



PHL PreK Forms FY22

1. Click here for **PHLpreK applications**
2. Click here for **PHLpreK acknowledgment forms**
3. Click here for **Ready4K forms**
4. Click here for the **CCW form**.

Proof of Birth Required for PHL Prek - Any of the following Documents - May must be 3 years old by Sept 1 and less than 5 by Sept 1.

1. Birth Certificate
2. Department of Human Services (DHS) letter on DHS letterhead*
3. Valid US Passport*
4. Visa or Green Card
5. Social Security documentation showing birthdate
6. Clinic/doctor/hospital records*

Proof of Residency Require for PHL Prek- Any of the following Documents - Document must be current or dated less12 months

1. State issued ID or driver's license *
2. Voter ID showing address
3. Current lease/rental agreement or mortgage document
4. Current Utility Bill
5. Social Security documentation
6. Recent employer pay stub
7. Wage statements (W2 tax form)
8. Child Care Works award letter received by caregiver
9. Mail/notice/award letter from County Assistance Office/DHS
10. Statement from social services agency attesting to client's residence (only if no other proof is available)



School Year 2021-2022 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 2021-2022 School Year are:

- *Child must be 3 or 4 by September 1, 2021*
- *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 Individualized Family Service Plan (IFSP) or Individualized Education Plan (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 (Select all that apply):

- 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
- Business and Financial services
- Transportation services
- Retired
- Construction and Extraction
- Retail & sales
- Food Industry
- Legal
- Non-Profit
- Community and Social Services
- Sanitation & Maintenance
- Manufacturing
- Production Occupation
- Management Occupation
- Stay-at-Home Caregiver
- Not currently employed
- Non-Compensated Work
- Other: _____

- | | |
|--|--|
| <input type="checkbox"/> Infant care provided | <input type="checkbox"/> Siblings already enrolled at the center |
| <input type="checkbox"/> Site Location | <input type="checkbox"/> Site Hours |
| <input type="checkbox"/> Availability/No Waitlist | <input type="checkbox"/> Bilingualism |
| <input type="checkbox"/> Special Needs Care | <input type="checkbox"/> Other social services provided |
| <input type="checkbox"/> 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 (Facebook, Instagram, Twitter etc....)
 News story
 Radio advertisement
 Childcare Provider
 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, 2021 (and not of kindergarten entry age on September 1, 2021), 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
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_____ Signature of Staff	_____ Name of PHLpreK Program
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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

Acknowledgement Form: Screening, Assessment, and Data Sharing Services 2021-2022 School Year

Purpose: This document outlines the services that will be provided to your child during the 2021-2022 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 years. 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.

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.

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 that you have been informed of these services and are aware that PHLpreK will 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.

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.



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 **FILLED OUT COMPLETELY** by the PHLpreK provider. **PLEASE PRINT ALL ANSWERS**

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: _____		Phone: _____
Child's Name: _____		ELRC Record Number: _____
Parent's Address: _____ City Phila Zip Code _____		
PHLpreK Program Schedule (specific to the child listed above):		
Date child enrolled with PHLpreK at your location:		Child started on: ____/____/____
Enter the daily 5.5 HOUR PHLpreK schedule: From: _____ AM / PM To: _____ AM / PM		
<p>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.</p> <p>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 ELRC18providers@caringpeoplealliance.org or by phone at 215-382-4762.</p>		
X _____	_____	_____
Provider Signature	Title/Position	Date


<u>PARENT AUTHORIZATION TO RELEASE THIS INFORMATION</u>		
Parent's Name: _____ authorize 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 (CCW) Program. I also give the ELRC permission to share with PHLpreK staff, if I am receiving CCW subsidized child care wrap-around services with this provider after my PHLpreK child care hours end.		
X _____	_____	_____
Parent Signature	Please Print Name	Date

ELRC REPLY:

YES wrap-around CCW subsidized child care is authorized by ELRC. NO wrap-around care is not authorized



EARLY LEARNING RESOURCE CENTER

 OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

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

Main Office - WELSH ROAD

2361-2373 Welsh Road
Philadelphia, PA 19114

Satellite One - CHESTNUT STREET

5548 Chestnut St
2nd Floor
Philadelphia, PA 19139

Satellite Two - GERMANTOWN AVENUE

2816 Germantown Avenue
1st Floor
Philadelphia, PA 19133

Phone: 215-382-4762

Fax: 215-382-1199

Email: ELRC18providers@caringpeoplealliance.org