School Year 2020-2021
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 2020-2021 School Year are:

- *Child must be 3 or 4 by September 1, 2020*
- *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 IFSP or 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 **(check one)**:

□ 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.*

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.

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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)

□ Education □ Health care □ Federal, state, or local government
□ Financial services □ Transportation services □ Retired □ 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: **(check one)** □ Part-day (5.5 hours) □ Full day (over 5.5 hours)
PHLpreK only covers 5.5 hours of Instructional Time.

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

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 the early learning program? _____

If you are seeking to enroll your child for more than the number of hours PHLpreK provides 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

□ 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

□ Social media □ News story □ Radio advertisement □ 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, 2020 (and not of kindergarten entry age on September 1, 2020), 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

PHLpreK

Screening, Assessment, and Data Sharing Release Form
2020-2021 School Year

Child's Name	
Child's DOB	
Child's Address	
Parent/Guardian Name	
Provider (Site Location) Name	

Developmental Screenings

Childcare programs funded by PHLpreK offer on-site **developmental screenings** for children enrolled in the program. The **purpose** of the screening is to determine whether your child's development corresponds to what is typically expected for a child at his or her age. The classroom teachers administer this screening utilizing the **Ages and Stages Questionnaire (3 and SE)** to access what skills your child has achieved and identify areas which may need additional support. If the tool suggests a **re-screen** the teacher will conduct this activity at a later date, which is initiated by the screening recommendations. If a more complete evaluation is indicated, a referral to the appropriate Early Learning Agency will be recommended and you will be informed and guided through the process.

Outcomes Assessments

Additionally, the childcare programs funded by PHLpreK complete **outcomes assessments** (2 times a year at minimum) for each child. The assessment is completed through an on-line database, which keeps the child's information confidential and secure. The outcomes assessments are used to determine what teachers need to focus on to support learning objectives for school readiness through their lesson planning.

Additional Services

Based on the results indicated in the screenings and or outcome assessment children may **need a referral** to the Local Education Agency (ELWYN) for Early Intervention. The PHLpreK system has supports to help families navigate the process to access additional specialized services when children need them. Some children may also enroll into the PHLpreK program with a current Individualized Education Plan and the data collected by the (LEA) is useful to support classroom planning based on the specific goals outlined for the child.

The information collected through the screening tools, outcomes assessments, and any information received by Local Education Agency (ELWYN) allows the PHLpreK program to support the child's development and it **is also useful to guide decisions about the structure of the PHLpreK program and it's supports to families and early childhood providers.**

*By **signing and initialing** this document, you acknowledge permission to PHLpreK to complete the screenings, outcomes assessment, and allow data sharing with the Local Education Agency if a referral is made or the child has an active IEP.*

_____ Developmental Screening (3 & SE)

_____ Child Outcomes Assessment

_____ Sharing Individualized Education Plan and Referral Data

_____ _____

Parent/Guardian Signature Date

If you have any questions about the resources described in this document, please discuss these with the site's administration. If you still have further questions that could not be answered you can contact PHLpreK at 267-773-4432.

Rev Effective July 1, 2020

PHLpreK Enrollment Confirmation

The family identified in this document has a child enrolled in the PHLpreK Program. This document will confirm the possible need for wrap-around care during the PHLpreK program year for the family who meets the subsidized child care eligibility requirements.

It is very important that the boxed area is **COMPLETELY FILLED OUT** by the PHLpreK provider. The hours must be defined as either AM or PM (e.g. 7:30AM – 3:30PM)

PHLpreK Child Care Program

Program Name:_____

Program Address: _____

City: **Philadelphia**, State: **PA** Zip Code:_____ Email:_____

Contact Person: _____ Phone: (____)-_____

When will your **PHLpreK** program begin for this year: **Begin Date**: ____/____/_____

When will your **PHLpreK** program end for this year: **End Date**: _____/_____/_____

Parent/Child Information:

Parent's Name: _____

Child's Name: _____Child's date of birth:_____

Parent's Address:_____ City **Philadelphia** Zip Code_____

PHLpreK Program Schedule (specific to the child listed above):

Date child enrolled with PHLpreK at your location: **Child started on**:_____/_____/_____

Enter the Child's daily PHLpreK schedule: **From**:_____ AM / PM **To**: _____ AM / PM

This form provides verification from the PHLpreK program to the ELRC agency that this child is enrolled in the above-named PHLpreK program. I affirm that all information I have given on this form is true, correct and complete to the best of my ability, knowledge and belief.

If the above-named child is withdrawn from my PHLpreK program before our program end date, I will notify the ELRC agency in writing by email confirmation at eligibility@caringpeoplealliance.org or by phone at 215-382-4762 immediately.

X_____ _____ _____

Provider Signature Title/Position Date

PARENT AUTHORIZATION TO RELEASE THIS INFORMATION

The parent: _____ _____authorizes and request the PHLpreK program to disclose to the ELRC agency all information contained in this form to verify my child's enrollment in PHLpreK and the Child Care Works Program.

X_____ _____ _____

Parent Signature Please Print Name Date

Rev Effective July 1, 2020

EARLY LEARNING RESOURCE CENTER

OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

Early Learning Resource Center (ELRC)
Region 18
Serving Philadelphia County

Main Office
2361-2373 Welsh Road
Philadelphia, PA 19114

Satellite One
5548 Chestnut St
2nd Floor
Philadelphia, PA 19139

Satellite Two
1701 West Lehigh Ave
Suite 2102-2103
Philadelphia, PA 19132

Phone: 215-382-4762
Fax: 215-382-1199
Email: eligibility@caringpeoplealliance.org

Your child's love of reading **begins with you.**

Sign up for Ready4K text messages to turn everyday moments into ones that build reading skills.

Ready4K is designed for families with children under five.

Ready4K

NAME:

CELL: ( )

E-MAIL (optional):

ZIP CODE:

CHILD'S BIRTH DATE: / /

LANGUAGE PREFERENCE (check one): ☐ ENGLISH ☐ SPANISH

SIGNATURE:

Send completed forms to Abby Thaker: thakera@freelibrary.org.

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

For more ideas to help children become strong readers by 4th grade, visit **Readby4th.org**.

READ BY 4TH

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