

学前班申请表

2019-2020 学年

教育局及日托班合作伙伴全
日制学前班!!!

3-5 岁

(2019 年 9 月 1 日或之前满 3 岁)

(2019 年 9 月 1 日之后满 5 岁)

参加项目的益处:

- 免费营养餐
- 高质量的课程
- 护士服务
- 特殊需求支持服务
- 家长参与

费城教育局
440 N. Broad Street
Suite 170 – Preschool Program
Philadelphia, PA 19130-4015





感谢您对费城教育局学前教育项目感兴趣！填写并递交学前班申请并不能保证学生能够进入学前班学习。为了能最大限度地增加您子女被录取的几率，请在**2018年2月28日或之前**递交您子女的申请。

1. 申请者必须完成以下所有步骤。 收集好每种文件后，请在方框里打勾。如果没有收到所有支持文件，我们将不接受申请。

- 我已经填好整个申请表
- 我有子女的出生日期证明 (出生证、医疗保险卡等)
- 我有家庭收入证明 (税表、连续 4 周的工资单或经济支持信函)
- 我有费城住址证明 (账单、驾驶执照、租约等)
- 我有子女的医疗保险卡
- 我有子女的体检 (一年内的健康评估) 表和免疫接种记录
- 我有子女看牙医的证明 (一年内)
- 家长/监护人带照片的身份证明
- TANF (DPW) 现金证明、SNAP /食品券、医疗补助 (如果适用于您)
- 监护令 (如果适用于您)
- 寄养信函 (如果适用于您)
- 无家可归者证明函/收容所信函 (如果适用于您)

2. 您是否申请子女入读学校所设学前班办学点 (第 3 页) ? 携带本申请表及和所需文件到 440 North Broad 递交申请。我们办公室周一至周五上午 8:30 至下午 4 点开放。

3. 您是否申请子女入读社区合作伙伴学期班办学点 (第 4-6 页) ? 直接向该机构递交本申请表和支持文件。

2019-2020 学年学校所设学前班办学点

办学点地址按照邮编顺序排列

如果想申请入读以下办学点的学前班，将您子女的申请表递交至：

THE SCHOOL DISTRICT OF PHILADELPHIA, 440 N. BROAD STREET, SUITE 170, PHILADELPHIA, PA 19130

名称	地址	邮编
McMichael Elementary	3543 Fairmount Ave.	19104
Holme Elementary	9120 Academy Rd.	19114
George Washington High	10175 Bustelton Ave	19116
Loesche Elementary	595 Tomlinson Rd.	19116
Emlen Elementary	6501 Chew Ave.	19119
Lowell Elementary	450 W. Nedro Ave.	19120
T. Marshall Elementary	5120 N. 6th St.	19120
Blaine Elementary	3001 W. Berks St.	19121
W.D. Kelley Elementary	1601 N. 28th St.	19121
Meade Elementary	1600 N. 18th St.	19121
McKinley Elementary	2101 N. Orkney St.	19122
Hackett Elementary	2161 E. York St.	19125
Ellwood Elementary	6701 N. 13th St.	19126
Shawmont Elementary	535 Shawmont Ave.	19128
Cook-Wissahickon Elementary	201 E. Salignac St.	19128
Mifflin Elementary	3624 Conrad St.	19129
Bache-Martin Elementary	2201 Brown St.	19130
Blankenburg Elementary	4600 W. Girard Ave.	19131
Heston Elementary I	1621 N. 54th St.	19131
Dr. Ethel Allen Academy	3200 W. Lehigh Ave.	19132
Pratt Early Childhood Center	2200 N. 22nd St.	19132
Wright Elementary	2700 W. Dauphin St.	19132
Hunter Elementary	2400 N. Front St.	19133
Webster Elementary	3400 Frankford Ave.	19134
Lawton Elementary	6101 Jackson St.	19135
Lincoln High	3201 Ryan Ave.	19136
Forrest Elementary	7300 Cottage St.	19136
A.B. Day Elementary	1201 E. Johnson St.	19138
Pennypacker Elementary	1858 E. Washington Ln.	19138
Haverford Center	4601 Haverford Ave.	19139
Barry Elementary	5900 Race St.	19139
Lea Elementary	4700 Locust St.	19139
Cleveland Charter	3701 N. 19th St.	19140

名称	地址	邮编
McClure Elementary	600 W. Hunting	19140
Edison High	151 W. Luzerne St.	19140
Bethune Elementary	3301 Old York Rd.	19140
Cramp Elementary	3449 N. Mascher	19140
Muñoz-Marín Elementary	3300 N. 3rd St.	19140
Steel Elementary	4301 Wayne Ave.	19140
Logan Elementary	1700 Lindley Ave.	19141
Pennell Elementary	1800 Nedro Ave.	19141
Prince Hall Elementary	6101 N. Gratz St.	19141
Catharine Annex	6900 Greenway	19142
Patterson Elementary	7000 Buist St.	19142
Anderson Elementary	1034 S. 60th St.	19143
Bryant Elementary	6001 Cedar Ave.	19143
Longstreth Elementary	5700 Willows Ave.	19143
Turner Center	5900 Baltimore	19143
Wister Mastery Charter	67 E. Brighthurst St.	19144
Bregy Elementary	1700 Bigler St.	19145
E. Vare Universal Charter	2100 S. 24th St.	19145
E.M. Stanton Elementary	1700 Christian St.	19146
Childs Elementary	1599 Wharton St.	19146
Nebinger Elementary	601 Carpenter St.	19147
Jackson Elementary	1213 S. 12th St.	19147
Kirkbride Elementary	1501 S. 7th St.	19147
A. Vare @ George Washington	1198 S. 5th St.	19147
South Philadelphia High	2101 S. Broad St.	19148
Sharswood Elementary	2300 S. 2nd St.	19148
Southwark Elementary	1835 S. 9th St.	19148
Taggart Elementary	400 Porter St.	19148
Spruance Elementary	6401 Horrocks St.	19149
F.S. Edmonds Elementary	8025 Thouron Ave.	19150
Lamberton Elementary	7501 Woodbine	19151
Rhawnhurst Elementary	7809 Castor Ave.	19152
Fitzpatrick Elementary	4101 Chalfont Dr.	19154

2019-2020 学年社区合作伙伴学前班办学地址

办学点地址按照邮编顺序排列

以下社区合作伙伴机构设有免费学前教育项目 (根据您家庭是否符合项目要求)。合作机构管理自己的申请及录取程序。如果想申请入读以下办学点的学前班, 亲自将您子女的申请表递交至社区合作伙伴机构。

合作机构	地址	邮编	电话号码	是否开设课前及 / 或课后看护服务 (须付费)
Brightside Academy - Market	4011-13 Market St.	19104	215-386-0910	是
Caring Center	3101 Spring Garden St.	19104	215-386-8245	是
CPA - West Phila. Community Ctr.	3512 Haverford Ave.	19104	215-386-4075	是
Comm. Ed. Alliance/Belmont	907 N. 41st St.	19104	215-386-5768	是
Montgomery Early Learning Centers/Families First	3939 Warren St.	19104	215-382-2499	是
Parent-Infant Center	4205 Spruce St.	19104	215-222-5480	是
Sound Start	2970 Market St.	19104	267-941-1600	是
Children's Village	125 N. 8th St.	19106	215-931-0190	是
Green Byrne Child Care Center	600 Arch St.	19106	215-861-3606	是
Tuny Haven International Early Learning Ctr.	111 S. Independence Mall	19106	215-440-9614	是
Chinatown Learning Center	1034 Spring St.	19107	215-922-4227	是
Grace Neighborhood/Bethany Academy	6537 Rising Sun Ave.	19111	215-742-1300	是
Ken-Crest - Northeast	7200 Rising Sun Ave.	19111	215-342-9800	是
Kinder Academy - Castor	7332 Elgin Ave.	19111	267-571-6800	是
Soans Christian Academy	7912 Dungan Rd.	19111	215-535-8200	是
Just Children – Grant	2901 Grant Ave.	19114	215-677-1711	是
Bambi Day Care Center	500 Red Lion Rd.	19115	215-464-8623	是
Ann Kids	10100 Jamison Ave.	19116	215-869-0207	是
Federation Early Learning - Lassin	10800 Jamison Ave.	19116	215-725-8930	是
Childspace Main	7406 Germantown Ave.,	19119	215-248-3080	是
ALGEN - Franklin Day Nursery Northeast	5416 Rising Sun Ave.	19120	267-428-5814	是
ASPIRA	6301 N. 2nd St.	19120	215-324-7012	否
Rising Sun Children's Center	5224 Rising Sun Ave.	19120	215-457-7730	是
Today's Child Learning Center - Feltonville	4901 Rising Sun Ave.	19120	215-456-3005	否
Your Child's World - North	5837 N. 2nd St.	19120	215-924-4175	是
Community Concern #13	2721 Cecil B. Moore Ave.	19121	215-236-5024	是
YMCA - North	1400 N. Broad St.	19121	215-235-6440	是
CPA - North R.W. Brown Community Center	1701 N. 8th St.	19122	215-763-0900	是
Norris Square Children's Center	2011 N. Mascher St	19122	215-634-2251	是
Brightside Academy - Erie & Castor	1500 E. Erie Ave.	19124	215-533-6321	是
Grace Trinity Day Care Center	5200 Oxford Ave.	19124	215-535-3885	是
Grace Neighborhood Main	5221 Oxford Ave.	19124	215-535-8200	是
Pratt Street Learning Center	899 Pratt St.	19124	215-289-1940	是

合作机构	地址	邮编	电话号码	是否开设课前及 / 或课后看护服务 (须付费)
SPIN – Frankford	1642 Orthodox St.	19124	215-831-3158	是
Brightside Academy – Kelly's Corner	2501 Kensington Ave.	19125	215-739-7466	是
Ken-Crest - Lehigh	2600 B. St.	19125	215-427-1570	是
Your Child's World - Main	7120 N. Broad St.	19126	215-924-4195	是
YMCA - Roxborough	7219 Ridge Ave.	19128	215-482-3900	是
Young World Early Learning Center	1737 Fairmount Ave.	19130	215-763-7656	是
Childspace West	4910 Wyalusing Ave.	19131	215-473-7914	是
Brightside Academy - 48th & Lancaster	4829 Lancaster Ave.	19131	215-879-0162	是
Just Children - Conshohocken	4723 Conshohocken Ave.	19131	215-473-5757	是
Methodist Services/Educare	4300 Monument Rd.	19131	215-877-1925 x112	是
Elwyn Apple SEEDS Lehigh	2001 W. Lehigh Ave.	19132	215-383-1552	否
Total Childcare/Prodigy Learning	3345 W. Hunting Park Ave.	19132	215-228-7678	是
APM – Main	2318 N. Marshall St.	19133	215-839-3313	是
APM – Rivera	2603-11 N. 5th St.	19133	267-773-6098	否
APM – Trinidad	1038 W. Sedgley Ave.	19133	215-995-2099	否
Brightside Academy - Plaza	217 W. Lehigh Ave.	19133	215-203-0494	是
Brightside Academy - Congresso	2800 American St.	19133	215-427-1726	是
Lighthouse – Lehigh	152 W. Lehigh Ave.	19133	215-425-7800	是
Brightside Academy – C & Allegheny	341 E. Allegheny Ave.	19134	215-291-5525	是
Brightside Academy - Harrowgate	3528 I St.	19134	215-426-7300	是
Brightside Academy - K & A	1819 E. Allegheny Ave.	19134	215-426-7403	是
Ken-Crest – Kensington	901 E. Ontario St.	19134	215-739-4547	是
Norris Square – Willard	3070 Frankford Ave.	19134	215-291-4143	否
Creative Learning Environments	4800 Longshore Ave.	19135	215-332-2360	是
Creative Learning Environments II	4824 Princeton Ave.	19135	215-332-2360	否
Grace Neighborhood/ St. Stephens	4201 Princeton Ave.	19135	215-624-3262	是
APM - Rising Sun	4221 N. 2nd St.	19140	267-296-7357	是
Brightside Academy – Courtland	543 W. Courtland St.	19140	215-329-0614	是
Brightside Academy – 3rd & Westmoreland	3230 N. 3rd St.	19140	215-634-3018	是
Ken-Crest – North	3907 N. Broad St.	19140	215-227-0534	是
Mercy Neighborhood Ministries of Philadelphia	1939 W. Venango St.	19140	215-227-4393	是
Porters Day Care	1434-38 Belfield Ave.	19140	215-329-2300	是
Brightside Academy – Upper North Broad	4920 N. Broad St.	19141	215-457-5708	是

合作机构	地址	邮编	电话号码	是否开设课前及/或课后看护服务(须付费)
Precious Angels	6100 Broad St.	19141	215-224-6880	是
Your Child's World - Elmwood	2406 S. 71st St.	19142	267-233-7031	是
ALGEN - Harvard Children's Academy	4900 Baltimore Ave.	19143	215-729-9900	是
Brightside Academy – 56th & Woodland	5600 Woodland Ave.	19143	215-727-1576	是
Ken-Crest – West	5900 Elmwood Ave.	19143	215-726-2310	是
Mercy Neighborhood at Face-to-Face	123 E. Price St.	19144	215 227-4393	是
ALGEN - AWB Children's Center	196 E. Herman St.	19144	215-848-1974	是
Childspace Too	5517 Greene St.	19144	215-849-1660	是
CORA Early Years at Lasalle	625 E. Wister St.	19144	267 -385-3436	是
Settlement Music School – Germantown	6128 Germantown Ave.	19144	215-320-2618	否
Children's Playhouse - Newbold	1426 Passyunk Ave.	19145	267 -519-2124	是
Elwyn Apple SEEDS South	1930 S. Broad St.	19145	215-422-4902 215-301-9375	否
Diversified Comm. Svcs. - Dixon	2201 Moore St.	19145	215-334-2662	是
Molly's Child Care	1610 McKean St.	19145	215-551-0114	是
Early Childhood Environments	762 S. Broad St.	19146	215-844-0178	是
Diversified Comm. Svcs. - Western	1613-21 South St.	19146	215-735-1261	是
Settlement Music School – Queen St.	416 Queen St.	19147	215-320-2670	是
Children's Playhouse	2501 S. Marshall St.	19148	215-372-7050	是
Ken-Crest - South	504 Morris St.	19148	215-271-8908	是
Youth Enrichment Programs	2029-33 S. 7th St.	19148	215-755-7588	是
ALGEN - Franklin Day Nursery South	719 Jackson St.	19148	215-389-2991	是
Brightside Academy - Castor	6000 Castor Ave.	19149	215-289-9103	是
Kinder Academy - Mayfair	6300 Harbison Ave.	19149	215-535-4424	是
Kinder Academy - Oxford Circle	900 E. Howell St.	19149	267-571-6800	是
Pratt Street Learning Center in Bustleton	6600 Bustleton Ave.	19149	215-289-1940	是
Your Child's World - Harbison	6595A Roosevelt Blvd.	19149	215-289-2026	是
Little People's Village	904 N. 66th St.	19151	215-878-3011	是
Little People's Village II	6522 Haverford Ave.	19151	215-474-3011	是
Federation Early Learning - Paley	2199 Strahle St.	19152	215-725-8930	是
A Step Ahead Day Care	7802 Castor Ave.	19152	215-722-4700	是
Kinder Academy - Rhawnhurst	7922 Bustleton Ave.	19152	215-728-7700	是
Kinder Academy - Parkwood	3001 Byberry Rd.	19154	215-612-1776	是
SPIN - NE	10521 Drummond Rd.	19154	215-612-7181	是
SPIN - Parkwood	12640 Dunks Ferry Rd	19154	267-350-2178	否
YMCA - NE	11088 Knights Rd.	19154	215-632-0100	是

学生姓名/Child's Name:		出生日期/Date of Birth:	
#1: 学生及家庭成员信息/ CHILD and FAMILY INFORMATION FORM			
第一部分 / Section 1: 主要家长/PRIMARY PARENT 该成年人主要负责照顾子女并保障其利益/The adult who is primarily responsible for the care and well-being of the child.			
名/First Name:		姓/Last Name:	
出生日期/Date of Birth:		性别/Gender: <input type="radio"/> 男/Male <input type="radio"/> 女/Female	
主要说哪种语言/Primary language:		其他语言/Other language(s):	
家庭住址/Home Address:			
公寓 / 单元号/Apt./Unit #:	城市/City:	州/State:	邮编/Zip Code:
家庭电话/Home Phone #:		手机/Cell Phone #:	
电子邮件地址 (请书写工整)/Email Address (please print clearly):			
紧急情况联系人/Emergency Contact:		紧急情况联系电话/Emergency Contact Phone #:	
白天联系您的最佳方式/Best way to reach you during the day: 选择所有适合的	<input type="radio"/> 家庭电话/Home Phone #	<input type="radio"/> 手机/Cell Phone #	<input type="radio"/> 电子邮件/Email <input type="radio"/> 紧急情况联系人/Emergency Contact
婚姻状态/Marital Status 选择其一/Select one	<input type="radio"/> 已婚/Married	<input type="radio"/> 单身/Single	<input type="radio"/> 丧偶/Widowed <input type="radio"/> 分居/离婚/Separated/Divorced
与儿童关系/Relationship to Child 选择其一/Select one	<input type="radio"/> 父母/继父母/Parent/Step-Parent		<input type="radio"/> 祖父母/Grandparent
	<input type="radio"/> 寄养/亲戚父母, 与儿童有亲戚关系/Foster/Kinship Parent, related to child		<input type="radio"/> 寄养父母, 与儿童无亲戚关系/Foster Parent, not related to child
	<input type="radio"/> 监护人, 与儿童有亲戚关系/Guardian, related to child		<input type="radio"/> 监护人, 与儿童无亲戚关系/Guardian, not related to child
	<input type="radio"/> 其他 (说明) /Other (specify):		
种族/民族/Race/Ethnicity 选择所有适合的/Select all that applies	<input type="radio"/> 西语裔或拉丁裔/Hispanic or Latino/a		<input type="radio"/> 美洲印第安人/American Indian
	<input type="radio"/> 黑人或非裔美国人/Black or African American		<input type="radio"/> 多种族或双种族/Multi-Racial or Bi-Racial
	<input type="radio"/> 太平洋诸岛原住民/Pacific Islander		<input type="radio"/> 白人/White
<input type="radio"/> 亚裔/Asian		<input type="radio"/> 夏威夷原住民/Native Hawaiian	
<input type="radio"/> 其他 (说明) /Other (specify):			
状态/Status 选择所有适合的/Select all that applies	<input type="radio"/> 单身家长- 无另一家长的体力或财力支持而单独照顾子女/Single Parent – cares for the child without physical or financial assistance from the other parent		<input type="radio"/> 未成年家长 – 在家长未满十八岁时出生的儿童/Teen Parent – parent was under the age of 18 when child was born
教育/Education 选择最高文凭/学位或所完成最高年级/Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> 高中文凭/High School Diploma		<input type="radio"/> 高中同等学历/GED
	<input type="radio"/> 副学士学位/Associates Degree		<input type="radio"/> 学士学位/Bachelors Degree
	<input type="radio"/> 博士学位/Doctorate Degree		<input type="radio"/> 一些大学教育/Some College
	<input type="radio"/> 11 年级/11 th Grade		<input type="radio"/> 10 年级/10 th Grade
	<input type="radio"/> 其他 (说明) /Other (specify):		
受雇、上学、工作培训/Employment, School, Job Training 选择所有适合的/Select all that applies	<input type="radio"/> 受雇/自主就业/Employed/Self-Employed		<input type="radio"/> 失业/未就业/Unemployed/Not Employed
	<input type="radio"/> 在校/在岗培训项目/In School/Job Training Program		<input type="radio"/> 料理家务/Stay-at-Home Parent
	<input type="radio"/> 现役美国军人/Member of the U.S. military on active duty		<input type="radio"/> 退役美国军人/Veteran of the U.S. military
雇主名称/Name of Employer:	雇主名称/Name of Employer:		
您获得薪酬的频次/How often are you paid?	<input type="radio"/> 每月一次/Monthly		<input type="radio"/> 每月两次/ Twice a month
	<input type="radio"/> 每两周/Every two weeks		<input type="radio"/> 每周/Every Week
<input type="radio"/> 其他/Other:			
您是否患有一种或多种残疾/Do you have a disability or disabilities? 如果是, 请列出所有残疾/If 'Yes', please list your disabilities:			<input type="radio"/> 是/ Yes <input type="radio"/> 否/No
您有医疗保险吗/Do you have health insurance? 如果是, 医疗保险公司名称/If 'Yes', name of health insurance provider:			<input type="radio"/> 是/ Yes <input type="radio"/> 否/No

学生姓名/Child's Name:		出生日期/Date of Birth:	
第二部分/Section 2: 次要家长/SECONDARY PARENT 共同负责照顾学生的成人/An adult who shares in the care of the child.			
名/First Name:		姓/Last Name:	
出生日期/Date of Birth:		性别/Gender: <input type="radio"/> 性别/Male <input type="radio"/> 女/Female	
主要说哪种语言/Primary language:		其他语言/Other language(s):	
<input type="radio"/> 与主要家长/监护人住址一致/ Same as Primary Parent/Guardian		家庭住址/Home Address:	
公寓 / 单元号/Apt./Unit #:	城市/City:	州/State:	邮编/Zip Code:
家庭电话/Home Phone #:		手机/Cell Phone #:	
电子邮件地址 (请书写工整)/Email Address (please print clearly):			
紧急情况联系人/Emergency Contact:		紧急情况联系电话/Emergency Contact Phone #:	
白天联系您的最佳方式 /Best way to reach you during the day 选择所有适合的	<input type="radio"/> 家庭电话/Home Phone #	<input type="radio"/> 手机/Cell Phone #	<input type="radio"/> 电子邮件/ Email
	<input type="radio"/> 紧急情况联系人/Emergency Contact		
婚姻状态/Marital Status 选择其一/Select one	<input type="radio"/> 已婚/Married	<input type="radio"/> 单身/Single	<input type="radio"/> 丧偶/Widowed
	<input type="radio"/> 分居/离婚/Separated/Divorced		
与儿童关系/Relationship to Child 选择其一/Select one	<input type="radio"/> 父母/继父母/Parent/Step-Parent		<input type="radio"/> 祖父母/Grandparent
	<input type="radio"/> 寄养/亲戚父母, 与儿童有亲戚关系/Foster/Kinship Parent, related to child		<input type="radio"/> 寄养父母, 与儿童无亲戚关系/Foster Parent, not related to child
	<input type="radio"/> 监护人, 与儿童有亲戚关系/Guardian, related to child		<input type="radio"/> 监护人, 与儿童无亲戚关系/Guardian, not related to child
	<input type="radio"/> 无亲戚关系/No relations.		<input type="radio"/> 其他 (说明) /Other (specify):
状态/Status: 选择所有适合的/Select all that applies	<input type="radio"/> 配偶-丈夫/妻子/Spouse – husband/wife		<input type="radio"/> 同伴/伴侣/ Companion/Partner
	<input type="radio"/> 与子女住在一起/Lives with child		<input type="radio"/> 不与子女住在一起/Does not live with child
种族/民族/Race/Ethnicity 选择所有适合的/Select all that applies	<input type="radio"/> 西语裔或拉丁裔/Hispanic or Latino/a		<input type="radio"/> 美洲印第安人/American Indian
	<input type="radio"/> 黑人或非裔美国人/Black or African American		<input type="radio"/> 多种族或双种族/Multi-Racial or Bi-Racial
	<input type="radio"/> 太平洋诸岛原住民/Pacific Islander		<input type="radio"/> 白人/White
教育/Education 选择最高文凭/学位或所 完成最高年级 /Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> 高中文凭/High School Diploma		<input type="radio"/> 高中同等学历/GED
	<input type="radio"/> 副学士学位/Associates Degree		<input type="radio"/> 学士学位/Bachelors Degree
	<input type="radio"/> 博士学位/Doctorate Degree		<input type="radio"/> 一些大学教育/Some College
	<input type="radio"/> 11 年级/11 th Grade		<input type="radio"/> 10 年级/10 th Grade
	<input type="radio"/> 9 年级或以下/9 th Grade or lower		
<input type="radio"/> 其他 (说明) /Other (specify):			
受雇、上学、工作培训 /Employment, School, Job Training 选择所有适合的/Select all	<input type="radio"/> 受雇/自主就业/Employed/Self-Employed		<input type="radio"/> 失业/未就业/Unemployed/Not Employed
	<input type="radio"/> 在校/在岗培训项目/In School/Job Training Program		<input type="radio"/> 料理家务/Stay-at-Home Parent
	<input type="radio"/> 现役美国军人/Member of the U.S. military on active duty		<input type="radio"/> 退役美国军人/Veteran of the U.S. military
雇主名称/Name of Employer:	雇主名称/Name of Employer:		
您获得薪酬的频次 /How often are you paid?	<input type="radio"/> 每月一次/Monthly		<input type="radio"/> 每月两次/ Twice a month
	<input type="radio"/> 每两周/Every two weeks		<input type="radio"/> 每周/Every Week
			<input type="radio"/> 其他/Other:
您是否患有一种或多种残疾/Do you have a disability or disabilities? 如果是, 请列出所有残疾/If 'Yes', please list your disabilities:			<input type="radio"/> 是/ Yes <input type="radio"/> 否/No
您有医疗保险吗/Do you have health insurance? 如果是, 医疗保险公司名称:			<input type="radio"/> 是/ Yes <input type="radio"/> 否/No

第三部分 / Section 3:地点/LOCATIONS

选择您希望子女就读的办学点: 您子女有可能被所填的第二、第三志愿办学点录取。不要填写您不愿意或不能定期、准时送子女上学的办学点。教育局不提供交通服务。

第一志愿办学点/Name of your 1st Location Choice:

第二志愿办学点/Name of your 2nd Location Choice:

第三志愿办学点/Name of your 3rd Location Choice:

第四部分 / Section 4: 子女/ CHILD

名/First Name:

姓/Last Name:

出生日期/Date of Birth:

性别/Gender: 男/Male 女/Female

种族/民族 /Race/Ethnicity 选择所有适合的/Select all that applies	<input type="checkbox"/> 西语裔或拉丁裔/Hispanic or Latino/a	<input type="checkbox"/> 美洲印第安人/American Indian	<input type="checkbox"/> 亚裔/Asian
	<input type="checkbox"/> 黑人或非裔美国人/Black or African American	<input type="checkbox"/> 多种族或双种族/Multi-Racial or Bi-Racial	<input type="checkbox"/> 夏威夷原住民/Native Hawaiian
	<input type="checkbox"/> 太平洋诸岛原住民/Pacific Islander	<input type="checkbox"/> 白人/White	<input type="checkbox"/> 其他 (说明) /Other (specify):

主要说哪种语言/Primary language:

其他语言/Other language(s):

在家说英语/English is spoken in the home。

是/Yes

否/No

学生的英语技能/Child's English skills: 很好/Very well 好/Well 不好/Not well

不说英语/Does not speak English

目前家长对该学生有监护权/Parent has an active custody arrangement for this child。

是/Yes

否/No

学生和谁一起居住 (选择所有适合的) /Child lives with (select all that applies):

母亲/Mother

继母/Step-Mother

寄养家

长/亲戚家长/Foster Parent/Kinship Parent

父亲/Father

继父/Step-Father

祖父母/Grandparent

亲戚/Relative 其他/Other

学生患有残疾/Child has a disability。 如果是, 请列出所有残疾/If 'Yes', list all disabilities:

是/Yes

否/No

我子女有 **IEP** (个人教育计划)、**IFSP** (个人家庭服务计划)及/或 **ER** (评估报告), 正在接受 ChildLink, ELWYN 或 ELWYN Seeds 的早期干预服务。如果“是”, 说明其正在接受的早期干预服务 (选择所有服务)/Child has an IEP, an IFSP and/or an ER and is receiving Early Intervention services from ChildLink, ELWYN or ELWYN Seeds. If 'Yes', indicate below which Early Intervention services your child is receiving (select all that applies):

是/Yes

否/No

言语服务/Speech Therapy

特殊教学/Special Instruction

物理治疗/Physical Therapy

职能治疗/Occupational Therapy

其它/Other

学生戴尿垫/Child wears diapers。 (有些办学点不招收戴尿垫的学生/Some locations cannot accept children in diapers。)

是/Yes

否/No

学生穿尿裤/Child wears pull-ups?

白天/Daytime

午睡时/Naptime

晚上/Nighttime

其他/Other?

是/Yes

否/No

如果是, 学生在上学前班时是否只需很少的大人帮助就能使用卫生间/If 'Yes', will child be able to use the toilet with little adult assistance while in preschool?

是/Yes

否/No

学生就读 / 过去就读学前班或日托班 /Child is/was in preschool or daycare。

否/No

是——名称/Yes – name:

子女的母亲及 / 或父亲目前在监狱服刑/Child's mother and/or father is currently incarcerated。

是/Yes

否/No

子女的母亲及 / 或父亲已去世/Child's mother and/or father is deceased。

是/Yes

否/No

过去 1 2 个月里我子女的生活中发生了重大变化/There have been important changes in my child's life during the last 12 months。

是/Yes

否/No

如果是, 请说明/If 'Yes', please explain:

心理健康服务机构转介推荐我子女就读一个学前班项目/Child was referred to a preschool program from a mental health provider。

是/Yes

否/No

请告诉我们其他您希望我们了解的您子女情况/Please share any additional information about your child that you would like us to know。

学生姓名/Child's Name:		出生日期/Date of Birth:	
第五部分/Section 5:家庭成员及住房信息/ FAMILY MEMBERS AND HOUSING 列出您的姓名、子女姓名及其他住在您家的所有其他成人及儿童的姓名。			
名和姓/FIRST and LAST NAME		出生日期/DATE of BIRTH 月/日/年	与主要家长的关系/RELATIONSHIP to PRIMARY PARENT 本人、丈夫、妻子、女儿、儿子、母亲等/Self, Husband, Wife, Daughter, Son, Mother, etc.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
住房信息 /Housing Information 选择目前的情况/ Select your current situation	<input type="checkbox"/> 自有/Own		<input type="checkbox"/> 租房/Rent
	<input type="checkbox"/> 过渡性住房 – 从何时开始/Transitional housing – Since what date?		<input type="checkbox"/> 火车或汽车站、公园或汽车 – 从何时开始/Train or bus station, park or in car – Since what date?
	<input type="checkbox"/> 收容所– 从何时开始/Shelter – Since what date?		<input type="checkbox"/> 由于缺乏备选方案、足够住房或由于失去住房而住在旅馆/汽车旅馆、野营地或处于其他类似境况 – 从何时开始/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="checkbox"/> 由于缺乏备选方案、足够住房或由于失去住房而与亲戚或他人合住 – 从何时开始/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="checkbox"/> 由于缺乏备选方案、足够住房或由于失去住房而住在旅馆/汽车旅馆、野营地或处于其他类似境况 – 从何时开始/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="checkbox"/> 由于紧急事故: 被逐、水灾、火灾、飓风等而处于临时居住状态/Temporary housing situation due to emergency: eviction, flood, fire, hurricane, etc.		<input type="checkbox"/> 废弃公寓楼/Abandoned apartment building
<input type="checkbox"/> 其他/Other _____			
过去 12 个月内, 我 / 我们从临时性住所搬迁到永久性住所/During the past 12 months, I/we have moved from temporary to permanent housing.		<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
过去 2 年内, 我 / 我们搬入新住所/During the past 2 years, I/we have moved into a new house.		<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
我们的子女患有疾病, 身体虚弱 (慢性病、绝症等) /We have a medically fragile child 子女姓名/Name of child:		<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
您家中是否有人有心理健康问题/Does someone in the home have a mental health concern?		<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
您家中是否有人在社会生活方面有顾虑的问题 (英语非母语人士、饮食紊乱、监护权问题等等)/Does someone in the home have a social concern (English language learner, eating disorder, custody issues, etc.)? 如果是, 请列出所有问题:		<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
可选择提供的 信息/Optional Information	最近来美国的/New to the country?		<input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No
	接受诸如 HIAS、NSC、Bethany、JEVS、New World Association、AFAHO 等服务/ Has an agency such as HIAS, NSC, Bethany, JEVS, New World Association, AFAHO, or other worked with you?		<input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No
第六部分/Section 6:家庭收入/FAMILY INCOME 选择主要家长、次要家长和所有子女得到的每一项收入来源/Select each source of income that the Primary Parent, Secondary Parent and all children receive.			
<input type="checkbox"/> 受雇/Employment		<input type="checkbox"/> 自营/Self-Employment	<input type="checkbox"/> 失业补偿金/Unemployment Compensation
<input type="checkbox"/> 工人补偿金/Workmen's Compensation		<input type="checkbox"/> 社会保险金/Social Security	<input type="checkbox"/> SSI
<input type="checkbox"/> 子女抚养费/Child Support		<input type="checkbox"/> 离婚赡养费/Alimony	
<input type="checkbox"/> 军人补贴 / 退伍军人补贴 / Military/ Veteran's Benefits		<input type="checkbox"/> 佣金/Commission	<input type="checkbox"/> 寄养 / 亲属看护/Foster Care/Kinship Care
<input type="checkbox"/> 小费 / Tips		<input type="checkbox"/> 养老金 / 退休金 / Pension/Retirement	
<input type="checkbox"/> 罢工补贴 / Strike Benefits		<input type="checkbox"/> 奖学金/经费/津贴 / Scholarship/Grant/Stipend	
<input type="checkbox"/> 其他 (说明) /Other (specify):		<input type="checkbox"/> 家人或朋友资助/Financial support from Family or Friend	
<input type="checkbox"/> 出租房屋——有人付您房租 / Rental Properties – someone pays you rent			
您的家庭接受福利补助吗/Does your family receive welfare benefits? <input type="checkbox"/> TANF 现金补助/TANF Cash Assistance <input type="checkbox"/> SNAP 食品券/SNAP Food Stamps			
<input type="checkbox"/> 医疗补助/Medical Assistance			
您的家庭接受 WIC 补助吗/Does your family receive WIC? <input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No <input type="checkbox"/> 曾经接受过/Previously			
请告诉我们其他您希望我们了解的有关您家庭情况。/Please share any additional information about your family that you would like us to know.			

学生姓名/Child's Name:	出生日期/Date of Birth:
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第七部分/Section 7:签名/SIGNATURES

请阅读以下声明，并在签字处签名。

我/我们已经完整填写家庭成员信息表并证实表中的信息正确。歪曲这些信息可能导致我/我们依据联邦及/或宾州现行法律受到起诉，而且如果已经注册，我/我们子女入读学前教育项目的资格可能会中止。我/我们已附上我 / 我们及子女的出生日期证明、宾州费城住址证明及所收到所有收入及每月收到的福利的复印件。我/我们理解必须提供此信息的目的是确定我 / 我们是否有资格入读费城教育局学前教育项目。我/我们理解，费城教育局、卫生与民政服务部、宾州政府及费城市官员可以获取并证实我 / 我们递交的学前班申请表中的信息及支持材料内容。我 / 我们也理解，在必要的情况下，有关部门可能会索取更多的文件，我 / 我们将提供这些文件。我/我们理解，费城教育局及附属社区非盈利合作伙伴机构将对我 / 我们所提交的所有学前班申请材料严格保密。根据家庭教育权利及隐私权法案作为费城教育局学前教育项目的一部分，这些合作伙伴机构出于合法教育原因需要了解这些信息，因而被认为是学校官员。

主要家长签名/Signature of Primary Parent

日期/Date

次要家长签名/Signature of Secondary Parent

日期/Date

第八部分/Section 8:READY4K

4 年级之前阅读达标及费城公立图书馆邀请您参加 Ready4K，一项研究证明有效的家长短信通知项目。每周您将收到大约三（3）个短信，告知您有趣的信息和简单的能改善您子女学习成绩的技巧，这是科学证明有效的方法。报名参加 Ready4K 无需付费，但是可能需要付数据和信息费。

如果您子女注册入读一个教育局学前教育项目，您是否愿意收到有用的短信，告知您有趣的信息和简单的能改善您子女学习成绩的技巧？

否，谢谢。/No, thank you.

是，请发短信到这个号码/Yes, please send text messages to this

number: _____

选择接收信息，您同意(i) 将本表格递交给 ParentPowered PBC, (ii) 报名参加啊 Ready4K (“项目”), (iii) 访问网站 parentpowered.com/terms.html 查看家长支持的 PBC 使用条款，访问网站 parentpowered.com/privacy.html 查看隐私保护政策，并 (iv) 从号码 70138 收到 Ready4K 短信。提供您的手机号码，您核实希望收到 ParentPowered 发出的我们认为您希望知道的信息，其中包括 ParentPowered 利用自动拨打技术发到您提供的手机号上的信息。报名参加无需付费，但是可能需要付数据和信息费。您可以发短信 STOP 到 70138 中止收到来自 Ready4K 的短信。如果需要有关 Ready4K 方面的帮助，发短信到 70138 或电子邮件到 support@parentpowered.com。

第九部分/Section 9: 问卷调查/SURVEY

您怎么听说费城教育局学前班项目的？(选择所有适合的)/How did you hear about The School District of Philadelphia's preschool program? (select all that applies):

邻居/Neighbor
 朋友/家庭成员/ Friend/Family Member
 医生诊所/Doctor's Office
 电台/Radio
 信息传单/Informational flyer
 图书馆/Library
 互联网/Internet
 Facebook
 Instagram
 其他/Other



THE SCHOOL DISTRICT OF PHILADELPHIA

按照各项现行联邦及宾州民法法令及条例，不论您的种族、肤色、原住国、性别、性别取向、残疾状况、年龄、宗教信仰、祖辈情况、工会成员资格如何或属于其他任何受法律保护的人群，您都有权得到费城教育局的服务，或被转到其它机构得到服务。如果您觉得曾因种族、肤色、原住国、性别、性别取向、残疾状况、年龄、宗教信仰、祖辈情况、工会成员资格或属于其他任何受法律保护的人群等原因遭受歧视，您可递交一份歧视投诉。该投诉可递交给以下各机构：

Bureau of Equal Opportunity
Southeast Regional Office
801 Market St. ~ Suite 5034
Philadelphia, PA 19107

Commonwealth of Pennsylvania
Human Relations Commission
110 N. 8th St.
Philadelphia, PA 19107

Office of Civil Rights
U. S. Department of Health and Human Services ~ Region III
150 S. Independence Mall West
Suite 436, Public Ledger Building
Philadelphia, PA 19106

#2: 学生健康评估/体检表/CHILD HEALTH ASSESSMENT/PHYSICAL EXAM FORM

Child's Name (Last):		Child's Name (First):		Child's Date of Birth:		
Parent/Guardian Name:		Address:		Contact Phone #:		
PA child care providers must document that enrolled children have received age-appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL, 60007. The schedule is available at www.aap.org or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.						
Health history and medical information pertinent to routine care and emergencies (describe, if any): <input type="checkbox"/> NONE				DATE OF MOST RECENT WELL-CHILD/PHYSICAL EXAM: Do not omit any information. This form may be updated by health professional (initial and date new data).		
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE						
LENGTH/HEIGHT		WEIGHT		BLOOD PRESSURE		
_____ IN/CM %ILE _____		_____ LB/KG %ILE _____		(BEGINNING AT AGE 3)		
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> = NORMAL		IF ABNORMAL - COMMENTS		
HEAD/EYES/EARS/NOSE/THROAT						
TEETH						
CARDIORESPIRATORY						
ABDOMEN/GI						
GENITALIA/BREASTS						
EXTREMITIES/JOINTS/BACK/CHEST						
SKIN/LYMPH NODES						
NEUROLOGIC & DEVELOPMENTAL						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTap/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER/TB						
SCREENING TESTS		DATE OF TEST	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL			
LEAD						
ANEMIA (HGB/HCT)						
URINALYSIS (UA) at age 5						
HEARING (subjective until age 4)						
VISION (subjective until age 3)						
PROFESSIONAL DENTAL EXAM						
HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (attach additional sheets if necessary) <input type="checkbox"/> NONE						
				NEXT APPOINTMENT – MONTH/YEAR:		
MEDICAL CARE PROVIDER:			SIGNATURE OF PHYSICIAN OR CRNP:			
ADDRESS:						
ZIP CODE:	PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:			

#3: 牙科健康 / 牙科检查表/CHILD DENTAL HEALTH/DENTAL EXAM FORM

子女姓名/Child's Name _____ 出生日期/Date of Birth _____

第一部分/SECTION 1:由家长/监护人填写/Completed by parent/guardian

1. 您子女看过牙医吗/Has your child been to the dentist? 否/No 是 – 如果“是”，子女最后看牙医的时间/Yes – if ‘Yes’, date of child’s last dental visit _____
2. 您子女现在（或过去）有蛀牙或龋齿吗/Does your child have (or had) cavities or caries? 否/No 是 – 如果是，多少颗/Yes – If ‘Yes’, how many?
3. 您子女的牙齿、牙龈或口腔有问题吗/Does your child have any problems with his/her teeth, gums, or mouth? 否/No 是/Yes
如果是，请描述/If ‘Yes’, please describe

4. 您子女一天刷几次牙/How many times a day does your child brush his/her teeth? _____

第二部分/SECTION 2:由子女的牙医填写/Completed by child’s Dentist

1. Date of child’s most recent:
Dental Examination _____ Teeth Cleaning _____ Fluoride Treatment _____
2. Has child ever needed dental treatment? No Yes
If Yes, type of dental treatment _____
Has dental treatment been completed? No Yes – if ‘Yes’, date of completion _____
3. Date of child’s next dental visit _____

Dental Office Stamp

My signature certifies the accuracy of this information.

Dentist’s Signature _____

Date _____



该去看牙医了!

请注意:

- 地址和电话号码有可能发生变化; 去一下所列诊所之前请拨打电话。
- 如果想找其他牙医及 / 或了解其它信息, 请参考一下信息:
 - 1-800-DENTIST (免费, 全国)
 - 215-925-6050 – Philadelphia County Dental Society (可查找您住址附近的私人牙医诊所)
 - American Academy of Pediatric Dentistry - www.aapd.org
 - American Dental Association - www.mouthhealthy.org
 - PCCY (Public Citizens for Children and Youth) - 215-563-5848 - www.pccy.org/issues/child-health/dental
 - Philadelphia Department of Public Health - www.phila.gov/health/services/Serv_DentalCare.html

费城公众健康部——市健康中心

健康中心 2

1930 S. Broad St., Unit #14, 19145
215-685-1822

健康中心 3

555 S.43rd St., 19104
215-685-7506

健康中心 4

4400 Haverford Ave., 19104
215-685-7605

健康中心 5

1900 N.20th St., 19121
215-685-2938

健康中心 6

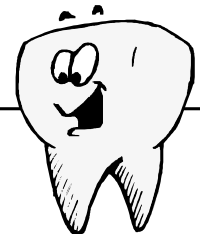
301 W. Girard Ave., 19123
215-685-3816

健康中心 9

131 E. Chelton Ave., 19144
215-685-5738

健康中心 10

2230 Cottman Ave., 19149
215-685-0608



获联邦政府认可的健康中心

ESPERANZA HEALTH CENTER

3156 Kensington Ave., 19134
215-302-3156

FAIRMOUNT HEALTH CENTER

1412 Fairmount Ave., 19130
215-684-5349

MARIA DE LOS SANTOS

401 W. Allegheny Ave., 19133
215-291-2509

ABBOTTSFORD-FALLS

4700 Wissahickon Ave., Suite 110, 19144
215-843-9720 215-727-4721

HEALTH ANNEX

6120-B Woodland Ave., 19142
215-769-1100

STEPHEN & SANDRA SELLER (11 街, 家庭健康)

850 N.11th St., 19123

ST. CHRISTOPHER'S

Pediatric Dentistry
3601 A. St., 19134
215-427-5065

TEMPLE

School of Dentistry
3223 N. Broad St., 19140
215-707-2863

PENN DENTAL MEDICINE

Pediatric Dentistry
240 S.40th St., 19104
215-898-8965

CAVITY BUSTERS

240 Geiger Rd., 19115
215-677-0380

6801 Ridge Ave., 19128
215-483-6633

1430 Snyder Ave., 19145
215-467-6000

PEDIATRIC DENTAL ASSOCIATES

6404 E. Roosevelt Blvd., 19149
215-743-3700

2301 E. Allegheny Ave., 19134
215-282-8000

3509 N. Broad St., 19140
- Temple Hospital 内,
Boyer Pavilion, 6th Floor
215-707-6411

DENTAL DREAMS

2107-B Cottman Ave., 19149
215-235-4060

5675 N. Front St., 19120
215-224-0440

2459 Aramingo Ave., 19125
215-427-2800

KIDS SMILES

5828 Market St., 19139
Entrance B
215-747-6901

2821 Island Ave., 19153
Suite 210
215-224-0440

DOUGLAS R. REICH, DMD

7122 Rising Sun Ave., 19111
215-725-8300

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