

School Year 2021-2022 PHLpreK Application

This is an application for PHLpreK, the City of Philadelphia's pre-kindergarten program for 3 and 4 year old's. By completing this application, you are applying to participate in the program at an eligible and participating early learning program provider. For the list of participating PHLpreK providers please visit www.phlprek.org or call 844-PHL-PREK.

PHLpreK is funded by the Philadelphia Beverage Tax.

About PHLpreK Eligibility

The only eligibility requirements for PHLpreK participation during the 2021-2022 School Year are:

- *Child must be 3 or 4 by September 1, 2021*
- *Family must reside in Philadelphia*

Information gathered in this application will assist the PHLpreK team in connecting PHLpreK families with services, resources, and benefits. Information gathered in this application will also be used to understand more about the families that are accessing PHLpreK and to identify additional resources needed in the community for families with young children.

Personal identifying information included in this application will remain confidential and Child/Family Contact information will only be used by PHLpreK Staff to communicate with families about PHLpreK.

Application Questions

Child Information

Child's First Name: _____ Child's Middle Name: _____

Child's Last Name: _____

Child's Street Number and Street Name: _____

City: _____ State: _____ Zip code: _____

Does the child currently live in a shelter, transitional housing, or share housing? **(Check one)**

- Yes No

Child's Date of Birth: Month _____ / Day _____ / Year _____

Child's Gender **(check one)**: Male Female Other

Has your child previously received childcare services? **(check one)** Yes No

Is your child currently receiving Early Intervention services? **(check one)** Yes No

Does your child have a current Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)? **(check one)** Yes No

Family Information

Caregiver One

Parent/Guardian's First Name: _____

Parent/Guardian's Last Name: _____

Parent/Guardian's Relationship to Child: _____

Parent/Guardian's Phone Number: _____ Cell Home Work

Parent/Guardian's Email Address: _____

Caregiver Two

Parent/Guardian's First Name: _____

Parent/Guardian's Last Name: _____

Parent/Guardian's Relationship to Child: _____

Parent/Guardian's Phone Number: _____ Cell Home Work

Parent/Guardian's Email Address: _____

Custody Agreement

The program will presume that there are no restrictions regarding a parent/guardian's right to be kept informed of his/her student's school progress and participate in school activities. A parent/guardian will only be prevented from participating in his/her student's education if a signed court order (e.g. divorce decree, custody order, or restraining order) specifically restricts the parent/guardian's access to the student. If restrictions are in place, the parent/guardian with legal custody must submit a signed copy of the court order describing the rights restricted.

Is there a custody agreement for this child that we need to be aware of: (check one) Yes No

**** If yes, please provide a copy of the Custody Agreement.**

Based on the Custody Agreement please specify who should be contacted for the following reasons:

- Enrollment and Discharge: _____
- Attendance and Program Calendar: _____
- Curriculum, Child Progress, Child Records: _____
- Program Activities, Meetings and Policies: _____
- Incident, Illness, and Emergency Contact: * _____

**The site will request you to complete an emergency contact to gather more information.*

Demographic Information

****Primary household refers to where the child lives**

Primary household language: _____

Secondary household language: _____

Child's race **(Select all that apply)**:

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Other: _____ | |

Child's ethnicity (check one):

- Hispanic/Latino Non-Hispanic/Latino

Number of people in household where the child lives (Please include everyone living in this household):

**Annual household income does not determine eligibility for the PHLpreK program. This information is asked for statistical purposes only.*

Income in the past 12 months* Provide the best estimate of the **TOTAL AMOUNT** of income received jointly by all members in the household where the child lives during the **PAST 12 MONTHS** (*total amount for past 12 months*).

The **TOTAL AMOUNT** of income includes wages, salary, retirement income, public assistance payments and/or self-employment income.

\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
----	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	-----

TOTAL AMOUNT for past 12 months

- Prefer not to disclose

In what type of industry does the parent/guardian primarily work? **(check all that apply)**

- Education Health care Federal, state, or local government Business and Financial services
 Transportation services Retired Construction and Extraction Retail & sales Food Industry
 Legal Non-Profit Community and Social Services Sanitation & Maintenance Manufacturing
 Production Occupation Management Occupation Stay-at-Home Caregiver Not currently employed
 Non-Compensated Work Other: _____

Service Information

**Information gathered in this section will be used to identify what additional resources families in the PHLpreK system may need. Please complete the section fully.*

Service Day: Part-day (5.5 hours) Full day (over 5.5 hours)
(check one)

Service Year: School year (180 days) Full year (260 days)
(check one)

***PHLpreK only covers 5.5 hours of Instructional Time.**

If **full-day** or **full year**, please indicate what the supplemental funding source is for the time beyond that funded by PHLpreK:

Child Care Works subsidy Private pay Other, please specify: _____

Provider Preference Information

**Information gathered in this section will be used to identify the priorities of families in the PHLpreK system and is used to make decisions about the location of PHLpreK seats. Please complete the section fully.*

How many **hours a day** would you prefer your child to attend PHLpreK? _____

If you are seeking to enroll your child for more than the 5.5 hours PHLpreK providers to you free of charge, how much would you be willing to pay for care (**per month**)?? _____

Are you seeking to enroll a sibling of your child in an infant/toddler program? Yes No

Are you seeking to enroll a sibling of your child in a school age program? Yes No

How are you planning to travel to your child's early learning program? (**Check all that apply**)

Drive and/or have someone else drive me Bus and/or trolley
 Market Frankford Line/Broad Street Line Regional Rail
 Walk Other, please describe: _____

How many minutes are you willing to travel to your child's early learning program? (**Check one**)

1-15 minutes 16-30 minutes 31-45 minutes More than 45 minutes

If distance/convenience was a factor in choosing this location, which factor was more important?
(Check one) Close to home Close to work/school

What would you say are your **TOP THREE** priorities when choosing an early learning program for your child? (**Check three** from the list below)

Affordability School readiness/academic curriculum
 Safe environment Feeder program with an elementary school
 Meals provided Keystone STARS quality rating
 Outdoor play space provided Personal referral/word of mouth

- Infant care provided
- Site Location
- Availability/No Waitlist
- Special Needs Care
- Other, please describe: _____
- Siblings already enrolled at the center
- Site Hours
- Bilingualism
- Other social services provided

How did you hear about the PHLpreK program? **(Please check all that apply)**

- SEPTA advertisement
- Community leader
- PHLpreK website
- Friend/family member
- Newspaper advertisement
- Doctor's office
- Child Care Works mailing
- The School District
- Social media (*Facebook, Instagram, Twitter etc....*)
- News story
- Radio advertisement
- Childcare Provider
- Other: _____

Eligibility Attestation

I, as a PHLpreK provider, attest that this child is a resident of Philadelphia, is 3 or 4 years old on September 1, 2021 (and not of kindergarten entry age on September 1, 2021), and has been referred to ELRC to determine eligibility for other services. I confirm that all verification documentation (birthdate and residency) is maintained on file at the site location.

Name of staff (print)	Title	Date
Signature of Staff	Name of PHLpreK Program	

By signing this form, parent/guardians of PHLpreK children agree to notify their PHLpreK provider within 15 days if the family moves outside the city limits of Philadelphia. If families move outside of Philadelphia, they are **no longer eligible** for the PHLpreK program.

Please **initial here** if you, as a PHLpreK parent/guardian, agree to receive text messages from the PHLpreK team: _____

Provide the Phone Number where you agree to receive text messages: _____

PARENT/GUARDIAN SIGNATURE

DATE