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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 Nam	ne:	
City:	State: Zip code:	
Does the child currently live in a shelte	er, transitional housing, or share housing? (Check one)	
Child's Date of Birth: Month	/ Day/ Year	
Child's Gender (check one): 🛛 🗆 Mal	le 🛛 Female 🖓 Other	
Has your child previously received chil	Idcare services? (check one u Yes u No	
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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

	Parent/Guardian's First Name:			
One	Parent/Guardian's Last Name:			
Caregiver One	Parent/Guardian's Relationship to Child:			
Car	Parent/Guardian's Phone Number:	Cell	🗆 Home	□ Work
	Parent/Guardian's Email Address:			_
	Parent/Guardian's First Name:			
MO	Parent/Guardian's Last Name:			
Caregiver Two	Parent/Guardian's Relationship to Child:			
Careg	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:

- 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 househ Primary household language:	old refers to where the child lives
Secondary household language:	
Child's race (Select all that apply):	
American Indian/Alaska Native	🗆 Asian
Black/African American	Multi-racial
Native Hawaiian/Pacific Islander	White/Caucasian
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.

<u>Income in the past 12 months</u>* 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.



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:
 Other:
 Stay-at-Home Caregiver
 Not currently
 Not currently
 Not currently
 Not currently
 Not currently
 Not currently

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)	Service Year:	🗆 School year (180 days)			
(check one)	Full day (over 5.5 hours)	(check one)	Full year (260 days)			
*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 vou	seeking to er	nroll a sibling	of vour	child in a	an infant/toddler	program?	□ Yes	⊓ No
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Are you seeking to enroll a sibling of your child in a school age program?	Are you	u seeking to enrol	I a sibling of you	ir child in a school a	age program?	🗆 Yes	🗆 Nc
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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
Image: Antiperiod 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	Image: 31-45 minutes	More than 45 minutes
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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 **<u>TOP THREE</u>** 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	$\hfill\square$ Siblings already enrolled at the center
Site Location	Site Hours
Availability/No Waitlist	Bilingualism
Special Needs Care	Other social services provided
Other, please describe:	

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

SEPTA advertisement	🗆 Comr	nunity leader	PHLpreK website	□ Friend/f	amily member	
Newspaper advertiser	ient 🗆	Doctor's office	Child Care Work	ks mailing	The School Distri	ct
Social media (Facebool	k, Instagi	ram, Twitter etc) 🗆 News story 🛛	Radio adve	ertisement 🗆 Childca	ire
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