

2023-2024 SCHOOL-BASED PRESCHOOL LOCATIONS

Locations are listed in Zip Code Order

APPLYING ONLINE AT PHILASD.ORG/PREK HAS THE FASTEST TURN-AROUND. TO APPLY IN PERSON 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	NAME	ADDRESS	ZIP
McMichael Elementary	3543 Fairmount Ave.	19104	McClure Elementary	500 W. Hunting Park	19140
George Washington High	10175 Bustelton Ave	19116	Edison High	151 W. Luzerne St.	19140
Loesche Elementary	595 Tomlinson Rd.	19116	Bethune Elementary	3301 Old York Rd.	19140
Emlen Elementary	6501 Chew Ave.	19119	Cramp Elementary	3449 N. Mascher St.	19140
Clara Barton Elementary	4600 Rosehill St	19120	Muñoz-Marín Elementary	3300 N. 3rd St.	19140
Lowell Elementary	450 W. Nedro Ave.	19120	Steel Elementary	4301 Wayne Ave.	19140
T. Marshall Elementary	5120 N. 6th St.	19120	Bayard Taylor Elementary	3698 N Randolph St, Philadelphia, PA 19140	19140
Blaine Elementary	3001 W. Berks St.	19121	Logan Elementary	1700 Lindley Ave.	19141
W.D. Kelley Elementary	1601 N. 28th St.	19121	Pennell Elementary	1800 Nedro Ave.	19141
Meade Elementary	1600 N. 18th St.	19121	Prince Hall Elementary	6101 N. Gratz St.	19141
Duckrey Elementary	1501 W Diamond St Philadelphia	19121	Catharine Annex	6900 Greenway Ave	19142
Gideon Elementary	2817 W Glenwood AveAve	19121	Patterson Elementary	7000 Buist St.	19142
McKinley Elementary	2101 N. Orkney St.	19122	Anderson Elementary	1034 S. 60th St.	19143
Hackett Elementary	2161 E. York St.	19125	Bryant Elementary	6001 Cedar Ave.	19143
Adaire Elementary	1300 E Palmer St	19125	Longstreth Elementary	5700 Willows Ave.	19143
Ellwood Elementary	6701 N. 13th St.	19126	Turner Center	5900 Baltimore Ave.	19143
Shawmont Elementary	535 Shawmont Ave.	19128	Wister Mastery Charter	67 E. Bringham St.	19144
Cook-Wissahickon Elementary	201 E. Salignac St.	19128	Bregy Elementary	1700 Bigler St.	19145
Mifflin Elementary	3624 Conrad St.	19129	E. Vare Universal Charter	2100 S. 24th St.	19145
Bache-Martin Elementary	2201 Brown St.	19130	E.M. Stanton Elementary	1700 Christian St.	19146
Blankenburg Elementary	4600 W. Girard Ave.	19131	Childs Elementary	1599 Wharton St.	19146
Heston Elementary I	1621 N. 54th St.	19131	Nebinger Elementary	601 Carpenter St.	19147
Dr. Ethel Allen Academy	3200 W. Lehigh Ave.	19132	Jackson Elementary	1213 S. 12th St.	19147
Pratt @ Peirce Campus	2300 W Cambria St	19132	Kirkbride Elementary	1501 S. 7th St.	19147
Wright Elementary	2700 W. Dauphin St.	19132	A. Vare @ George Washington	1198 S. 5th St.	19147
Hunter Elementary	2400 N. Front St.	19133	South Philadelphia High	2101 S. Broad St.	19148
Webster Elementary	3400 Frankford Ave.	19134	Sharswood Elementary	2300 S. 2nd St.	19148
Lawton Elementary	6101 Jackson St.	19135	Southwark Elementary	1835 S. 9th St.	19148
Lincoln High	3201 Ryan Ave.	19136	Taggart Elementary	400 Porter St.	19148
Forrest Elementary	7300 Cottage St.	19136	S. Solis-Cohen Elementary	7001 Horrocks St.	19149
A.B. Day Elementary	1201 E. Johnson St.	19138	Spruance Elementary	6401 Horrocks St.	19149
Pennypacker Elementary	1858 E. Washington Ln.	19138	F.S. Edmonds Elementary	8025 Thouron Ave.	19150
Haverford Center	4601 Haverford Ave.	19139	Lamberton Elementary	7501 Woodbine Ave	19151
Barry Elementary	5900 Race St.	19139	Rhawnhurst Elementary	7809 Castor Ave.	19152
Lea Elementary	4700 Locust St.	19139	Holme @ Meehan Campus	3001 Ryan Ave	19152
Cleveland Charter	3701 N. 19th St.	19140	Fitzpatrick Elementary	4101 Chalfont Dr.	19154

2023-2024 COMMUNITY
PARTNER PRESCHOOL LOCATIONS

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
Comm. Ed. Alliance/Belmont	907 N. 41st St.	19104	215-386-5768	YES
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
Kinder Academy - Trinity	6901 Rising Sun Avenue	19111	267-571-6661	YES
Grace Neighborhood / 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	3133 Ridge Ave #2	19121	610-368-1680	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
Somerset Academy Early Learning Center	719 W. Girard Ave.	19123	(267) 639-9664	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

2023-2024 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE /AFTER CARE (payment required)
Grace Neighborhood Main	5221 Oxford Ave.	19124	215-535-8200	YES
Pratt Street Learning Center	899 Pratt St.	19124	215-289-1940	YES
SPIN – Frankford	1642 Orthodox St.	19124	215-831-3184	YES
SPIN - Frankford Annex	1642 Orthodox St.	19124	215-831-3184	YES
CORA Early Years Huntingdon Mills	2137 E. Huntingdon St.	19125	215-701-2601	NO
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	267-766-6454	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 x610	YES
Brightside Academy - W. Allegheny	2300 W. Allegheny Ave.	19132	215-226-0691	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
Brightside Academy - N. 48th St.	801 N. 48th St.	19139	215-879-7206	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

2023-2024 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
CPA - West Phila. Community Ctr.	5843-55 Catharine St.	19143	215-386-4075	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	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
Dixon Learning Academy	2201 Moore St.	19145	215-334-2662	YES
Early Childhood Environments	762 S. Broad St.	19146	215-844-0178	YES
Grays Ferry Early Learning Academy	1325 S. 33rd St., 4th Flr	19146	215-634-9777	YES
Western Learning Center	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 / Discovery Place	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 - Oxford Circle	900 E. Howell St.	19149	267-571-5661	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	6522 Haverford Ave.	19151	215-474-3011	YES
Scholarly Minds Academy	6004 Master St.	19151	(215) 877-0158	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

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 Degree		<input type="radio"/> Bachelors/Advanced degree		
	<input type="radio"/> 11 th Grade		<input type="radio"/> 10 th Grade		<input type="radio"/> 9 th 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		
<input type="radio"/> Employed/Self-Employed		<input type="radio"/> Unemployed/Not Employed		<input type="radio"/> Disabled	

Employment, School, Job Training Select all that applies	<input type="checkbox"/> Member of the U.S. military on active duty	<input type="checkbox"/> 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.		
1st Location Choice:	2nd Location Choice:	

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

HOUSING				
Housing Information Select your current situation	<input type="checkbox"/> Own	<input type="checkbox"/> 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"/> Transitional housing – Since what date?	
	<input type="checkbox"/> Rent	<input type="checkbox"/> Temporary housing situation due to emergency: eviction, flood, fire, hurricane, etc.	<input type="checkbox"/> Train or bus station, park or in car – Since what date?	
	<input type="checkbox"/> Shelter – Since what date?	<input type="checkbox"/> 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"/> Apartment or house lacking utilities (water, heat, electricity, etc.)	
	Secondary Care Giver lives with Family?			<input type="checkbox"/> Yes
Another person over the age of 18 living in the household?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optional Information	New to the country?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has an agency such as HIAS, NSC, Bethany, JEVS, New World Association, AFAHO, or other worked with you?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____

#2: CHILD HEALTH YEARLY WELL-CHILD VISIT 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 VIST:
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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).
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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?

YES

NO - IF NO, PLEASE EXPLAIN YOUR ANSWER:

LENGTH/HEIGHT	WEIGHT	BLOOD PRESSURE
_____ IN/CM %ILE _____	_____ LB/KG %ILE _____	(BEGINNING AT AGE 3) _____/_____

WELL-CHILD VISIT FORM EXAMINATION	<input checked="" type="checkbox"/> = NORMAL	IF ABNORMAL - COMMENTS
HEAD/EYES/EARS/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMETIES/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: 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? _____

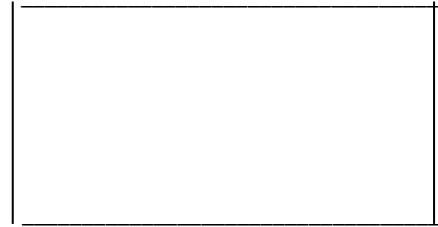
SECTION 2: Completed by child's Dentist

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 _____

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

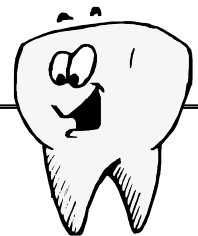
HEALTH CENTER #2	HEALTH CENTER #3	HEALTH CENTER #4	HEALTH CENTER #5
1930 S. Broad St., Unit #14, 19145	555 S. 43 rd St., 19104	4400 Haverford Ave., 19104	1900 N. 20 th St., 19121
215-685-1822	215-685-7506	215-685-7605	215-685-2938

HEALTH CENTER #6	HEALTH CENTER #9	HEALTH CENTER #10
301 W. Girard Ave., 19123	131 E. Chelton Ave., 19144	2230 Cottman Ave., 19149

FEDERALLY QUALIFIED HEALTH CENTERS

ESPERANZA HEALTH CENTER	FAIRMOUNT HEALTH CENTER	MARIA DE LOS SANTOS
3156 Kensington Ave., 19134	1412 Fairmount Ave., 19130	401 W. Allegheny Ave., 19133
215-302-3156	215-684-5349	215-291-2509

ABBOTTSFORD-FALLS	HEALTH ANNEX	STEPHEN & SANDRA SELLER (11TH ST. FAMILY HEALTH)
4700 Wissahickon Ave., Suite 110, 19144	6120-B Woodland Ave., 19142	850 N. 11 th 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
215-677-0280

6801 Ridge Ave., 19128
215-482-6622

330 W Oregon Ave - 19148

PEDIATRIC DENTAL ASSOCIATES

6404 E. Roosevelt Blvd., 19149

2301 E. Allegheny Ave., 19134

3509 N. Broad St., 19140
- within Temple Hospital,
Boyer Pavilion, 6th Floor
215-707-6211

DENTAL DREAMS

2107-B Cottman Ave., 19149
215-225-4060

5675 N. Front St., 19120
215-324-0440

2459 Aramingo Ave., 19125
215-427-2800

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