



THE SCHOOL DISTRICT OF
PHILADELPHIA

Preschool Application

for Academic Year

2020-2021

District and Childcare Partners

Full Day Pre-K!

Ages 3-5

3 yrs old before Sept 1st, 2020

5 yrs old after Sept 1st, 2020

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



Thank you for your interest in the School District of Philadelphia's preschool program! 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, 2020.

1. Complete ALL necessary steps below. As you collect each item, check off the box.

Applications will not be accepted without all supporting documentation.

- 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 physical** (health assessment within the year) **and immunizations**
- I have proof of child's dental visit (within the year)**
- I have picture identification of parent/guardian** (Current State or Federal Photo ID)
- I have proof of TANF (DPW) cash, SNAP/food stamps, medical assistance (*if applies to you*)
- I have a custody order (*if applies to you*)
- I have a foster letter (*if applies to you*)
- I have a homeless verification letter/shelter letter (*if applies to you*)

2. Are you applying to a School-Based Location (pg. 3)? Bring the application and required documentation down to 440 North Broad. We are open M-F 8:30 am – 4 pm.

3. Are you applying to a Community Partner Location (pg. 4-6)? Take the application and supporting documents directly to that agency.

2020-2021 SCHOOL-BASED PRESCHOOL LOCATIONS

Locations are listed in Zip Code Order

**TO APPLY FOR ONE OF THESE LOCATIONS, SUBMIT YOUR CHILD'S APPLICATION TO:
THE SCHOOL DISTRICT OF PHILADELPHIA, 440 N. BROAD STREET, SUITE 170, PHILADELPHIA, PA 19130**

NAME	ADDRESS	ZIP
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
Duckrey Elementary	1501 W Diamond St	19121
Gideon Elementary	2817 W Glenwood	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. Salaigac 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	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

NAME	ADDRESS	ZIP
McClure Elementary	600 W. Hunting Park	19140
Edison High	151 W. Luzerne St.	19140
Bethune Elementary	3301 Old York Rd.	19140
Cramp Elementary	3449 N. Mascher St.	19140
Muñoz-Marín Elementary	3300 N. 3rd St.	19140
Steel Elementary	4301 Wayne Ave.	19140
Bayard Taylor Elementary	3698 N Randolph St,	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 Ave	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 Ave.	19143
Wister Mastery Charter	67 E. Bringhurst 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 Ave	19151
Rhawnhurst Elementary	7809 Castor Ave.	19152
Fitzpatrick Elementary	4101 Chalfont Dr.	19154

2020-2021 COMMUNITY PARTNER PRESCHOOL LOCATIONS

Locations are listed in Zip Code order

Free preschool programming is offered in the Community Partner Agencies listed below (based on your family’s program eligibility). Partner Agencies manage their own applications and enrollment process. **TO APPLY FOR ONE OF THESE LOCATIONS, HAND-DELIVER YOUR CHILD’S APPLICATION DIRECTLY TO THE COMMUNITY PARTNER AGENCY.**

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE /AFTER CARE (payment required)
Brightside Academy - Market	4011-13 Market St.	19104	215-386-0910	YES
Caring Center	3101 Spring Garden St.	19104	215-386-8245	YES
CPA - West Phila. Community Ctr.	3512 Haverford Ave.	19104	215-386-4075	YES
Comm. Ed. Alliance/Belmont	907 N. 41st St.	19104	215-386-5768	YES
Families First Center - Wonderspring Powelton Village (formerly MELC)	3939 Warren St.	19104	215-382-2499	YES
Parent-Infant Center	4205 Spruce St.	19104	215-222-5480	YES
Sound Start	2970 Market St.	19104	267-466-1600	YES
Children's Village	125 N. 8th St.	19106	215-931-0190	YES
Green Byrne Child Care Center	600 Arch St.	19106	215-861-3606	YES
Chinatown Learning Center	1001 Vine Street, 3rd floor	19107	215-922-4227	YES
Ann Kids	6200 PALMETTO ST.	19111	215-214-5539	YES
Grace Neighborhood/Bethany Academy	6537 Rising Sun Ave.	19111	215-742-1300	YES
Ken-Crest - Northeast	7200 Rising Sun Ave.	19111	215-342-9800	YES
Kinder Academy - Castor	7332 Elgin Ave.	19111	267-571-6800	YES
Soans Christian Academy	7912 Dungan Rd.	19111	267-388-7648	YES
Just Children – Grant	2901 Grant Ave.	19114	215-677-1711	YES
Bambi Day Care Center	500 Red Lion Rd.	19115	215-464-8623	YES
Ann Kids	10100 Jamison Ave.	19116	267- 291-0111	YES
Federation Early Learning - Lassin	10800 Jamison Ave.	19116	215-725-8930	YES
Childspace Main	7406 Germantown Ave., Smith Hall	19119	215-248-3080	YES
ALGEN - Franklin Day Nursery Northeast	5416 Rising Sun Ave.	19120	267-428-5814	YES
ASPIRA	6301 N. 2nd St.	19120	215-324-7012	NO
KenCrest - Adams	575 Adams Ave.	19120	215-815-0641	YES
Rising Sun Children's Center	5224 Rising Sun Ave.	19120	215-457-7730	YES
Today's Child Learning Center - Feltonville	4901 Rising Sun Ave.	19120	215-456-3005	NO
Community Concern #13	2721 Cecil B. Moore Ave.	19121	215-236-5024	YES
YMCA - North	1400 N. Broad St.	19121	215-235-6440	YES
CPA - North R.W. Brown Community	1701 N. 8th St.	19122	215-763-0900	YES
Norris Square Children’s Center	2011 N. Mascher St	19122	215-634-2251	YES
Brightside Academy - Erie & Castor	1500 E. Erie Ave.	19124	215-533-6321	YES
Grace Trinity Day Care Center	5200 Oxford Ave.	19124	215-535-3885	YES
Grace Neighborhood Main	5221 Oxford Ave.	19124	215-535-8200	YES
Pratt Street Learning Center	899 Pratt St.	19124	215-289-1940	YES

2020-2021 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE /AFTER CARE (payment required)
SPIN – Frankford	1642 Orthodox St.	19124	215-831-3184	YES
Brightside Academy – Kelly's Corner	2501 Kensington Ave.	19125	215-739-7466	YES
Ken-Crest - Lehigh	2600 B. St.	19125	215-427-1570	YES
Your Child's World - Main	6801 – 17 N. 16 th St.	19126	215-224-3915	YES
YMCA - Roxborough	7219 Ridge Ave.	19128	215-482-3900	YES
Young World Early Learning Center	1737 Fairmount Ave.	19130	215-763-7656	YES
Brightside Academy - 48th & Lancaster	4829 Lancaster Ave.	19131	215-879-0162	YES
Methodist Services/Educare	4300 Monument Rd.	19131	215-877-1925 x112	YES
Total Childcare/Prodigy Learning	3345 W. Hunting Park Ave.	19132	215-228-7678	YES
APM – Main	2318 N. Marshall St.	19133	215-839-3313	YES
APM – Rivera	2603-11 N. 5th St.	19133	267-773-6098	NO
APM – Trinidad	1038 W. Sedgley Ave.	19133	215-995-2099	NO
Brightside Academy - Plaza	217 W. Lehigh Ave.	19133	215-203-0494	YES
Lighthouse	152 W. Lehigh Ave.	19133	215-425-7800	YES
Brightside Academy – C & Allegheny	341 E. Allegheny Ave.	19134	215-291-5525	YES
Brightside Academy - Harrowgate	3528 I St.	19134	215-426-7300	YES
Brightside Academy - K & A	1819 E. Allegheny Ave.	19134	215-426-7403	YES
Ken-Crest – Kensington	901 E. Ontario St.	19134	215-739-4547	YES
Norris Square – Willard	3070 Frankford Ave.	19134	215-291-4143	NO
Creative Learning Environments	4800 Longshore Ave.	19135	215-332-2360	YES
Creative Learning Environments II	4824 Princeton Ave.	19135	267-686-5992	NO
Grace Neighborhood/ St. Stephens	4201 Princeton Ave.	19135	215-624-3262	YES
APM - Rising Sun	4221 N. 2nd St.	19140	267-296-7357	YES
Brightside Academy – Courtland	543 W. Courtland St.	19140	215-329-0614	YES
Brightside Academy – 3rd & Westmoreland	3230 N. 3rd St.	19140	215-634-3018	YES
Ken-Crest – North	3907 N. Broad St.	19140	215-227-0534	YES
Mercy Neighborhood Ministries of Philadelphia	1939 W. Venango St.	19140	215-227-4393	YES
Porters Day Care	1434-38 Belfield Ave.	19140	215-329-2300	YES
Brightside Academy – Upper North Broad	4920 N. Broad St.	19141	215-457-5708	YES

2020-2021 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE /AFTER CARE (payment required)
Precious Angels	6100 Broad St.	19141	215-224-6880	YES
Your Child's World - Elmwood	2406 S. 71st St.	19142	267-233-7031	YES
ALGEN - Harvard Children's Academy	4900 Baltimore Ave.	19143	215-729-9900	YES
Brightside Academy – 56th & Woodland	5600 Woodland Ave.	19143	215-727-1576	YES
Ken-Crest – West	5900 Elmwood Ave.	19143	215-726-2310	YES
Mercy Neighborhood at Face-to-Face	123 E. Price St.	19144	215 227-4393	
ALGEN - AWB Children's Center	196 E. Herman St.	19144	215-848-1974	YES
Childspace Too	5517 Greene St.	19144	215-849-1660	YES
CORA Early Years at Lasalle	2Penn Blv. Suite #220	19144	267 -385-3436	YES
Settlement Music School – Germantown	6128 Germantown Ave.	19144	215-320-2618	NO
Children's Playhouse - Newbold	1426 Passyunk Ave.	19145	267 -519-2124	YES
Diversified Comm. Svcs. - Dixon	2201 Moore St.	19145	215-334-2662	YES
Early Childhood Environments	762 S. Broad St.	19146	215-844-0178	YES
Diversified Comm. Svcs. - Western	1613-21 South St.	19146	215-735-1261	YES
Settlement Music School – Queen St.	416 Queen St.	19147	215-320-2670	YES
Children's Playhouse	2501 S. Marshall St.	19148	215-372-7050	YES
Ken-Crest - South	504 Morris St.	19148	215-271-8908	YES
Youth Enrichment Programs	2029-33 S. 7th St.	19148	215-755-7588	YES
ALGEN - Franklin Day Nursery South	719 Jackson St.	19148	215-389-2991	YES
Brightside Academy - Castor	6000 Castor Ave.	19149	215-289-9103	YES
Kinder Academy - Mayfair	6300 Harbison Ave.	19149	215-535-4424	YES
Kinder Academy - Oxford Circle	900 E. Howell St.	19149	267-571-6800	YES
Pratt Street Learning Center in Bustleton	6600 Bustleton Ave.	19149	215-383-2320	YES
Your Child's World - Harbison	6595A Roosevelt Blvd.	19149	215-289-2026	YES
Little People's Village	904 N. 66th St.	19151	215-878-3011	YES
Little People's Village II	6522 Haverford Ave.	19151	215-474-3011	YES
Federation Early Learning - Paley	2199 Strahle St.	19152	215-725-8930	YES
A Step Ahead Day Care	7802 Castor Ave.	19152	215-722-4700	YES
Kinder Academy - Rhawnhurst	7922 Bustleton Ave.	19152	215-728-7700	YES
Kinder Academy - Parkwood	3001 Byberry Rd.	19154	215-612-1776	YES
SPIN - NE	10521 Drummond Rd.	19154	215-612-7181	YES
SPIN - Parkwood	12640 Dunks Ferry Rd	19154	267-350-2178	YES
YMCA - NE	11088 Knights Rd.	19154	215-632-0100	YES

Child's Name:		Date of Birth:	
#1: CHILD and FAMILY INFORMATION FORM			
Section 1: 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:
Home Phone #:		Cell Phone #:	
Email Address (please print clearly):			
Emergency Contact:		Emergency Contact Phone #:	
Best way to reach you during the day:	<input type="radio"/> Home Phone #	<input type="radio"/> Cell Phone #	<input type="radio"/> Email <input type="radio"/> Emergency Contact
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):		
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):
Status Select all that applies	<input type="radio"/> Single Parent – cares for the child without physical or financial assistance from the other parent		<input type="radio"/> Teen Parent – parent was under the age of 18 when child was born
Education Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> High School Diploma	<input type="radio"/> GED	<input type="radio"/> Vocational Degree
	<input type="radio"/> Associates Degree	<input type="radio"/> Bachelors Degree	<input type="radio"/> Masters Degree
	<input type="radio"/> Doctorate Degree	<input type="radio"/> Some College	<input type="radio"/> ESL – English as a Second Language
	<input type="radio"/> 11 th Grade	<input type="radio"/> 10 th Grade	<input type="radio"/> 9 th Grade or lower
	<input type="radio"/> Other (specify):		
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"/> In School/Job Training	<input type="radio"/> Stay-at-Home Parent	<input type="radio"/> Retired
	<input type="radio"/> Member of the U.S. military on active duty		<input type="radio"/> Veteran of the U.S. military
Name of Employer:	Name of Employer:		
How often are you paid?	<input type="radio"/> Monthly	<input type="radio"/> Twice a month	<input type="radio"/> Every Week
	<input type="radio"/> Every two weeks	<input type="radio"/> Other:	
Do you have a disability or disabilities? If 'Yes', please list your disabilities:			<input type="radio"/> Yes <input type="radio"/> No
Do you have health insurance? If 'Yes', name of health insurance provider:			<input type="radio"/> Yes <input type="radio"/> No

Child's Name:			Date of Birth:		
Section 2: 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		
Primary language:			Other language(s):		
<input type="radio"/> Same as Primary Parent/Guardian			Home Address:		
Apt./Unit #:		City:		State:	Zip Code:
Home Phone #:			Cell Phone #:		
Email Address (please print clearly):					
Emergency Contact:			Emergency Contact Phone #:		
Best way to reach you during the day: Select all that applies	<input type="radio"/> Home Phone #	<input type="radio"/> Cell Phone #		<input type="radio"/> Email	<input type="radio"/> Emergency Contact
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"/> No Relation		<input type="radio"/> Other (specify):		
Status Select all that applies	<input type="radio"/> Spouse – husband/wife		<input type="radio"/> Companion/Partner	<input type="radio"/> Teen Parent – parent was under the age of 18 when child was born	
	<input type="radio"/> Lives with child		<input type="radio"/> Does not live with child	<input type="radio"/> Provides financial support to child's family	
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"/> Vocational Degree	
	<input type="radio"/> Associates Degree		<input type="radio"/> Bachelors Degree		<input type="radio"/> Masters Degree
	<input type="radio"/> Doctorate Degree		<input type="radio"/> Some College		<input type="radio"/> ESL – English as a Second Language
	<input type="radio"/> 11 th Grade		<input type="radio"/> 10 th Grade	<input type="radio"/> 9 th Grade or lower	
	<input type="radio"/> Other (specify):				
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"/> In School/Job Training		<input type="radio"/> Stay-at-Home Parent		<input type="radio"/> Retired
	<input type="radio"/> Member of the U.S. military on active duty		<input type="radio"/> Veteran of the U.S. military		
Name of Employer:	Name of Employer:				
How often are you paid?	<input type="radio"/> Monthly		<input type="radio"/> Twice A month		<input type="radio"/> Every Week
	<input type="radio"/> Every two weeks		<input type="radio"/> Other:		
Do you have a disability or disabilities? If 'Yes', please list your disabilities:				<input type="radio"/> Yes	<input type="radio"/> No
Do you have health insurance? If 'Yes', name of health insurance provider:				<input type="radio"/> Yes	<input type="radio"/> No

Section 3: LOCATIONS

CHOOSE THE LOCATION(S) WHERE YOU WOULD LIKE YOUR CHILD TO ATTEND: Your child may be selected for your second or third 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.**

Name of your 1st Location Choice:

Name of your 2nd Location Choice:

Name of your 3rd Location Choice:

Section 4: CHILD

First Name:

Last Name:

Date of Birth:

Gender: Male Female

Race/Ethnicity

Select all that applies

Hispanic or Latino/a

American Indian

Asian

Black or African American

Multi-Racial or Bi-Racial

Native Hawaiian

Pacific Islander

White

Other (specify):

Primary language:

Other language(s):

English is spoken in the home.

Yes

No

Child's English skills: Very well Well Not well Does not speak English

There is an active custody arrangement for this child.

Yes

No

Child lives with (select all that applies): Mother Step-Mother Foster Parent/Kinship Parent

Father

Step-Father

Grandparent

Relative

Other

Child has a disability. If 'Yes', list all disabilities:

Yes

No

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):

Yes

No

Speech Therapy

Special Instruction

Physical Therapy

Occupational Therapy

Other

Is your child fully potty trained? (Fully Potty Trained means – Child does not wear pull-ups or diapers and does not need any assistance from an adult when going to the bathroom.)

Yes

No

If 'Yes', child will be expected to use the toilet without adult assistance while in preschool. Answering falsely may slow down the enrollment process. (Some locations cannot accept children in diapers/pull -ups.)

Child wears pull-ups/diapers? Daytime Naptime Nighttime Other?

pull-ups

diapers

No

Child is/was in preschool or daycare.

No

Yes – name:

Child's mother and/or father is currently incarcerated.

Yes

No

Child's mother and/or father is deceased.

Yes

No

There have been important changes in my child's life during the last 12 months.

Yes

No

If 'Yes', please explain:

Child was referred to a preschool program from a mental health provider.

Yes

No

Please share any additional information about our child that you would like us to know.

Child's Name:	Date of Birth:
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Section 5: FAMILY MEMBERS AND HOUSING
 List your name, the name(s) of your child(ren) and the names of all other adults and children who live with you in your home.
 Use additional paper if needed.

FIRST and LAST NAME	DATE of BIRTH MM/DD/YYYY	RELATIONSHIP to PRIMARY PARENT Self, Husband, Wife, Daughter, Son, Mother, etc.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Housing Information Select your current situation	<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 _____		

During the past 12 months, I/we have moved from temporary to permanent housing.	<input type="radio"/> Yes	<input type="radio"/> No
During the past 2 years, I/we have moved into a new house.	<input type="radio"/> Yes	<input type="radio"/> No
We have a medically fragile child (chronic illness, terminal illness, etc.) Name of child:	<input type="radio"/> Yes	<input type="radio"/> No
Does someone in the home have a mental health concern?	<input type="radio"/> Yes	<input type="radio"/> No
Does someone in the home have a social concern (English language learner, eating disorder, custody issues, etc.)? If 'Yes', please list your concerns:	<input type="radio"/> Yes	<input type="radio"/> No
Optional Information	New to the country?	
	Has an agency such as HIAS, NSC, Bethany, JEVS, New World Association, AFAHO, or other worked with you?	

Section 6: FAMILY INCOME
 Select each source of income that the Primary Parent, Secondary Parent and all children receive.

<input type="radio"/> Employment	<input type="radio"/> Self-Employment	<input type="radio"/> Unemployment Compensation	<input type="radio"/> Workmen's
<input type="radio"/> Social Security	<input type="radio"/> SSI	<input type="radio"/> Child Support	<input type="radio"/> Alimony
<input type="radio"/> Military/ Veteran's Benefits	<input type="radio"/> Commission	<input type="radio"/> Foster Care/Kinship Care	<input type="radio"/> Tips
<input type="radio"/> Pension/Retirement	<input type="radio"/> Strike Benefits	<input type="radio"/> Scholarship/Grant/Stipend	<input type="radio"/> Other (specify):
<input type="radio"/> Financial support from Family or Friend		<input type="radio"/> Rental Properties – someone pays you rent	

Does your family receive welfare benefits? <input type="radio"/> TANF Cash Assistance <input type="radio"/> SNAP Food Stamps <input type="radio"/> Medical Assistance
Does your family receive WIC? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>

Please share any additional information about your family that you would like us to know.



THE SCHOOL DISTRICT OF PHILADELPHIA

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you have the right to apply for services with The School District of Philadelphia and to be referred for services at other facilities without regard to your race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected category. You have the right to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected category. Complaints of discrimination may be filed with any of the following:

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: 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 #:				
<p>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.</p>						
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:					
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional (initial and date new data).					
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PLEASE EXPLAIN YOUR ANSWER:						
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						
MEDICAL CARE PROVIDER: ADDRESS:			NEXT APPOINTMENT – MONTH/YEAR: SIGNATURE OF PHYSICIAN OR CRNP:			
ZIP CODE:	PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:			

#3: CHILD DENTAL HEALTH/DENTAL EXAM FORM

Child's Name _____ Date of Birth _____

SECTION 1: Completed by parent/guardian

1. Has your child been to the dentist? No Yes – if 'Yes', date of child's last dental visit _____
2. Does your child have (or had) cavities or caries? No Yes – If 'Yes', how many? _____
3. Does your child have any problems with his/her teeth, gums, or mouth? No Yes

If 'Yes', please describe _____

4. How many times a day does your child brush his/her teeth? _____

SECTION 2: 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 _____



IT'S TIME TO GO TO THE DENTIST!

Please Note:

- Addresses and phone numbers may change over time; call before visiting any of the providers listed below.
- For additional dental providers and/or information, please refer to the following:
 - 1-800-DENTIST (Toll-free, nationwide)
 - 215-925-6050 – Philadelphia County Dental Society (for private dentists in your area)
 - 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

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH – CITY HEALTH CENTERS

HEALTH CENTER #2

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

HEALTH CENTER #3

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

HEALTH CENTER #4

4400 Haverford Ave., 19104
215-685-7605

HEALTH CENTER #5

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

HEALTH CENTER #6

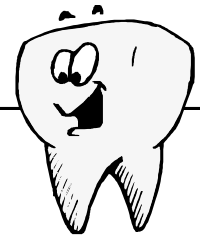
301 W. Girard Ave., 19123
215-685-3816

HEALTH CENTER #9

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

HEALTH CENTER #10

2230 Cottman Ave., 19149
215-685-0608



FEDERALLY QUALIFIED HEALTH CENTERS

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

HEALTH ANNEX

6120-B Woodland Ave., 19142
215-727-4721

STEPHEN & SANDRA SELLER (11TH ST. FAMILY HEALTH)

850 N. 11th St., 19123
215-769-1100

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

330 W Oregon Ave - 19148
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
- within Temple Hospital,
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
215-492-9291

DOUGLAS R. REICH, DMD

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

job 08/2015 rev.