



THE SCHOOL DISTRICT OF  
PHILADELPHIA

# Preschool Application

*for Academic Year*

## 2022-2023

### District and Childcare Partners

Full Day Pre-K!

### Ages 3-5

3 years old before Sept 1<sup>st</sup>, 2022

5 years old after Sept 1<sup>st</sup>, 2022

### Program Benefits

Free Nutritious Meals  
High-Quality Curriculum  
Access to Nurses  
Special Needs Support  
Parent Participation

The School District of Philadelphia  
440 N Broad Street  
Suite 170 – Preschool Program  
Philadelphia, PA 19130-4015



# THE SCHOOL DISTRICT OF PHILADELPHIA

Thank you for your interest in the School District of Philadelphia's preschool program! *Applying online at [philasd.org/prek](http://philasd.org/prek) has the fastest turn-around.* Completing and submitting a Preschool Application does not guarantee that your child will be accepted to a preschool program. ***For your best chance at acceptance, please submit your child's completed application on or before February 28th, 2022.***

**1. Complete ALL necessary steps below.** As you collect each item, check off the box. *Applications missing supporting documentation below are considered incomplete and will not be processed. This will delay your child's placement in your school of choice.*

- ☐ I have filled out the entire application
- ☐ I have proof of child's date of birth *(Birth certificate, health insurance card, etc.)*
- ☐ I have documentation of family income *(Tax forms, 4 consecutive paystubs, or financial support letter)*
- ☐ I have proof of Philadelphia residency *(bill, driver's license, lease, etc.)*
- ☐ I have my child's health insurance card
- ☐ I have my child's completed yearly well-child visit form\* *(See Attachment #2) which includes immunizations (Visit summaries not accepted)*
- ☐ I have proof of child's dental\* visit *(See Attachment #3)*
- ☐ I have picture identification of parent/guardian *(Any Photo ID with primary guardian's name)*
- ☐ I have proof of TANF (DPW) cash, SNAP/food stamps, medical assistance *(if this applies to you)*
- ☐ I have a custody order *(if this applies to you)*
- ☐ I have a foster letter *(if this applies to you)*
- ☐ I have a homeless verification letter/shelter letter *(if this applies to you)*

**2. Are you applying to a School-Based Location (pg. 3)?** Applying in person, bring the paper application and required documentation down to 440 North Broad. We are open M-F 8:30 am – 4 pm. Learn more about enrollment events in your neighborhood by visiting [www.philasd.org/prek](http://www.philasd.org/prek), Prekindergarten Events page or call 215-400-4270.

**3. Are you applying to a Community Partner Location (pg. 4-6)?** Applying in person, take the paper application and supporting documents directly to that agency.

***\*Both the dental and yearly well-child visit forms must be dated within a year at the time of placement. Placement may be delayed if these forms are not up to date at time of placement.***

PRIMARY PARENT					
The adult who is primarily responsible for the care and well-being of the child.					
First Name:			Last Name:		
Date of Birth:			Gender: <input type="radio"/> Male <input type="radio"/> Female		
Primary language:			Other language(s):		
Home Address:					
Apt./Unit #:		City:		State:	Zip Code:
Phone #:			Email Address:		
# of People in household				# of People in family	
Marital Status Select one	<input type="radio"/> Married		<input type="radio"/> Single	<input type="radio"/> Widowed	<input type="radio"/> Separated/Divorced
Relationship to Child Select one	<input type="radio"/> Parent/Step-Parent			<input type="radio"/> Grandparent	
	<input type="radio"/> Foster/Kinship Parent, related to child			<input type="radio"/> Foster Parent, not related to child	
	<input type="radio"/> Guardian, related to child			<input type="radio"/> Guardian, not related to child	
	<input type="radio"/> Other (specify):			<input type="radio"/> Teen Parent – parent was under the age of 18 when child was born	
Race/Ethnicity Select all that applies	<input type="radio"/> Hispanic or Latino/a		<input type="radio"/> American Indian		<input type="radio"/> Asian
	<input type="radio"/> Black or African American		<input type="radio"/> Multi-Racial or Bi-Racial		<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander		<input type="radio"/> White		<input type="radio"/> Other (specify):
Education Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> High School Diploma		<input type="radio"/> GED		<input type="radio"/> ESL – English as a Second
	<input type="radio"/> Some college/Vocational/Associates			<input type="radio"/> Bachelors/Advanced degree	
	<input type="radio"/> 11 <sup>th</sup> Grade		<input type="radio"/> 10 <sup>th</sup> Grade		<input type="radio"/> 9 <sup>th</sup> Grade or lower
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed/Self-Employed		<input type="radio"/> Unemployed/Not Employed		<input type="radio"/> Disabled
	<input type="radio"/> Member of the U.S. military on active duty			<input type="radio"/> Veteran of the U.S. military	
Do you have health insurance? If 'Yes', name of health insurance provider:					<input type="radio"/> Yes <input type="radio"/> No
Are you pregnant?	<input type="radio"/> Yes	<input type="radio"/> No	Are you receiving mental health treatment?		<input type="radio"/> Yes <input type="radio"/> No
Do you receive benefits?	<input type="radio"/> WIC	<input type="radio"/> SNAP	<input type="radio"/> Medical	<input type="radio"/> TANF Cash	<input type="radio"/> SSI
SECONDARY PARENT					
An adult who shares in the care of the child.					
First Name:			Last Name:		
Date of Birth:			Gender: <input type="radio"/> Male <input type="radio"/> Female		
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed/Self-Employed		<input type="radio"/> Unemployed/Not Employed		<input type="radio"/> Disabled
	<input type="radio"/> Member of the U.S. military on active duty			<input type="radio"/> Veteran of the U.S. military	
LOCATIONS					
CHOOSE THE LOCATION(S) WHERE YOU WOULD LIKE: Your child may be selected for your second choice. Do not put a location that you are not willing or able to take your child regularly and on time. Transportation is not provided.					
1 <sup>st</sup> Location Choice:			2 <sup>nd</sup> Location Choice:		

PREK CHILD				
First Name:		Last Name:		
Date of Birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female		
Race/Ethnicity <small>Select all that applies</small>	<input type="radio"/> Hispanic or Latino/a	<input type="radio"/> American Indian	<input type="radio"/> Asian	
	<input type="radio"/> Black or African American	<input type="radio"/> Multi-Racial or Bi-Racial		<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander	<input type="radio"/> White		<input type="radio"/> Other (specify):
Primary language:		Other language(s):		
Child is receiving Early Intervention services:		<input type="radio"/> IEP	<input type="radio"/> EFSP	<input type="radio"/> ER <input type="radio"/> Suspected
Child's mother and/or father is currently incarcerated:				<input type="radio"/> Yes <input type="radio"/> No

HOUSING				
Housing Information <small>Select your current situation</small>	<input type="radio"/> Own	<input type="radio"/> Rent	<input type="radio"/> Transitional housing – Since what date?	
	<input type="radio"/> Shelter – Since what date?		<input type="radio"/> Train or bus station, park or in car – Since what date?	
	<input type="radio"/> Living with relatives or others to due to lack of alternative, adequate housing or due to the loss of housing – Since what date?		<input type="radio"/> Hotel/Motel, camping ground or other similar situation due to lack of alternative, adequate housing or due to the loss of housing– Since what date?	
	<input type="radio"/> Temporary housing situation due to emergency: eviction, flood, fire, hurricane, etc.		<input type="radio"/> Abandoned apartment building	
	<input type="radio"/> Other _____			
Optional Information	New to the country?			<input type="radio"/> Yes <input type="radio"/> No
	Has an agency such as HIAS, NSC, Bethany, JEVs, New World Association, AFAHO, or other worked with you?			<input type="radio"/> Yes <input type="radio"/> No

FAMILY INCOME					
Primary Caregiver Income			Secondary Caregiver Income		
Employment Type	Amount	Frequency	Employment Type	Amount	Frequency
<input type="radio"/> Employment			<input type="radio"/> Employment		
<input type="radio"/> SSI/ TANF CASH			<input type="radio"/> SSI/ TANF CASH		
<input type="radio"/> Unemployment			<input type="radio"/> Unemployment		
<input type="radio"/> Other: _____			<input type="radio"/> Other: _____		

*I understand that this information will be used to create my Parent Portal COPA account, and I will receive an email with my sign-in information at the email given on this form. I understand that my application is not complete until I sign in and upload my all supporting documentation.*

*Completing a Parent Portal COPA Account and submitting and finalizing an application does NOT guarantee that my child will be accepted to a preschool program.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THE SCHOOL DISTRICT OF PHILADELPHIA  
OFFICE OF EARLY CHILDHOOD EDUCATION  
440 N. BROAD STREET  
PHILADELPHIA, PENNSYLVANIA 19130-4015

**#4: POLICIES and CONSENT for EMERGENCY MEDICAL CARE and OTHER HEALTH SERVICES FORM**

This form will be taken with your child when emergency medical care is needed.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**EMERGENCY MEDICAL CARE POLICIES**

Parents, you are responsible for making arrangements for alternate care for your child if s/he is ill, needs close supervision or has a contagious condition and cannot attend preschool. You are also responsible for transportation if your child has an illness or minor injury while at preschool, not sufficiently severe to warrant emergency medical transportation.

In the event your child becomes seriously ill or injured and requires immediate medical attention, s/he will be accompanied by staff and taken to the nearest hospital emergency room in an emergency medical vehicle. We will attempt to notify you at once. Under the Medical Services/Minor Act, immediate emergency treatment will be initiated at the hospital. However, it is essential that your child's teacher and the hospital is able to locate you as soon as possible, to give either written or monitored verbal permission for comprehensive treatment. Please be sure to keep your child's teacher informed about how to reach you at all times.

You are responsible for the costs of medical treatment if your child is injured. Please contact Early Childhood Health Services if your child needs medical insurance.

A Doctor's note is required before your child can return to preschool if s/he has any of the following: an emergency room visit, certain cases of illness (contagious, serious, requires a long absence, surgery, etc.), or certain cases of injury (needing doctor's care, cast or brace, special activities, etc.). If you have any doubt, please obtain a Doctor's note whenever your child goes for medical care.

**CONSENT for EMERGENCY MEDICAL CARE, PREVENTIVE SCREENINGS and OTHER HEALTH SERVICES**

My signature below indicates that I understand the Emergency Medical Care Policies and give consent for:

1. The administration of minor first aid to my child by preschool classroom staff;
2. The emergency medical and/or dental care which may be necessary to preserve the life of my child or to prevent impairment of his/her health in the event that time does not permit obtaining my personal consent for such care. I understand that I will be contacted as soon as possible, and will assume responsibility for giving permission for on-going care;
3. My child to participate in the Office of Early Childhood Education's screening program which may include, but is not limited to: developmental screening, behavioral screening, vision screening, hearing screening and dental screening. I understand that as part of the preventative health program, children participating in preschool programs of The School District of Philadelphia receive screenings during the school year;
4. The School District of Philadelphia's Office of Early Childhood Education Program Mental Health Consultation Services to provide services on an as needed basis. These services may include:
  - a. Observation of my/our child in the preschool setting and consult with teaching staff regarding strategies and techniques to support my/our child's healthy social/emotional development;
  - b. Conduct assessments and behavioral/developmental screenings, using standardized tools, across all domains of my/our child's development;
  - c. Provide behavioral health consultation services to my/our child and his/her teacher within the early childhood facility;
  - d. My/Our invitation to participate in team meetings and action plan development for my/our child's social/emotional well-being, where I/we will be provided with information about child-related issues and resources within my/our community that could be helpful.

If you have any questions about the above information, please speak with a representative from Early Childhood Health Services.

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

Date \_\_\_\_\_

**Early Childhood Use Only**

Name of Location: \_\_\_\_\_

Signature of Early Childhood Staff: \_\_\_\_\_ Date: \_\_\_\_\_

