealthy.org
 - PCCY (Public Citizens for Children and Youth) - 215-563-5848 - www.pccy.org/issues/child-health/dental
 - Philadelphia Department of Public Health - www.phila.gov/health/services/Serv_DentalCare.html

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH – CITY HEALTH CENTERS

HEALTH CENTER #2 1930 S. Broad St., Unit #14, 19145 215-685-1822	HEALTH CENTER #3 555 S. 43 rd St., 19104 215-685-7506	HEALTH CENTER #4 4400 Haverford Ave., 19104 215-685-7605	HEALTH CENTER #5 1900 N. 20 th St., 19121 215-685-2938
HEALTH CENTER #6 301 W. Girard Ave., 19123 215-685-3816	HEALTH CENTER #9 131 E. Cheltenham Ave., 19144 215-685-5738	HEALTH CENTER #10 2230 Cottman Ave., 19149 215-685-0608	



FEDERALLY QUALIFIED HEALTH CENTERS

ESPERANZA HEALTH CENTER 3156 Kensington Ave., 19134 215-302-3156	FAIRMOUNT HEALTH CENTER 1412 Fairmount Ave., 19130 215-684-5349	MARIA DE LOS SANTOS 401 W. Allegheny Ave., 19133 215-291-2509
ABBOTTSFORD-FALLS 4700 Wissahickon Ave., Suite 110, 19144 215-843-9720	HEALTH ANNEX 6120-B Woodland Ave., 19142 215-727-4721	STEPHEN & SANDRA SELLER (11TH ST. FAMILY HEALTH) 850 N. 11 th St., 19123 215-769-1100

ST. CHRISTOPHER'S

Pediatric Dentistry
 3601 A. St., 19134
 215-427-5065

TEMPLE

School of Dentistry
 3223 N. Broad St., 19140
 215-707-2863

PENN DENTAL MEDICINE

Pediatric Dentistry
 240 S. 40th St., 19104
 215-898-8965

CAVITY BUSTERS

240 Geiger Rd., 19115
 215-677-0380

6801 Ridge Ave., 19128
 215-483-6633

1430 Snyder Ave., 19145
 215-467-6000

PEDIATRIC DENTAL ASSOCIATES

6404 E. Roosevelt Blvd., 19149
 215-743-3700

2301 E. Allegheny Ave., 19134
 215-282-8000

3509 N. Broad St., 19140
 - within Temple Hospital,
 Boyer Pavilion, 6th Floor
 215-707-6411

DENTAL DREAMS

2107-B Cottman Ave., 19149
 215-235-4060

5675 N. Front St., 19120
 215-224-0440

2459 Aramingo Ave., 19125
 215-427-2800

KIDS SMILES

5828 Market St., 19139
 Entrance B
 215-747-6901

2821 Island Ave., 19153
 Suite 210
 215-492-9291

DOUGLAS R. RECH, DMD

7122 Rising Sun Ave., 19111
 215-725-8300

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
440 N. BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19130-4015

2018-2019 COMMUNITY PARTNER PRESCHOOL LOCATIONS

Locations are listed in Zip Code order

Free preschool programming is offered in the Community Partner Agencies listed below (based on your family's program eligibility). Partner Agencies manage their own applications and enrollment process. **TO APPLY FOR ONE OF THESE LOCATIONS, HAND-DELIVER YOUR CHILD'S APPLICATION DIRECTLY TO THE COMMUNITY PARTNER AGENCY.**

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	PROGRAM OFFERED HS = Head Start; PKC = Pre-K Counts	BEFORE and/or AFTER CARE OFFERED (payment required)
Early Learning Academy at Centre Square	1500 Market St.	19102	215-985-2085	PKC	YES
Brightside Academy - Market	4011-13 Market St.	19104	215-386-0910	PKC	YES
Caring Center	3101 Spring Garden St.	19104	215-386-8245	HS + PKC	YES
CPA - West Phila. Community Ctr.	3512 Haverford Ave.	19104	215-386-4075	HS + PKC	YES
Comm. Ed. Alliance/Belmont	907 N. 41st St.	19104	215-386-5768	HS	YES
Montgomery Early Learning Centers/Families First Center	3939 Warren St.	19104	215-382-2499	PKC	YES
Parent-Infant Center	4205 Spruce St.	19104	215-222-5480	PKC	YES
Sound Start	2970 Market St.	19104	267-941-1600	PKC	YES
Children's Village	125 N. 8th St.	19106	215-931-0190	HS + PKC	YES
Green Byrne Child Care Center	600 Arch St.	19106	215-861-3606	PKC	YES
Tuny Haven International Early Learning Ctr.	111 S. Independence Mall East	19106	215-440-9614	HS + PKC	YES
Chinatown Learning Center	1034 Spring St.	19107	215-922-4227	HS	YES
Grace Neighborhood/Bethany Academy	6537 Rising Sun Ave.	19111	215-742-1300	HS	YES
Ken-Crest - Northeast	7200 Rising Sun Ave.	19111	215-342-9800	PKC	YES
Kinder Academy - Castor	7332 Elgin Ave.	19111	267-571-6800	HS	YES
Soans Christian Academy	7912 Dungan Rd.	19111	215-535-8200	HS	YES
Just Children – Grant	2901 Grant Ave.	19114	215-677-1711	PKC	YES
Bambi Day Care Center	500 Red Lion Rd.	19115	215-464-8623	PKC	YES
Ann Kids	10100 Jamison Ave.	19116	215-869-0207	PKC	YES
Federation Early Learning - Lassin	10800 Jamison Ave.	19116	215-725-8930 x155	HS + PKC	YES
Childspace Main	7406 Germantown Ave., Smith Hall	19119	215-248-3080	HS	YES
ALGEN - Franklin Day Nursery Northeast	5416 Rising Sun Ave.	19120	267-428-5814	HS	YES
ASPIRA	6301 N. 2nd St.	19120	215-324-7012	HS + PKC	NO
Rising Sun Children's Center	5224 Rising Sun Ave.	19120	215-457-7730	PKC	YES

2018-2019 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	PROGRAM OFFERED HS = Head Start; PKC = Pre-K Counts	BEFORE and/or AFTER CARE OFFERED (payment required)
Today's Child Learning Center - Feltonville	4901 Rising Sun Ave.	19120	215-456-3005	HS	NO
Your Child's World - North	5837 N. 2nd St.	19120	215-924-4175	HS	YES
Community Concern #13	2721 Cecil B. Moore Ave.	19121	215-236-5024	PKC	YES
YMCA - North	1400 N. Broad St.	19121	215-235-6440	PKC	YES
CPA - North R.W. Brown Community Center	1701 N. 8th St.	19122	215-763-0900	PKC	YES
Norris Square Children's Center	2011 N. Mascher St	19122	215-634-2251	HS	YES
Brightside Academy – Broad & Girard	915 N. Broad St.	19123	215-235-2550	HS	YES
Brightside Academy - Erie & Castor	1500 E. Erie Ave.	19124	215-533-6321	HS	YES
Grace Trinity Day Care Center	5200 Oxford Ave.	19124	215-535-3885	PKC	YES
Grace Neighborhood Main	5221 Oxford Ave.	19124	215-535-8200	HS	YES
Pratt Street Learning Center	899 Pratt St.	19124	215-289-1940	HS	YES
SPIN – Frankford	1642 Orthodox St.	19124	215-831-3158	HS + PKC	YES
Brightside Academy – Kelly's Corner	2501 Kensington Ave.	19125	215-739-7466	HS	YES
Ken-Crest - Lehigh	2600 B. St.	19125	215-427-1570	HS + PKC	YES
Your Child's World - Main	7120 N. Broad St.	19126	215-924-4195	HS + PKC	YES
YMCA - Roxborough	7219 Ridge Ave.	19128	215-482-3900	PKC	YES
Young World Early Learning Center	1737 Fairmount Ave.	19130	215-763-7656	HS + PKC	YES
Childspace West	4910 Wyalusing Ave.	19131	215-473-7914	HS	YES
Just Children - Conshohocken	4723 Conshohocken Ave.	19131	215-473-5757	HS	YES
Methodist Services/Educare	4300 Monument Rd.	19131	215-877-1925 x112	HS	YES
Elwyn Apple SEEDS Lehigh	2001 W. Lehigh Ave.	19132	215-383-1552	HS + PKC	NO
Total Childcare/Prodigy Learning	3345 W. Hunting Park Ave.	19132	215-228-7678	PKC	YES
APM – Main	2318 N. Marshall St.	19133	215-839-3313	HS + PKC	YES
APM – Rivera	2603-11 N. 5th St.	19133	267-773-6098	HS	NO
APM – Trinidad	1038 W. Sedgley Ave.	19133	215-995-2099	HS	NO
Brightside Academy - Plaza	217 W. Lehigh Ave.	19133	215-203-0494	PKC	YES
Brightside Academy - Congresso	2800 American St.	19133	215-427-1726	PKC	YES
Lighthouse – Lehigh	152 W. Lehigh Ave.	19133	215-425-7800	HS	YES
Brightside Academy – C & Allegheny	341 E. Allegheny Ave.	19134	215-291-5525	HS	YES
Brightside Academy - Harrowgate	3528 I St.	19134	215-426-7300	HS	YES

2018-2019 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	PROGRAM OFFERED HS = Head Start; PKC = Pre-K Counts	BEFORE and/or AFTER CARE OFFERED (payment required)
Brightside Academy - K & A	1819 E. Allegheny Ave.	19134	215-426-7403	HS	YES
Ken-Crest – Kensington	901 E. Ontario St.	19134	215-739-4547	HS + PKC	YES
Norris Square – Willard	3070 Frankford Ave.	19134	215-291-4143	HS	NO
Creative Learning Environments	4800 Longshore Ave.	19135	215-332-2360	HS	YES
Creative Learning Environments II	4824 Princeton Ave.	19135	215-332-2360	HS	NO
Grace Neighborhood/ St. Stephens	4201 Princeton Ave.	19135	215-624-3262	PKC	YES
TYL II, Inc.	5124 Walnut St.	19139	215-474-9025	PKC	YES
APM - Rising Sun	4221 N. 2nd St.	19140	267-296-7357	HS + PKC	YES
Brightside Academy – Courtland	543 W. Courtland St.	19140	215-329-0614	HS	YES
Brightside Academy – 3rd & Westmoreland	3230 N. 3rd St.	19140	215-634-3018	HS	YES
Ken-Crest – North	3907 N. Broad St.	19140	215-227-0534	HS + PKC	YES
Mercy Neighborhood Ministries of Philadelphia	1939 W. Venango St.	19140	215-227-4393	HS + PKC	YES
Porters Day Care	1434-38 Belfield Ave.	19140	215-329-2300	HS + PKC	YES
Brightside Academy – Upper North Broad	4920 N. Broad St.	19141	215-457-5708	HS	YES
Precious Angels	6100 Broad St.	19141	215-224-6880	HS	YES
Your Child's World - Elmwood	2406 S. 71st St.	19142	215-289-2026	HS	YES
ALGEN - Harvard Children's Academy	4900 Baltimore Ave.	19143	215-729-9900	HS	YES
Brightside Academy – 56th & Woodland	5600 Woodland Ave.	19143	215-727-1576	HS	YES
Ken-Crest – West	5900 Elmwood Ave.	19143	215-726-2310	HS + PKC	YES
ALGEN - AWB Children's Center	196 E. Herman St.	19144	215-848-1974	HS	YES
Childspace Too	5517 Greene St.	19144	215-849-1660	HS	YES
Settlement Music School – Germantown	6128 Germantown Ave.	19144	215-320-2618	HS	NO
Elwyn Apple SEEDS South	1930 S. Broad St.	19145	215-422-4902 215-301-9375	HS	NO
Diversified Comm. Svcs. - Dixon	2201 Moore St.	19145	215-334-2662	HS	YES
Molly's Child Care	1610 McKean St.	19145	215-551-0114	PKC	YES
Early Childhood Environments	762 S. Broad St.	19146	215-844-0178	HS	YES
Diversified Comm. Svcs. - Western	1613-21 South St.	19146	215-735-1261	HS / PKC	YES
Settlement Music School – Queen St.	416 Queen St.	19147	215-320-2670	HS	YES
ALGEN - Franklin Day Nursery South	719 Jackson St.	19148	215-389-2991	HS	YES
Children's Playhouse	2501 S. Marshall St.	19148	215-372-7050	HS	YES

2018-2019 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	PROGRAM OFFERED HS = Head Start; PKC = Pre-K Counts	BEFORE and/or AFTER CARE OFFERED (payment required)
Ken-Crest - South	504 Morris St.	19148	215-271-8908	HS + PKC	YES
Youth Enrichment Programs	2029-33 S. 7th St.	19148	215-755-7588	PKC	YES
Brightside Academy - Castor	6000 Castor Ave.	19149	215-289-9103	HS	YES
Kinder Academy - Mayfair	6300 Harbison Ave.	19149	215-535-4424	HS + PKC	YES
Kinder Academy - Oxford Circle	900 E. Howell St.	19149	267-571-6800	HS	YES
Pratt Street Learning Center in Bustleton	6600 Bustleton Ave.	19149	215-289-1940	HS	YES
Your Child's World - Harbison	6595A Roosevelt Blvd.	19149	215-289-2026	HS + PKC	YES
Little People's Village	904 N. 66th St.	19151	215-878-3011	PKC	YES
Little People's Village II	6522 Haverford Ave.	19151	215-474-3011	PKC	YES
Federation Early Learning - Paley	2199 Strahle St.	19152	215-725-8930	HS + PKC	YES
A Step Ahead Day Care	7802 Castor Ave.	19152	215-722-4700	PKC	YES
Kinder Academy - Rhawnhurst	7922 Bustleton Ave.	19152	215-728-7700	PKC	YES
Kinder Academy - Parkwood	3001 Byberry Rd.	19154	215-612-1776	PKC	YES
SPIN - NE	10521 Drummond Rd.	19154	215-612-7181	HS + PKC	YES
SPIN - Parkwood	12640 Dunks Ferry Rd	19154	267-350-2178	PKC	NO
YMCA - NE	11088 Knights Rd.	19154	215-632-0100	PKC	YES

Thank you for completing a *Preschool Application*. Before you submit your child's *Preschool Application*, **make sure all application forms are completed and you have included all required supporting documents** that are needed to make your child's application complete (refer to Page 3 for details). Your child will not be considered for acceptance to a preschool program nor have his/her name placed on the *2018-2019 Preschool Waiting List* if his/her *Preschool Application* is missing any required forms and/or documents.

Prior to submitting your child's application, it is recommended you make a complete copy for your records.

Submit your child's complete *Preschool Application* for a School-Based program by:

Mail:

The School District of Philadelphia
440 N. Broad Street
Suite 170 – Preschool Program
Philadelphia, PA 19130-4015

Allow up to 3 weeks for mail delivery.

Hand-Deliver:

The School District of Philadelphia
440 N. Broad Street – Suite 170
Philadelphia, PA 19130

Hand-deliver your child's *Application* to Suite 170 or put it in an envelope and place the envelope in the **Preschool Application Drop Box** located in the lobby of The School District of Philadelphia's Broad Street entrance.

A faxed application will not be accepted.

Submit your child's *Preschool Application* for a Community Partner program by delivering it directly to the Community Partner. Individual Community Partners may require additional forms and/or documents.

Please inform the Office of Early Childhood Education if changes occur to your telephone number, home address and/or email address. It would be unfortunate if your child missed an enrollment opportunity due to a non-working telephone number, an inactive email account or if the post office returns our mail to you.

Thank you. If you have any questions or require assistance, please contact the Office of Early Childhood Education by telephone at 215-400-4270.





THE SCHOOL DISTRICT OF PHILADELPHIA

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you have the right to apply for services with The School District of Philadelphia and to be referred for services at other facilities without regard to your race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected category. You have the right to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected category. Complaints of discrimination may be filed with any of the following:

Bureau of Equal Opportunity
Southeast Regional Office
801 Market St. ~ Suite 5034
Philadelphia, PA 19107

Commonwealth of Pennsylvania
Human Relations Commission
110 N. 8th St.
Philadelphia, PA 19107

Office of Civil Rights
U. S. Department of Health and Human Services ~ Region III
150 S. Independence Mall West
Suite 436, Public Ledger Building
Philadelphia, PA 19106

