

## About PHLpreK Eligibility

The **eligibility requirements** for PHLpreK participation during the 2023-2024 School Year are:

- Child must be 3 or 4 on or by September 1, 2023
- Family must reside in Philadelphia

## PHLpreK Enrollment Documents

To enroll, families will need to provide the following materials at the point of enrollment:

- Acceptable Eligibility Documents for PHLpreK enrollment, which includes proof of age and proof of residency. Proof of residency must be dated within the last 12 months.
- A completed PHLpreK application with the PHLpreK acknowledgement form.

Proof of age documents (provide **ONE** of the following):

- |  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate   | <input type="checkbox"/> Social Security documentation showing birthdate        |
| <input type="checkbox"/> Department of Human Services (DHS) letter on DHS letterhead** | <input type="checkbox"/> Clinic/doctor/hospital records**                       |
| <input type="checkbox"/> Valid US Passport   | <input type="checkbox"/> Day care or nursery school records                     |
| <input type="checkbox"/> Visa or Green Card  | <input type="checkbox"/> Another government issued document listing child's DOB |

**\*\*Document must be dated within 12 months of the child's enrollment date.**

Proof of residency documents (provide **ONE** of the following):

- |   |  |
|---|--|
| <input type="checkbox"/> State issued ID or driver's license                      | <input type="checkbox"/> Wage statements (W2 tax form)   |
| <input type="checkbox"/> Voter ID showing address                                 | <input type="checkbox"/> Child Care Works award letter received by parent                      |
| <input type="checkbox"/> Current lease/rental agreement or mortgage statement     | <input type="checkbox"/> Mail/notice/award letter from County Assistance Office/DHS            |
| <input type="checkbox"/> Current utility bill (e.g., gas, electric or water bill) | <input type="checkbox"/> Statement from social services agency attesting to client's residence |
| <input type="checkbox"/> Social Security documentation                            |  |
| <input type="checkbox"/> Recent employers pay stub                                |  |

Please note the PHLpreK provider will ask for the following additional information:

- Emergency Contact Form
- Parent Fee Agreement
- Health Records (physical/immunizations)
- Child Care Works (CCW) Application (if applicable)
- IEP/IFSP (if applicable)
- Custody Agreement (if applicable)

**\*Please note, proof of age and residency in Philadelphia County are due with this application. Failure to provide this information can prevent enrollment.**

# School Year 2023-2024 PHLpreK Application

## Child and Family Information

Child's First, Middle and Last Name:	
Child's Date of Birth: Month _____ / Day _____ / Year _____	
Child's Gender ( <b>Check one</b> ): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	
Child's Street Number and Street Name:	
City: _____ State: _____ Zip Code: _____	
Primary household language (where the child lives):	Secondary household language (where the child lives):
Child's race ( <b>Select all that apply</b> ): <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 ( <b>Check one</b> ): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Does the child currently live in a shelter, transitional or rapid rehousing, or are they temporarily living in someone else's house? ( <b>Check one</b> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of people in household where the child lives: _____ (Please include everyone living in this household)	
Income in the past 12 months* The <b>TOTAL AMOUNT</b> of income includes wages, salary, retirement income, public assistance payments and/or self-employment income for all household members. \$ _____ <input type="checkbox"/> Prefer not to disclose	
<i>*Annual household income does not determine eligibility for the PHLpreK program. This information is for statistical purposes only</i>	

<b>Caregiver One</b>	
Parent/Guardian's First and Last Name:	
Parent/Guardian's Relationship to Child:	
Parent/Guardian's Address:	
Parent/Guardian's Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Parent/Guardian's Email Address:	<input type="checkbox"/> N/A
Parent/Guardian's Relationship to Caregiver Two:	
<b>Caregiver Two</b>	
Parent/Guardian's First and Last Name:	
Parent/Guardian's Relationship to Child:	
Parent/Guardian's Address:	
Parent/Guardian's Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Parent/Guardian's Email Address:	<input type="checkbox"/> N/A
Parent/Guardian's Relationship to Caregiver One:	

# School Year 2023-2024 PHLpreK Application

## Family and Child Information

Has your child previously received childcare services? <b>(Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a current Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)? <b>(Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mark which of the following services your child receives: <b>(Check all that apply)</b> <input type="checkbox"/> Special Instruction (SI) <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Behavioral Health Services (e.g., PCA)
Please indicate if any of the following apply: <b>(Check all that apply)</b> <input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Refugee <input type="checkbox"/> N/A
Which (if any) additional services does your family receive? <b>(Check all that apply)</b> <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI)

## 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? <b>(Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must provide a copy of the Custody Agreement prior to attending the program.</i>

## Service Information

PHLpreK **only covers 5.5 hours** of instruction for 180 days during the school year **if you require more than 5.5 hours** and/or more than the school year, select full day and/or full year and indicate the supplemental funding source to cover the cost.

<b>Service Day: (Check one)</b> <input type="checkbox"/> Part-day (5.5 hours) <input type="checkbox"/> Full day (over 5.5 hours)
<b>Service Year: (Check one)</b> <input type="checkbox"/> School year (Sept-June-180 days) <input type="checkbox"/> Full year (260 days)
If <b>full-day</b> or <b>full year</b> is selected above, please check which supplemental funding source is used to cover the cost for the time beyond that funded by PHLpreK: <input type="checkbox"/> Child Care Works subsidy (CCW) <input type="checkbox"/> Private pay <input type="checkbox"/> Other, please specify: _____

# School Year 2023-2024 PHLpreK Application

## Additional Information

How did you hear about the PHLpreK program? (Check all that apply)			
<input type="checkbox"/> SEPTA advertisement	<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Doctor's office	<input type="checkbox"/> Child Care Works mailing
<input type="checkbox"/> Community leader	<input type="checkbox"/> The School District	<input type="checkbox"/> News story	<input type="checkbox"/> Childcare Provider
<input type="checkbox"/> PHLpreK website	<input type="checkbox"/> Radio advertisement	<input type="checkbox"/> Sibling(s) already enrolled at the center	<input type="checkbox"/> Social media (Facebook, Instagram, Twitter, etc....)
<input type="checkbox"/> Friend/family member	<input type="checkbox"/> Other social services provided	<input type="checkbox"/> Other: _____	
In what type of industry does the parent/guardian primarily work? (Check all that apply)			
<input type="checkbox"/> Education	<input type="checkbox"/> Construction and extraction	<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Health care	<input type="checkbox"/> Retail & sales	<input type="checkbox"/> Production occupation	
<input type="checkbox"/> Federal, state, or local government	<input type="checkbox"/> Food industry	<input type="checkbox"/> Management occupation	
<input type="checkbox"/> Business and financial services	<input type="checkbox"/> Legal	<input type="checkbox"/> Stay-at-home caregiver	
<input type="checkbox"/> Transportation services	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Not currently employed	
<input type="checkbox"/> Retired	<input type="checkbox"/> Community and social services	<input type="checkbox"/> Non-compensated work	
<input type="checkbox"/> Sanitation & maintenance	<input type="checkbox"/> Other: _____		

## Family Attestation

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.

By signing this form, I attest that my child is a resident of Philadelphia, is 3 or 4 years old on or by September 1, 2023 (and not of kindergarten entry age on September 1, 2023), and that I have provided proof of age and residency. I am aware if I move out of Philadelphia County that I will **no longer be eligible** for the PHLpreK program.

Parent/Guardian Signature	Date
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## Provider Eligibility Attestation

I, as a PHLpreK provider, attest that this child is a resident of Philadelphia, is 3 or 4 years old on or by September 1, 2023 (and not of kindergarten entry age on September 1, 2023), and has been referred to the 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
Staff Signature:	Name of Program:	

# School Year 2023-2024 PHLpreK Application

## Acknowledgement Form: Screening, Assessment, Data Sharing, and Family Engagement Services

Purpose: This document outlines the services that will be provided to your child during the 2023-2024 school year, the three services that are being offered to your child are summarized below. **The provider will review this document with you and share the results of screenings, assessments, and any referrals made that occur during the school year. The provider will also be able to answer any question you may have during the review of this document.**

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 assess what skills your child has achieved and identify areas which may need additional support. Results of the screenings will be shared with you. If the tool suggests a **re-screen** the teacher will conduct this activity at a later date based on the screening recommendations. If a more complete evaluation is recommended, a referral to the appropriate Early Learning Agency will be provided and you will be informed and guided through the process. \_\_\_\_\_ Initial

**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. Providers will share results of the assessment with families as the assessments are completed throughout the program year. The outcomes assessments are used to determine what teachers need to focus on to support learning objectives for school readiness through their lesson planning. \_\_\_\_\_ Initial

**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 its supports to families and early childhood providers. \_\_\_\_\_ Initial

**Family Engagement Service** - This family engagement service provides free learning tips sent directly to your phone based on your child's age. Ready4K sends weekly text messages with fun and easy learning activities that will help you get your child ready for school, connect you to community resources, and remind you to make the most of life's teachable moments. Thanks to our partnership with Read by 4th and the Free Library of Philadelphia, we are pleased to offer Ready4K to all families enrolled in PHLpreK for free! \_\_\_\_\_ Initial

## School Year 2023-2024 PHLpreK Application

*By signing up for Ready4K (the "Program") you hereby agree to (i) enroll in the Program, (ii) the ParentPowered PBC Terms of Use and Privacy Policy, and (iii) receive approximately three Ready4K text messages per week from 70138, as well as up to approximately three Ready4K community support text messages per week from 28922. 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 all Ready4K text messages any time by texting STOP to 70138 or cancel your receipt of Ready4K community support text messages.*

*By **signing and initialing** this document, you acknowledge that you have been informed of these services and are aware that PHLpreK will complete the screenings, outcomes assessment, allow data sharing with the Local Education Agency if a referral is made or the child has an active IEP, and enroll you in the Ready4K text messaging service.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date