



# School Year 2022-2023 PHLpreK Application

This is an application for PHLpreK, the City of Philadelphia’s pre-kindergarten program for 3 and 4 year olds. 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](http://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 2022-2023 School Year are:*

- *Child must be 3 or 4 by September 1, 2022*
- *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 or rapid rehousing, or temporarily living in someone else’s house? **(Check one)**       Yes       No

Child’s Date of Birth:    Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_

Child’s Gender **(Check one)**:     Male       Female       Nonbinary

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

Is your child currently receiving Early Intervention services e.g. physical, speech or other types of therapy 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

Does the family participate in any of the following assistance programs?

- Temporary Assistance to Needy Families (TANF)  Yes  No
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  Yes  No
- Supplemental Nutrition Assistance Program (SNAP)  Yes  No
- Supplemental Security Income (SSI)  Yes  No

Please indicate if any of the following apply?

- Foster Care  Kinship Care  Incarcerated Parent  Refugee

## Family Information

**Caregiver One**

Parent/Guardian's First Name: \_\_\_\_\_

Parent/Guardian's Last Name: \_\_\_\_\_

Parent/Guardian's Relationship to Child: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_  Cell  Home  Work

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian's Relationship to Caregiver Two: \_\_\_\_\_

**Caregiver Two**

Parent/Guardian's First Name: \_\_\_\_\_

Parent/Guardian's Last Name: \_\_\_\_\_

Parent/Guardian's Relationship to Child: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_  Cell  Home  Work

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian's Relationship to Caregiver One: \_\_\_\_\_

## 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:  Caregiver One  Caregiver Two  Both Caregivers
- Attendance and Program Calendar:  Caregiver One  Caregiver Two  Both Caregivers
- Curriculum, Child Progress, Child Records:  Caregiver One  Caregiver Two  Both Caregivers
- Program Activities, Meetings and Policies:  Caregiver One  Caregiver Two  Both Caregivers
- Incident, Illness, and Emergency Contact\*:  Caregiver One  Caregiver Two  Both Caregivers

*\*The site will request you to complete an emergency contact form/document to gather more information.*

## Demographic Information

Primary household language (where the child lives): \_\_\_\_\_

Secondary household language (where the child lives): \_\_\_\_\_

If languages other than those stated above are spoken in the household, please indicate here:

\_\_\_\_\_

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

- American Indian/Alaska Native
- Black/African American
- Native Hawaiian/Pacific Islander
- Other: \_\_\_\_\_
- Asian
- Multi-racial
- White/Caucasian

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
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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)**

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

## Service Information

**PHLpreK only covers 5.5 hours of instruction for 180 days during the school year.** 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: (Check one)**       Part-day (5.5 hours)       Full day (over 5.5 hours)

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

If **full-day** or **full year** is selected above, please indicate which supplemental funding source is used to cover the cost for the time beyond that funded by PHLpreK:

Child Care Works subsidy (CCW)       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
- 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
- Community leader
- PHLpreK website
- Friend/family member
- Newspaper advertisement
- Doctor's office
- Child Care Works mailing
- The School District
- Radio advertisement
- Social media (Facebook, Instagram, Twitter etc....)
- News story
- 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, 2022 (and not of kindergarten entry age on September 1, 2022), 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.

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Name of staff (print)

Title

Date

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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: \_\_\_\_\_ Phone Number where you agree to receive text messages: \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE

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DATE