



# 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](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 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
- 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)

- Education
- Health care
- Federal, state, or local government
- Financial services
- Transportation services
- Retired
- Other: \_\_\_\_\_



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



## 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 assess 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.





# 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](mailto: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](http://parentpowered.com/terms.html) and Privacy Policy available at [parentpowered.com/privacy.html](http://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](mailto:support@parentpowered.com).

For more ideas to help children become strong readers by 4th grade, visit [Readby4th.org](http://Readby4th.org).



