

PHLpreK

School Year 2019-2020

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 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 2019-2020 School Year are:

- Child must be 3 or 4 by September 1, 2019
- Family must reside in Philadelphia

Parents/Guardians of PHLpreK children must notify their PHLpreK provider within 15 days if the family moves outside of Philadelphia. If families move outside of Philadelphia, they are **no longer eligible** for the PHLpreK program.

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/Family Information

Child's First Name: _____ Child's Last Name: _____

Child's Street Number and Street Name: _____

City: _____ State: _____ Zip code: _____

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

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

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: _____

I don't have an email address

Zip codes of parent/guardian's workplace or school: _____

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

Yes No

Demographic Information

Primary household language: _____

Secondary household language: _____

Child's race (check one):

- | | |
|---|--|
| <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 (Please include anyone living at your address who is related to you by blood, marriage, or adoption): _____

Annual household income* _____

Prefer not to disclose

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

In what type of industry does the parent/guardian primarily work? (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Health care | <input type="checkbox"/> Federal, state, or local government |
| <input type="checkbox"/> Financial services | <input type="checkbox"/> Transportation services | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other: _____ | | |

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

Service Information

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

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? (Check all that apply)

SEPTA advertisement

Community leader

PHLpreK website

Friend/family member (word of mouth)

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, 2019 (and not of kindergarten entry age on September 1, 2019), 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

Title

Date

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.

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

Provider and Parent/Guardian Signatures

PROVIDER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE