

For help at any step of the process, contact us at 215-400-4270.

1. Parent/Guardian must register with an email address.

Welcome to the 2023-2024
PreK School Year

Username

Password

Login

Forgot Password

Forgot Username

OR

If you do not have an account yet you
can create one here.

Register

Eligibility Requirements:

For help at any step of the process, contact us at 215-400-4270.

2. Parent/Guardian consents to release of information.

Consent of Parent or Guardian

****I state that I am the parent or legal guardian of the child I am filling out a preschool application on behalf of.....
I consent to disclosing my child's name, address and other personal information. This will be used should I need assistance to help me match my child with one or more suitable preschools.
The consent I am granting here is for assistance to match my child with one or more suitable preschools.

Consentimiento del Padre o Tutor

****Yo certifico que soy el padre o tutor legal del niño para el cual estoy completando esta aplicación. Esto sera utilizado si yo necesitara ayuda para encontrar el programa preescolar mas adecuado para mi niño.....
El consentimiento que estoy otorgando aqui es para asistencia en encontrar el programa preescolar mas adecuado para mi niño. Ni la ciudad, ni las Escuelas Publicas, ni los centros preescolares basados en la comunidad pueden usar la información de mi niño para ningún otro propósito sin obtener mi consentimiento adicional por separado.

I consent/Doy mi consentimiento

3. Parent/Guardian creates an account.

Create your account

Primary Caregiver First Name (Required)

Primary Caregiver Middle Name

Primary Caregiver Last Name (Required)

Primary Caregiver Birth Date (Required)

Phone (Required)

Verify Phone (Required)

Email Address (Required)

Verify Email (Required)

Either a cell phone number or an email address is required to register. We strongly recommend providing an email address so that you can receive notification status and updates directly. If you do not supply an email address, you will be contacted at the phone number provided with instructions on how to retrieve information about your account.

User ID (Choose something you remember) (Required)

Username must be at least 8 characters, starting with a letter and may include underscore, period, dash and @ sign.

Password (Required)

- Case sensitive and minimum 8 characters in length
- Must start with a letter

Confirm Password (Required)

Security Question #1 (Required)
Please Select

Security Question #2 (Required)
Please Select

4. Parent/Guardian updates *Family Profile.*

For help at any step of the process, contact us at 215-400-4270.

Welcome, FAKE DEBORAH FAKE HARTRANFT [Resources](#) [Reports](#) [Español](#) [Log Out](#)

There are three basic steps to completing your child's preschool application:
1. Click "Update Family Profile" and add general info, contact info, and income(s) for the child's caregiver(s).
2. Click "New Child Application" or "New Family Member" button and complete information for the child OR the family member.
3. Click "Finalize and Submit Application."

Family Profile

Primary Caregiver Name	FAKE DEBORAH FAKE HARTRANFT	Date of birth	04-22-1989
Application Date		Gender	
Home Phone	(191) 876-4738	Ethnicity / Race	
Cell Phone			
Email	84937@gmail.com		
Address			

[Update Family Profile](#) [Finalize and Submit Application](#)

Child Profile

No	Name	Application ID	Birthdate	Applicant for	Desired Location 1	Desired Location 2	Application
New Child Application							

Family Member Profile

No	Name	Application ID	Birthdate	Application
New Family Member				

[Portal](#) / [Primary Caregiver General Info](#) / [Primary Caregiver Contact Info](#) / [Secondary Caregiver General Info](#) / [Family Income Information](#)

Please complete the application by sharing information on your family background, contact information, if there is another caregiver, and all of the income your family receives.
Please answer to the best of your ability. If you need support filling out this section of the application, please contact us by clicking here to fill out the form.

Primary Caregiver General Info

First Name (Required) FAKE DEBORAH	Middle Name	Last Name (Required) FAKE HARTRANFT	Lineage (Suffix)
Birth Date (Required) Example: 12-05-1989 04-22-1989	Gender (Required) Select Gender	Ethnicity Please Select	Race (Required) Please Select
Primary Language (Required)	Secondary Language	Education Level (Required)	Employment Status (Required)
Do you have Medical Insurance? (Required)	Medical Insurance Type (Required)	Disabled (Required)	Pregnant (Required)
Family Structure (Required)	Parent(s) / Guardian(s) Best Descriptor (Required)	Number in the family (Required) (?)	Number in Household (Required) (?)
Marital Status (Required)	Family Type (Required)	Receiving WIC (Required)	Housing Status (Required)
Receiving mental health treatment (Required)	Receiving Food Stamp / SNAP (Required)	Veteran of the United States military No	Member of the US military on active duty No

[Save and finish later](#) [Save and continue to next page](#)

5. Parent/Guardian updates contact information (under family profile).

[Portal](#) / [Primary Caregiver General Info](#) / [Primary Caregiver Contact Info](#) / [Secondary Caregiver General Info](#) / [Family Income Information](#)

Primary Caregiver Contact Info

Street No. (Required)	Direction	Street Name (Required)	Type (Required)
Apt#	City (Required)	State (Required)	Home Zip Code (Required)
Home Phone (Required) (222) 222-2222	Cell Phone (Required)	Text Message Consent (Required) No	Phone Carrier (Required) Select Phone Carrier
Email Address (Required) 222@gmail.com			

[Save and return to profile](#) [Save and Proceed to Secondary Caregiver Info](#)

For help at any step of the process, contact us at 215-400-4270.

8. Parent/Guardian clicks on New Child Application. (Second child under New Family Member Application.)

There are three basic steps to completing your child's preschool application:
 1. Click "Update Family Profile" and add general info, contact info, and income(s) for the child's caregiver(s).
 2. Click "New Child Application" or "New Family Member" button and complete information for the child OR the family member.
 3. Click "Finalize and Submit Application."

Family Profile			
Primary Caregiver Name	John Doe	Date of birth	04-22-1989
Application Date	---	Gender	---
Home Phone	(222) 222-2222	Ethnicity / Race	---
Cell Phone	---		
Email	222@gmail.com		
Address	---		

Child Profile							
No	Name	Application ID	Birthdate	Applicant for	Desired Location 1	Desired Location 2	Application
<input type="button" value="New Child Application"/>							

Family Member Profile				
No	Name	Application ID	Birthdate	Application
<input type="button" value="New Family Member Application"/>				

Child (Applicant) Information

Enrollment Year (Required)

First Name (Required) **Middle Name** **Last Name (Required)** **Lineage (Suffix)**

Gender (Required) **Birth Date (Required) Example: 12-05-1989** **Hours of Service Needed**
 From To

Teen Parent (Required) **Is Other Language Spoken in Home?** **Ethnicity** **Race (Required)**

Disability Status (Required) **Homeless: Living in Transitional Housing (Required)** **Homeless: Living w/ Friends / Relatives (Required)** **Homeless: Moved to Permanent in the Past 12 Months (Required)**

TANF: Full Benefits (TANF must be Checked in Family Income) (Required) **TANF: Food Stamps and Medical Assistance (Required)** **TANF: Cash and Food Stamps (Required)** **TANF: Cash and Medical Assistance (Required)**

TANF: Cash Only (Required) **Medically Fragile Child or Sibling (Required)**

Filter Desired Sites By:

- Please Select
- Agency
- ✓ Home Zip Code
- Search By Site or School Name
- Community Area

Select 1st Choice:

*School District of Philadelphia - BACHE-MARTIN BRIGHT FUTURES (19130) ▾

Select 2nd Choice:

*School District of Philadelphia - ANDERSON BRIGHT FUTURES (19143) ▾

For help at any step of the process, contact us at 215-400-4270.

9. Parent/Guardian clicks on *Finalize and Submit*.

Welcome, John Doe | Upload Documents | Reports | Spanish | Log Out

There are three basic steps to completing your child's preschool application:
1. Click "Update Family Profile" and add general info, contact info, and income(s) for the child's caregiver(s).
2. Click "New Child Application" or "New Family Member" button and complete information for the child OR the family member.
3. Click "Finalize and Submit Application."

Family Profile					
Primary Caregiver Name	John Doe	Date of birth	04-22-1989		
Application Date	04-21-2020	Gender	Female		
Home Phone	(202) 222-2222	Ethnicity / Race	Non-Hispanic/Latino, American Indian,		
Cell Phone	(202) 222-2222				
Email	222@jared.com				
Address	235 S 5th St, Apt 34 Philadelphia PA 19130				

[Update Family Profile](#) / [Finalize and Submit Application](#)

Child Profile							
No.	Name	Application ID	Birthdate	Applicant for	Desired Location 1	Desired Location 2	Application
1	DOE, BABY	43	01-18-2016	2020-21	"School District of Philadelphia / ANDERSON BRIGHT FUTURES	"School District of Philadelphia / BACHE-MARTIN BRIGHT FUTURES	Edit

[New Child Application](#)

Family Member Profile					
No.	Name	Application ID	Birthdate	Application	
New Family Member Application					

User Consent Message

I/We have completed all sections on my/our Child and Family Information Form and certify the information is correct. I/We understand that deliberate misrepresentation of my/our information may subject me/us to prosecution under applicable Federal and/or State laws and that, if enrolled, my/our child's participation in the preschool program may end. I/We have attached a copy of my/our child's proof of date of birth, verification of my/our Philadelphia, PA address and copies of all income and monthly benefits that I/we and my/our children receive. I/We understand that this information is required so that my/our eligibility can be determined for The School District of Philadelphia's preschool program. I/We understand that officials from The School District of Philadelphia, the Department of Health and Human Services, the Commonwealth of Pennsylvania and the City of Philadelphia will have access to and may verify the information and supporting documentation submitted with my/our Preschool Application. I/We further understand that, if necessary, additional documents may be requested and I/we will comply with this request. I/We understand that my/our child's complete Preschool Application is confidential and will be held in strict confidence within The School District of Philadelphia and affiliated Community Nonprofit Partner Agencies that have been determined to be school officials under the Family Educational Rights and Privacy Act with legitimate educational interests as part of The School District of Philadelphia's preschool program.

I Agree

[Agree and Submit Application](#) [Go Back](#)

You cannot change any information regarding your family and / or children after finalizing and submitting your application.

(Once submitted, we can see the application in our system)

10. Parent/Guardian submits supporting documents by clicking *Upload Documents*

Welcome, FAKE DEBORAH FAKE HARTRANFT | Resources | Upload Documents | Reports | Español | Log Out

There are three basic steps to completing your child's preschool application:
1. Click "Update Family Profile" and add general info, contact info, and income(s) for the child's caregiver(s).
2. Click "New Child Application" or "New Family Member" button and complete information for the child OR the family member.
3. Click "Finalize and Submit Application."

Family Profile					
Primary Caregiver Name	FAKE DEBORAH FAKE HARTRANFT	Date of birth	04-22-1989		
Application Date	04-25-2020	Gender	Female		
Home Phone	(191) 876-4738	Ethnicity / Race	HISPANIC/LATINO, American Indian,		
Cell Phone	(191) 876-4738				
Email	84937@gmail.com				
Address	345 N 12 Ave, Apt 123 Philadelphia PA 19150				

[Update Family Profile](#) / [Finalize and Submit Application](#)

Child Profile							
No.	Name	Application ID	Birthdate	Applicant for	Desired Location 1	Desired Location 2	Application
1	Hartranft, FAKE BABY	138	04-24-2020	2020-21	"School District of Philadelphia / DAY, A.B. HEAD START	"School District of Philadelphia / EMLEN HEAD START	Edit

[New Child Application](#)

Family Member Profile					
No.	Name	Application ID	Birthdate	Application	
New Family Member					

For help at any step of the process, contact us at 215-400-4270.

Document Name No file chosen

Document Type

Comments

Maximum file size cannot be more than 10 megabytes.

Type

- ✓ Child Birth Certificate
- Parent/Guardian Photo ID
- Proof of Income
- Proof of Residency
- Proof of Child's age
- Child's Health Insurance card
- Immunization Records
- Health Assessment
- Dental Exam
- Custody Order
- Release of Information Elywn
- Release of Information Medical

Welcome, FAKE DEBORAH FAKE HARTRANFT! [Back to Portal](#) [Español](#)

Upload Documents

Document Name No file chosen

Document Type

Comments

Maximum file size cannot be more than 10 megabytes.

Provided Documents Usage: 576.8 KB of 10 MB

Document Name	Type	Size	Date Created	Comments	Status	Status Date
Screen Shot 2020-04-25 at 2.03.36 PM.png	Immunization Records	576.8 KB	04-25-2020		Pending	