

Prekindergarten Registration

Don't delay – Apply early for September 2016!

Space is limited.

*Enrollment for
2016 - 2017*



Who is eligible?

- Children must be at least 3 years old on or before September 1, 2016 and not be age-eligible for kindergarten.
- Families must meet Head Start or Pre-K Counts income guidelines.
- Children and parents/legal guardians must be residents of Philadelphia PA.

To Get an Application:

- **View a list of centers** and download an application at www.philasd.org/prek
- Visit any School District or Partner locations on the list to request an application
or
- Call 215-400-4270 (first select option 1, next select option 2) to have an application mailed to you.
or
- Pick up an application at the School District of Philadelphia Education Center at 440 N. Broad Street

Please Note: Completing and submitting an application does not guarantee enrollment

Translated versions of this document will be available at: www.philasd.org/translation



Preschool Application

for Academic Year

2016-2017

To qualify:

1. Child must be at least 3 years old on or before September 1, 2016 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 Bright Futures PA Pre-K Counts income guidelines; and,
4. Child's complete *Preschool Application* forms and all required supporting documents must be submitted.
 - If you are interested in a School-Based 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 Programs
Philadelphia, PA 19130-4015
 - If you are interested in a Community Partner program listed on pages 29-31, hand-deliver your child's application directly to the Community Partner.



PRESCHOOL FACTS

1. Free preschool programs 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 2016-2017 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. Children are escorted to and from school by a person who is at least 18 years old.
4. Breakfast, lunch and afternoon snack are provided to enrolled children at no cost to families.
5. Completing and submitting a *Preschool Application* does not guarantee that your child will be enrolled in a preschool program.
6. Preschool applications are valid for one program year.
7. Families are determined income-eligible for Head Start and/or Bright Futures based on their family size, their annual gross income and the maximum allowable income for Head Start and/or Bright Futures eligibility. The maximum allowable income is determined by the Poverty Guideline, issued each January in the *Federal Register* by the Department of Health and Human Services, and is available on-line at www.hhs.gov. As a guide, the chart below shows the 2016 Poverty Guideline and maximum allowable income for Head Start and Bright Futures Pre-K Counts eligibility.

Family Size	2016 Poverty Guideline for the 48 Contiguous States and D.C. Maximum Income for Head Start Eligibility	300% of the 2016 Poverty Guideline Maximum Income for Bright Futures Pre-K Counts Eligibility
1	\$11,880	\$35,640
2	\$16,020	\$48,060
3	\$20,160	\$60,480
4	\$24,300	\$72,900
5	\$28,440	\$85,320
6	\$32,580	\$97,740
7+	Add \$4,160 for each person	Add \$12,480 for each person

8. 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.
9. The School District of Philadelphia reserves the right to request additional documentation as necessary.
10. 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 Bright Futures program. Completing and submitting an *Application* does not guarantee that your child will be accepted to a preschool program.

Please submit your child's application **on or before March 31, 2016**. To apply:

1. Complete the enclosed application forms. All forms are completed by the parent/guardian, with the following exceptions:
 - Child Health Assessment/Physical Exam* – completed by your child's doctor – physical exam date must be within the past twelve (12) months;
 - Dental Health/Dental Exam* – completed by your child's dentist – dental exam date must be within the past twelve (12) months.
2. Make a copy of the following six (6) required supporting documents:
 - Proof of your child's date of birth (official birth certificate, court document, passport)
 - Your child's medical insurance card
 - Your child's current immunization record
 - Current proof of Philadelphia, PA address in the primary or secondary parent's/guardian's name (utility bill, mortgage, deed, rental/lease agreement, property tax bill)
 - Current state or federal photo identification of the primary or secondary parent/guardian
 - Eight (8) current and consecutive weeks of gross income received by the primary parent/guardian, secondary parent/guardian and all children: (employment, Social Security, SSI, unemployment, child support, alimony/spousal support, TANF Cash Assistance, retirement/pension, commission, tips, military allotment)
 - 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 signature
 - If you are self-employed, receive a 1099 or are responsible for paying your own taxes, submit your complete 2015 Federal Income Tax Return, dated and signed (hand-written signatures are required)
 - If you receive financial support from a friend or family member: 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 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 documents are needed.
3. Make a copy of the following supporting documents if the situation applies to you and/or your child:
 - Proof of your family's current monthly benefits (SNAP Food Stamps, Medical Assistance)
 - Current custody arrangement
 - Documentation of foster care or kinship care placement
 - Documentation of guardianship [Bright Futures program]
 - 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

1. Operation of The School District's preschool programs is contingent upon The School District of Philadelphia receiving Federal and Pennsylvania Pre-K Counts 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. An in-person interview is required for all families applying to the Head Start program.
3. Selection process for School-Based programs:
 - a. Eligible children are selected for enrollment based on the child's age, family income and the family's need for preschool services.
 - i. Children are selected for acceptance to the Bright Futures program by lottery.
 - b. Locations and preference order listed in Section 1 on Page 9 of this *Preschool Application* determines which location is chosen for an accepted child.
 - i. If **Head Start** is the preschool program offered in a location, then the family is applying for Head Start funding;
 - ii. If **Bright Futures** is the preschool program offered in a location, then the family is applying for PA Pre-K Counts funding;
 - c. Children who are not selected for Head Start or Bright Futures enrollment, and who are not accepted to another preschool program, are placed on the 2016-2017 Preschool Waiting List.
 - d. Parents/Guardians who submit a complete application on or before March 31, 2016 will be notified by mail of their child's acceptance or wait-list status on or before June 30, 2016.
 - e. Parents/Guardians who submit a complete application after March 31, 2016 will be notified by mail of their child's acceptance or wait-list status within eight (8) weeks following the date their child's application is processed.
4. Selection process for Community Partner programs:
 - a. Please contact the specific Community Partner for information.
5. Proper nutrition reinforces lifelong eating habits that 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 parents/guardians. A substitute food item is offered to children with a specific food allergy. The enclosed Form #4 and Form #5 are for the CACFP program. A representative from The School District of Philadelphia will review the information on your CACFP forms and, if necessary, return them to you for clarification or completion. **The information you provide on your CACFP forms will be held in strict confidence within The School District of Philadelphia.**
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. If you need assistance in completing **the CACFP forms**, or if you have questions concerning how the information on these forms will be used, please contact the Office of Early Childhood Education at 215-400-4270.

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

2016-2017 SCHOOL-BASED PRESCHOOL LOCATIONS

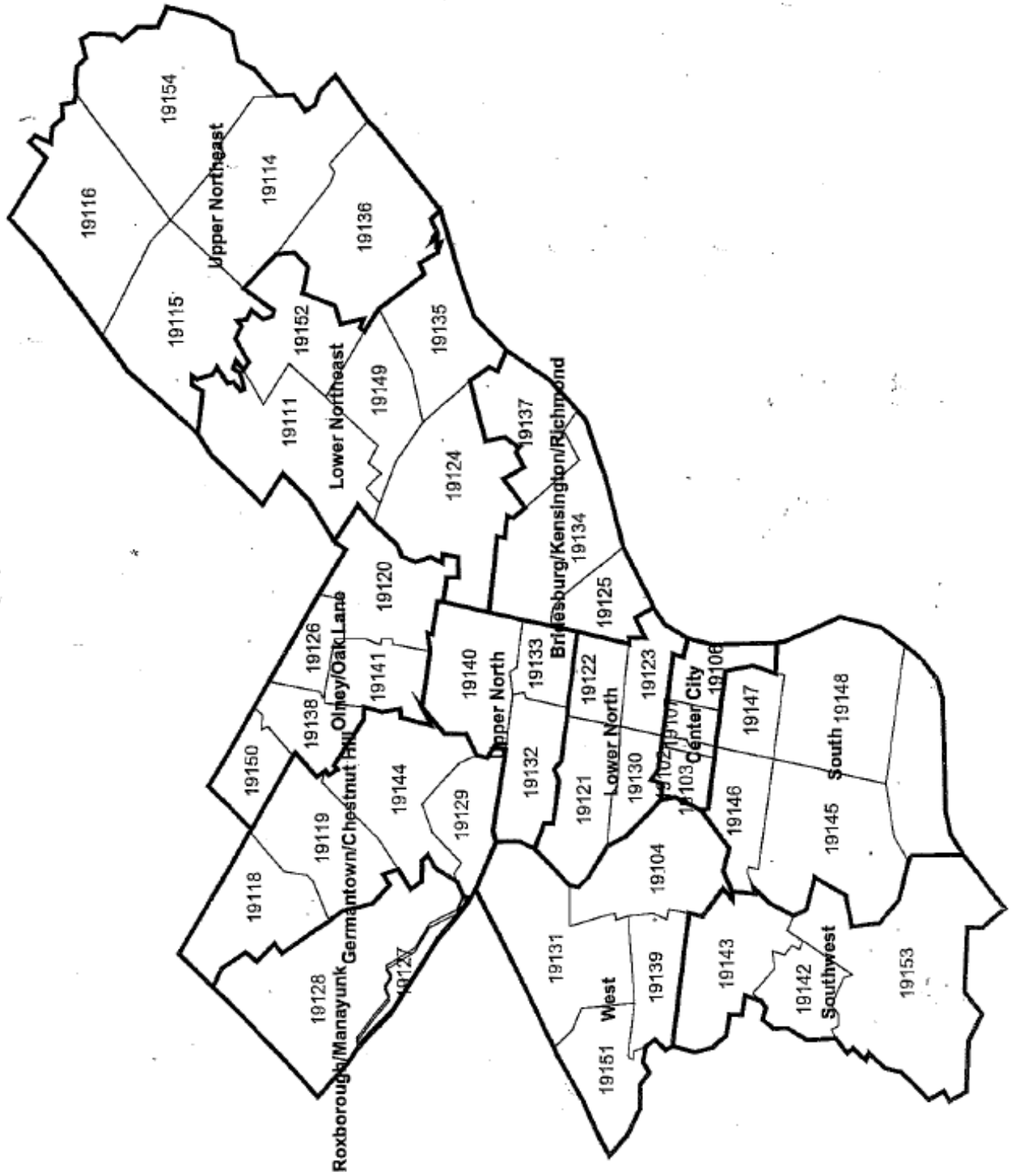
Locations are listed in Zip Code

IF YOU WANT TO APPLY TO 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	SECTION of PHILADELPHIA (Refer to the enclosed map)	PRESCHOOL PROGRAM OFFERED
McMichael Elementary School	3543 Fairmount Ave.	19104	West	Head Start
Holme Elementary School	9120 Academy Rd.	19114	Upper Northeast	Head Start
Loesche Elementary School	595 Tomlinson Rd.	19116	Upper Northeast	Bright Futures
Emlen Elementary School	6501 Chew Ave.	19119	Germantown/Chestnut Hill	Head Start
Lowell Elementary School	450 W. Nedro Ave.	19120	Olney/Oak Lane	Bright Futures
T. Marshall Elementary School	5120 N. 6th St.	19120	Olney/Oak Lane	Head Start
Blaine Elementary School	3001 W. Berks St.	19121	Lower North	Head Start
W.D. Kelley Elementary School	1601 N. 28th St.	19121	Lower North	Head Start
Meade Elementary School	1600 N. 18th St.	19121	Lower North	Head Start
McKinley Elementary School	2101 N. Orkney St.	19122	Lower North	Head Start
Hackett Elementary School	2161 E. York St.	19125	Kensington	Head Start
Ellwood Elementary School	6701 N. 13th St.	19126	Olney/Oak Lane	Head Start
Shawmont Elementary School	535 Shawmont Ave.	19128	Roxborough/Manayunk	Bright Futures
Cook-Wissahickon Elem. School	201 E. Salignac St.	19128	Roxborough/Manayunk	Head Start
Mifflin Elementary School	3624 Conrad St.	19129	Germantown/Chestnut Hill	Head Start
Bache-Martin Elementary School	2201 Brown St.	19130	Lower North	Bright Futures
Blankenburg Elementary School	4600 W. Girard Ave.	19131	West	Head Start
Heston Elementary School	1621 N. 54th St.	19131	West	Head Start
Dr. Ethel Allen Promise Academy	3200 W. Lehigh Ave.	19132	Upper North	Bright Futures
Pratt Early Childhood Center	2200 N. 22nd St.	19132	Upper North	Head Start
Wright Elementary School	2700 W. Dauphin St.	19132	Upper North	Head Start
Hunter Elementary School	144 W. Dauphin St.	19133	Upper North	Head Start
Webster Elementary School	3400 Frankford Ave.	19134	Bridesburg/Kensington/Richmond	Head Start
Lawton Elementary School	6101 Jackson St.	19135	Lower Northeast	Head Start
Lincoln High School	3201 Ryan Ave.	19136	Upper Northeast	Bright Futures
Forrest Elementary School	7300 Cottage St.	19136	Upper Northeast	Bright Futures
A.B. Day Elementary School	1201 E. Johnson St.	19138	Olney/Oak Lane	Head Start
Pennypacker Elementary School	1858 E. Washington La.	19138	Olney/Oak Lane	Head Start
Haverford Center	4601 Haverford Ave.	19139	West	Bright Futures
Barry Elementary School	5900 Race St.	19139	West	Head Start

NAME	ADDRESS	ZIP CODE	SECTION of PHILADELPHIA (Refer to the enclosed map)	PRESCHOOL PROGRAM OFFERED
Lea Elementary School	4700 Locust St.	19139	West	Head Start
Cleveland Mastery Charter School	3701 N. 19th St.	19140	Upper North	Bright Futures
McClure Elementary School	600 W. Hunting Park Ave.	19140	Upper North	Bright Futures
Edison High School	151 W. Luzerne St.	19140	Upper North	Bright Futures
Bethune Elementary School	3301 Old York Rd.	19140	Upper North	Head Start
Cramp Elementary School	3449 N. Mascher St.	19140	Upper North	Head Start
Muñoz-Marín Elementary School	3300 N. 3rd St.	19140	Upper North	Head Start
Steel Elementary School	4301 Wayne Ave.	19140	Upper North	Head Start
Logan Elementary School	1700 Lindley Ave.	19141	Olney/Oak Lane	Head Start
Pennell Elementary School	1800 Nedro Ave.	19141	Olney/Oak Lane	Head Start
Prince Hall Elementary School	6101 N. Gratz St.	19141	Olney/Oak Lane	Head Start
Catharine Annex	6900 Greenway Ave.	19142	Southwest	Head Start
Patterson Elementary School	7000 Buist St.	19142	Southwest	Head Start
Anderson Elementary School	1034 S. 60th St.	19143	Southwest	Bright Futures
Bryant Elementary School	6001 Cedar Ave.	19143	Southwest	Head Start
Longstreth Elementary School	5700 Willows Ave.	19143	Southwest	Head Start
Turner Center	5900 Baltimore Ave.	19143	Southwest	Head Start
Wister Elementary School	67 E. Bringham St.	19144	Germantown/Chestnut Hill	Bright Futures
Bregy Elementary School	1700 Bigler St.	19145	South	Head Start
E. Vare Universal Charter School	2100 S. 24th St.	19145	South	Head Start
E.M. Stanton Elementary School	1700 Christian St.	19146	South	Bright Futures
Childs Elementary School	1599 Wharton St.	19146	South	Head Start
Nebinger Elementary School	601 Carpenter St.	19147	South	Bright Futures
Jackson Elementary School	1213 S. 12th St.	19147	South	Head Start
Kirkbride Elementary School	1501 S. 7th St.	19147	South	Head Start
A. Vare @ George Washington Sch.	1198 S. 5th St.	19147	South	Head Start
South Philadelphia High School	2101 S. Broad St.	19148	South	Head Start
Sharswood Elementary School	2300 S. 2nd St.	19148	South	Head Start
Southwark Elementary School	1835 S. 9th St.	19148	South	Head Start
Taggart Elementary School	400 Porter St.	19148	South	Head Start
Spruance Elementary School	6401 Horrocks St.	19149	Lower Northeast	Head Start
F.S. Edmonds Elementary School	8025 Thouron Ave.	19150	Olney/Oak Lane	Bright Futures
Rhawnhurst Elementary School	7809 Castor Ave.	19152	Lower Northeast	Bright Futures
FitzPatrick Elementary School	4101 Chalfont Dr.	19154	Upper Northeast	Bright Futures + Head Start

City of Philadelphia Planning Analysis Sections and Zip codes



THE SCHOOL DISTRICT OF PHILADELPHIA

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

Form #1: FAMILY and CHILD INFORMATION FORM

The information and documentation you provide will assist the Office of Early Childhood Education in determining your eligibility for The School District of Philadelphia's preschool program. You are obligated to provide accurate and complete information. **PLEASE PRINT CLEARLY** and use **BLUE** or **BLACK INK**.

Section 1: LOCATION CHOICES

Using the enclosed 2016-2017 School-Based Preschool Locations on pages 5-6, select 1, 2, or 3 locations, in preference order, where you would like your child to attend. 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 INFORMATION

First Name:

Last Name:

Date of Birth:

Gender: Male Female

Child is Hispanic or Latino/a. Yes No

Address:

Apt./Unit #:

Zip Code:

Race:

Select all that applies

American Indian

Asian

Black or African American

Multi-Racial/Bi-Racial

Native Hawaiian

Pacific Islander

White

Other (specify):

Primary spoken language:

2nd spoken language (if applicable):

Is English spoken in the home?

Yes

No

Child's English skills: Very well Well Not well Does not speak English

Parent/Guardian Name:

Male Female

Date of Birth:

Parent/Guardian Name:

Male Female

Date of Birth:

Mother

(Complete if different from above)

Name:

Address:

Contact telephone number:

Father

(Complete if different from above)

Name:

Address:

Contact telephone number:

Child's Name:

Date of Birth:

Section 2: CHILD INFORMATION, continued		
My child has a disability or disabilities.	<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', please list all disabilities:		
If 'Yes', does your child's disability/disabilities limit his/her ability to walk, run or climb stairs?	<input type="radio"/> Yes	<input type="radio"/> No
My child has an IEP (Individualized Education Plan), an IFSP (Individualized Family Service Plan) and/or ER (Evaluation Report) from ChildLink, ELWYN or ELWYN Seeds.	<input type="radio"/> Yes	<input type="radio"/> No
My child is/will be 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/will be 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 (specify):		
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):		
My child is/was in a preschool or daycare.	<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', name of preschool/daycare:		
If 'Yes', is your child still attending preschool/daycare?	<input type="radio"/> No - last date of attendance:	
I/We have had other children who attended a Philadelphia School District preschool program.	<input type="radio"/> Yes	<input type="radio"/> No
If 'Yes', name of child/ren:		
If 'Yes', name of school(s)/location(s):		
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/ren:		
Child's mother/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
My child was referred to a preschool program from a mental health provider.	<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's Doctor's Information	Doctor/Clinic/Office Name:	
	Address:	
	City:	State:
	Zip Code:	Phone #:
Child's Dentist's Information	Dentist/Clinic/Office Name:	
	Address:	
	City:	State:
	Zip Code:	Phone #:

Child's Name:

Date of Birth:

Section 3: PRIMARY ADULT INFORMATION						
First Name:			Last Name:			
Date of Birth:		<input type="radio"/> Male <input type="radio"/> Female	Primary parent/guardian is Hispanic or Latino/a. <input type="radio"/> Yes <input type="radio"/> No			
Primary spoken language:			2 nd spoken language (if applicable):			
Address:						
Apt./Unit #:		City:		State:	Zip Code:	
Home Phone #:			Cell Phone #:			
Email Address:						
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"/> School Phone #		
	<input type="radio"/> Email	<input type="radio"/> Other (specify):				
Marital Status Select one	<input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Domestic Partner	<input type="radio"/> Divorced		
	<input type="radio"/> Separated	<input type="radio"/> Widowed	<input type="radio"/> Other (specify):			
Relationship to Child Select one	<input type="radio"/> Parent		<input type="radio"/> Step-Parent	<input type="radio"/> Foster Parent, not related to child		
	<input type="radio"/> Foster Parent, related to child		<input type="radio"/> Guardian	<input type="radio"/> Other (specify):		
Race: Select all that applies	<input type="radio"/> American Indian		<input type="radio"/> Asian	<input type="radio"/> Black or African American		
	<input type="radio"/> Multi-Racial/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"/> Single Parent	<input type="radio"/> Teen Parent	<input type="radio"/> Grandparent		
	<input type="radio"/> Migrant Parent (non-immigrant)		<input type="radio"/> United States citizen			
	<input type="radio"/> Not a United States citizen		<input type="radio"/> Provides financial support to child's family			
Does your family receive benefits from the Department of Public Welfare (DPW)?					<input type="radio"/> Yes <input type="radio"/> No	
If 'Yes', your DPW Record/Case #: 51 / _____						
If 'Yes', which benefits? <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 level completed	<input type="radio"/> Doctoral Degree		<input type="radio"/> Masters Degree			
	<input type="radio"/> Bachelors Degree		<input type="radio"/> Associates Degree			
	<input type="radio"/> Vocational Degree		<input type="radio"/> ESL (English as a Second Language)			
	<input type="radio"/> GED	<input type="radio"/> Some College	<input type="radio"/> 12 th Grade	<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 3: PRIMARY ADULT INFORMATION, continued					
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed	<input type="radio"/> In School	<input type="radio"/> Job Training	<input type="radio"/> Unemployed	
	<input type="radio"/> Disabled	<input type="radio"/> Homemaker	<input type="radio"/> Retired	<input type="radio"/> None	
	<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	Employer 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"/> Twice a month	
	<input type="radio"/> Once a month	<input type="radio"/> Other (specify):			
School/Job Training Information Complete if you attend school or a job training program	School/Job Training Name:				
	Address:				
	City:			State:	
	Zip Code:		Phone #:		
	What are you studying?				
Including yourself and your child, how many people: Are in your immediate family? _____ Live in your home? _____					
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"/> Homeless - Since what date?		<input type="radio"/> Shelter - Since what date?		
	<input type="radio"/> Living with family - Since what date?		<input type="radio"/> Living with friends - Since what date?		
	<input type="radio"/> Living with family due to a fire/flood/emergency in my home - Since what date?				
	<input type="radio"/> Living with friends due to a fire/flood/emergency in my home - Since what date?				
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:					

Child's Name:

Date of Birth:

Section 4: SECONDARY PARENT/GUARDIAN INFORMATION			
First Name:		Last Name:	
Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female	Primary parent/guardian is Hispanic or Latino/a. <input type="radio"/> Yes <input type="radio"/> No	
Primary spoken language:		2 nd spoken language (if applicable):	
Cell Phone #:			
Email Address:			
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"/> School Phone #
	<input type="radio"/> Email	<input type="radio"/> Other (specify):		
Relationship to Child: Select one	<input type="radio"/> Parent	<input type="radio"/> Step-Parent	<input type="radio"/> Foster Parent/Kinship Parent	
	<input type="radio"/> Guardian	<input type="radio"/> No Relation	<input type="radio"/> Other (specify):	
Relationship to Primary Adult Select one	<input type="radio"/> Husband	<input type="radio"/> Wife	<input type="radio"/> Companion	<input type="radio"/> Domestic Partner
	<input type="radio"/> Other (specify):			
Race: Select all that applies	<input type="radio"/> American Indian	<input type="radio"/> Asian	<input type="radio"/> Black or African American	
	<input type="radio"/> Multi-Racial/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"/> Single Parent	<input type="radio"/> Teen Parent	<input type="radio"/> Grandparent
	<input type="radio"/> Migrant Parent (non-immigrant)		<input type="radio"/> United States Citizen	
	<input type="radio"/> Not a United States citizen		<input type="radio"/> Provides financial support to child's family	
Education Select highest level completed	<input type="radio"/> Doctoral Degree		<input type="radio"/> Masters Degree	
	<input type="radio"/> Bachelors Degree		<input type="radio"/> Associates Degree	
	<input type="radio"/> Vocational Degree		<input type="radio"/> ESL (English as a Second Language)	
	<input type="radio"/> GED	<input type="radio"/> Some College	<input type="radio"/> 12 th Grade	<input type="radio"/> 11 th Grade
	<input type="radio"/> 10 th Grade	<input type="radio"/> 9th Grade or lower	<input type="radio"/> Other (specify):	
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed	<input type="radio"/> In School	<input type="radio"/> Job Training	<input type="radio"/> Unemployed
	<input type="radio"/> Disabled	<input type="radio"/> Homemaker	<input type="radio"/> Retired	<input type="radio"/> None
	<input type="radio"/> Member of the U.S. military on active duty		<input type="radio"/> Veteran of the U.S. military	

Child's Name:

Date of Birth:

Section 4: SECONDARY PARENT/GUARDIAN INFORMATION, continued

Employer Information Complete if you are employed	Employer 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"/> Twice a month
<input type="radio"/> Once a month		<input type="radio"/> Other (specify):		
School/Job Training Information Complete if you attend school 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:				

Child's Name:

Date of Birth:

Section 5: FAMILY/HOUSEHOLD MEMBERS

List your name, the name(s) of your child(ren) and the names of all other adults and children who live in your home.
Use additional paper if needed.

FIRST and LAST NAME	DATE of BIRTH MM/DD/YYYY	RELATIONSHIP to PRIMARY ADULT Self, Husband, Wife, Daughter, Son, Sister, Brother, Companion, Partner, Friend, etc.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Section 6: FAMILY INCOME INFORMATION

How you financially provide for your family - select each source of income that the Primary Parent/Guardian, Secondary Parent/Guardian and all children receive.

<input type="radio"/> Employment	<input type="radio"/> Unemployment	<input type="radio"/> Self-Employment	<input type="radio"/> Social Security	<input type="radio"/> SSI
<input type="radio"/> Child Support	<input type="radio"/> Alimony	<input type="radio"/> Worker's Compensation	<input type="radio"/> Commission	<input type="radio"/> Tips
<input type="radio"/> TANF Cash Assistance	<input type="radio"/> Foster/Kinship Care	<input type="radio"/> Scholarship, Grant, Stipend		
<input type="radio"/> Pension/Retirement	<input type="radio"/> Financial support from Family/Friend	<input type="radio"/> Rental Properties		
<input type="radio"/> Other (specify):				

Section 7: SIGNATURES

Read the following statements and sign where indicated.

I/We have completed all sections on my/our *Family and Child Information Form* and certify the information is correct. I/We have attached copies of all income and monthly benefits that I/we and my/our children receive. I/We understand this information is being given so that my/our eligibility can be determined for The School District of Philadelphia preschool program. I/We understand that officials from The School District of Philadelphia, the Department of Health and Human Services and/or the Commonwealth of Pennsylvania may verify the information and the supporting documentation submitted with my/our *Family and Child Information Form*. 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 income documentation is confidential and will be held in strict confidence within The School District of Philadelphia.

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

Form #2: **CHILD'S MEDICAL CONCERNS**

Child's Name _____ Date of Birth _____

Dear Parent/Guardian,

The Office of Early Childhood Education recognizes the fact that some children have medical conditions. The health care provider may prescribe medication for these conditions. When the prescribed dose is to be administered during preschool hours, the 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, PA 19130-4015

Form #3: CHILD'S DIETARY or FOOD RESTRICTIONS

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 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 component. The Office of Early Childhood Education recognizes the fact that certain foods, due to religious, medical 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. In order to ensure that your child is receiving an age appropriate, nutritionally sound diet, **requests for food restrictions must be verified by a note from your child's health care provider or religious leader.** If your child has a dietary restriction, efforts will be made to provide your child with an allowable substitution.

If your child has a significant 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

**Form #4: CHILD and ADULT CARE FOOD PROGRAM (CACFP)
 CHILD ENROLLMENT FORM**

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

Representatives 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: CACFP PARTICIPATING LOCATION

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

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 *CACFP 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.

Parent/Guardian Signature _____ Date _____

NONDISCRIMINATION STATEMENT: "In accordance with Federal civil 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
- (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

**Form #5: CHILD and ADULT CARE FOOD PROGRAM (CACFP)
 MEAL BENEFIT INCOME ELIGIBILITY FORM**

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? Yes No If 'Yes', proceed to Section 4 on the back.

Section 2: TANF or FOOD STAMP BENEFITS – complete this section if you or anyone who lives with you receives Cash Assistance (TANF) or Food Stamps (SNAP) from the Department of Public Welfare (DPW). If this section is completed in full, proceed to Section 4 on the back; if not, complete the rest of this form.

TANF or Food Stamp Record # **51** / _____ (DO NOT enter your ACCESS card number)

Name of Adult on your TANF or Food Stamp Account _____

Section 3: HOUSEHOLD MEMBERS and GROSS INCOME – 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 the frequency of pay – 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 IS 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	INCOME FROM: Employment, Self-Employment	INCOME FROM: Welfare, Child Support, Alimony	INCOME FROM: Social Security, SSI, Pensions, Retirement, Veteran’s benefits	INCOME FROM: Unemployment, Workman’s Comp, Strike benefits, Rental properties, Other	NO INCOME IS RECEIVED
<i>Sample:</i> Jaxon Peterson-Saunders	<i>Sample:</i> \$1,250.00 / every 2 wks.	<i>Sample:</i> \$150.00 / weekly	<i>Sample:</i> \$751.00 / monthly	<i>Sample:</i> \$665.00 / monthly	<i>Sample:</i> X
1.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
7.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
8.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
9.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
10.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	



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

**Form #5: CHILD and ADULT CARE FOOD PROGRAM (CACFP)
 MEAL BENEFIT INCOME ELIGIBILITY FORM**

Section 4: SIGNATURE and LAST 4 DIGITS OF SOCIAL SECURITY NUMBER – An adult household member must sign this form.

The adult signing this form must list the last 4 digits of his or her Social Security Number or, 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 in Section 6 below.)

I certify that all information on this form is true and that all income is reported. I understand that The School District of Philadelphia will receive Federal funds based on the information above. I understand that CACFP officials may verify the information on this form. I understand that if I purposely falsify information, my child may lose the meal benefits, and I may be prosecuted.

Signature: _____ Printed name: _____

Address: _____ Philadelphia, PA Zip Code _____ Phone Number: _____

Is the above address a homeless shelter? Yes No Date: _____

Last 4 digits of your Social Security Number: _____ I do not have a Social Security Number

Section 5: CHILD'S ETHNIC and RACIAL IDENTITIES (optional)

Mark one ETHNIC identity:	Mark one or more RACIAL identities:
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> American Indian <input type="radio"/> Asian
<input type="radio"/> Not Hispanic or Latino	<input type="radio"/> Alaska Native <input type="radio"/> Native Hawaiian <input type="radio"/> Other Pacific Islander <input type="radio"/> Other

Section 6: PRIVACY ACT and NONDISCRIMINATION STATEMENTS

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.

Nondiscrimination Statement: "In accordance with Federal civil 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
 - (3) E-mail: program.intake@usda.gov
- This institution is an equal opportunity provider.

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:

Household size	Yearly Income
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,255
7	\$67,951

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

Form #6: VERIFICATION of INFORMATION

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 supporting documents. If any of my/our information is false, my/our participation in the preschool program may be terminated and I/we may be subject to legal action.
- 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.
 - 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. I/We will be required to submit an up-to-date *Child Health Assessment/Physical Exam* form and/or *Dental Health/Dental Exam* form if my/our child's physical and/or dental exam dates are more than twelve (12) months old;
 - 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 are needed, and will submit them as necessary.
- 3. During the time my/our child is enrolled in a preschool program:
 - 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 minimal adult assistance [Bright Futures program];
 - 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. 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;
 - f. 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

Form #7: CHILD HEALTH ASSESSMENT/PHYSICAL EXAM

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	COMMENTS
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)
 NONE

MEDICAL CARE PROVIDER:	NEXT APPOINTMENT – MONTH/YEAR:		
ADDRESS:	SIGNATURE OF PHYSICIAN OR CRNP:		
ZIP CODE:			

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

Form #8: DENTAL HEALTH/DENTAL EXAM

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 _____



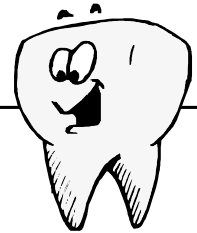
IT'S TIME TO GO TO THE DENTIST!

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 SHELLER (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. REICH, DMD

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

**THE SCHOOL DISTRICT OF PHILADELPHIA OFFICE OF EARLY CHILDHOOD EDUCATION
2016-2017 COMMUNITY PARTNER PRESCHOOL LOCATIONS**

**For an application, visit or call the partner location of your choice
Or download an application at www.philasd.org/prek**

Locations are listed in Zip Code Order

Programs Offered: HS = HEAD START; PKC = PRE-K COUNTS

PARTNER AGENCY	ADDRESS	ZIP	PHONE #	PROGRAM OFFERED	BEFORE and/or AFTER CARE OFFERED (payment required)
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
Comm. Ed. Alliance/Belmont	907 N. 41st St.	19104	(215) 386-5768	HS	YES
CPA - West Philadelphia Community Ctr.	3512 Haverford Ave.	19104	(215) 386-4075	HS / PKC	YES
Montgomery Early Learning - Fam 1st	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 Street	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 Int'l 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
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
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 Street	19120	(215) 324-7012	HS	NO
Rising Sun Children's Center	5224 Rising Sun Ave.	19120	(215) 457-7730	PKC	YES
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 Ctr	1701 North 8th Street	19122	(215) 763-0900	PKC	YES
Norris Square - St Bonnie's Head Start	2010 N. Mascher St.	19122	(215) 425-5119	HS	YES
Norris Square - Children's Center	2011 N. Mascher St	19122	(215) 634-2251	HS	YES
Brightside Academy - Broad & Girard	915 N. Broad Street	19123	(215) 235-2550	HS	YES
Brightside Academy - Erie & Castor	1500 E. Erie Ave.	19124	(215) 533-6321	HS	YES
Grace Neighborhood Main	5221 Oxford Ave.	19124	(215) 535-8200	HS	YES

2016-2017 PARTNER PRESCHOOL LOCATIONS, continued

PARTNER AGENCY	ADDRESS	ZIP	PHONE #	PROGRAM OFFERED	BEFORE and/or AFTER CARE OFFERED (payment required)
Grace Trinity Day Care Center	5200 Oxford Ave.	19124	(215) 535-3885	PKC	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 Street	19126	(215) 924-4195	HS / PKC	YES
YMCA - Roxborough	7219 Ridge Ave.	19128	(215) 482-3900	PKC	YES
Young World Early Learning Ctr.	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 - Somerset	141 W. Somerset St.	19133	(215) 425-7800	HS	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
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
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 Street	19140	(215) 839-3313	HS / PKC	YES
Brightside Academy - 3rd & Westmoreland	3230 N. 3rd St.	19140	(215) 634-3018	HS	YES
Brightside Academy - Courtland	543 W. Courtland St.	19140	(215) 329-0614	HS	YES
Brightside Academy – Front & Erie	111 W. Erie Ave.	19140	(215) 634-1970	HS	YES
Ken-Crest – North	3907 N. Broad St.	19140	(215) 227-0534	HS / PKC	YES
Mercy Neighborhood Ministries of Phila	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 - Southwest	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

2016-2017 PARTNER PRESCHOOL LOCATIONS, continued

PARTNER AGENCY	ADDRESS	ZIP	PHONE #	PROGRAM OFFERED	BEFORE and/or AFTER CARE OFFERED (payment required)
ALGEN - AWB Children's Center	196 E. Herman St.	19144	(215) 848-1974	HS	YES
Brightside Academy – Wayne & Cheltenham	139 W. Cheltenham Ave.	19144	(215) 713-0999	HS	YES
Childspace Too	5517 Greene St.	19144	(215) 849-1660	HS	YES
Settlement Music Sch- Germantown	6128 Germantown Ave.	19144	(215) 320-2618	HS	NO
Diversified Comm. Svcs. - Dixon	2201 Moore St.	19145	(215) 334-2662	HS	YES
Elwyn Apple SEEDS South	1930 S. Broad St.	19145	(215) 422-4902 / (215) 301-9375	HS	NO
Molly's Child Care	1610 McKean St.	19145	(215) 551-0114	PKC	YES
Diversified Comm. Svcs. - Western	1613-21 South St.	19146	(215) 735-1261	HS / PKC	YES
Early Childhood Environments	762 S. Broad St.	19146	(215) 844-0178	HS	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 / PKC	YES
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	New Site	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
A Step Ahead Day Care	7802 Castor Ave.	19152	(215) 722-4700	PKC	YES
Federation Early Learning - Paley	2199 Strahle St.	19152	(215) 725-8930 x155	HS / 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*. Please know that incomplete applications will not be accepted. Before you submit your child's *Preschool Application*, make sure you have included all forms and supporting documents that are needed to make your child's application complete. Your child will not have the opportunity to be considered for enrollment in a preschool program nor have his/her name placed on a 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 *Preschool Application* for a School-Based program by:

Mail:

School District of Philadelphia
440 N. Broad Street
Suite 170 – Preschool Programs
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.

The

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.

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 our mail to you was returned by the post office.

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





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