

Preschool Application



Application for Child #1

Name of child Birthdate/Due Date Gender

Address

City State Zip

Parent/Guardian Relationship to child

Home address, if different

City State Zip

Home phone Cell phone E-mail

Employer/ School Occupation Work phone

Parent/Guardian Relationship to child

Home address, if different

City State Zip

Home phone Cell phone E-mail

Employer/ School Occupation Work phone

Marital Status: Single Married Separated Divorced Domestic Partner Other: _____

REQUESTED SCHEDULE Ideal Start Date (We cannot guarantee this date): _____

FULL TIME (8am-6pm) PART TIME (8am-6pm) Please circle desired days: M T W TH F (3 day minimum)

PART DAY 8am-2pm (please circle desired days): M T W TH F (3 day minimum) *must be 3 by September

PAYMENT PRIVATE PAY Pre-K Counts (8am-2pm/part-year: September - June)

CCIS Pre-K Counts (8am-6pm/part-year: September - June)*

OTHER _____ Pre-K Counts (8am-6pm/full-year)*

***Additional fees apply.**

ADDITIONAL INFORMATION: My child is receiving early intervention services or has an IEP: Yes _____ No _____

My family's home language is: _____ A translator would be helpful: Yes ___ No ___

Race/Ethnicity: _____ Referral Source: _____

I/we have a sibling application on file: Yes. Name of child: _____

No, I/we would like to apply for another child (see pg 2.)

Application for Child #2

Name of child

Birthdate/Due Date

Gender

REQUESTED SCHEDULE

Ideal Start Date (We cannot guarantee this date):

FULL TIME (8am-6pm) PART TIME (8am-6pm) Please circle desired days: M T W TH F (3 day minimum)

PART DAY 8am-2pm (please circle desired days): M T W TH F (3 day minimum) *must be 3 by September

PROGRAM Infant (6 weeks – 24 months) Toddler (24 months – 3 years) Preschool (3-5 years)

PAYMENT PRIVATE PAY Pre-K Counts (8am-2pm/part-year: September - June)

CCIS Pre-K Counts (8am-6pm/part-year: September - June)*

OTHER _____ Pre-K Counts (8am-6pm/full-year)*

ADDITIONAL INFORMATION: My child is receiving early intervention services or has an IEP: Yes_____ No_____

My family's home language is: _____ A translator would be helpful: Yes ___ No ____

Race/Ethnicity: _____ Referral Source: _____

Application for Child #3

Name of child

Birthdate/Due Date

Gender

REQUESTED SCHEDULE

Ideal Start Date (We cannot guarantee this date):

FULL TIME (8am-6pm) PART TIME (8am-6pm) Please circle desired days: M T W TH F (3 day minimum)

PART DAY 8am-2pm (please circle desired days): M T W TH F (3 day minimum) *must be 3 by September

PROGRAM Infant (6 weeks – 24 months) Toddler (24 months – 3 years) Preschool (3-5 years)

PAYMENT PRIVATE PAY Pre-K Counts (8am-2pm/part-year: September - June)

CCIS Pre-K Counts (8am-6pm/part-year: September - June)*

OTHER _____ Pre-K Counts (8am-6pm/full-year)*

***Additional fees apply.**

ADDITIONAL INFORMATION: My child is receiving early intervention services or has an IEP: Yes_____ No_____

My family's home language is: _____ A translator would be helpful: Yes ___ No ____

Race/Ethnicity: _____ Referral Source: _____

***Additional fees apply.**

See pages 3-7 for more information on auxiliary funding and how to apply.

An application fee of \$35 is required for *each* child in order to be placed on our waitlist. When offered enrollment, families must place a tuition deposit to guarantee a space. If your plans change and you notify us in writing **at least 60 days** before the indicated enrollment date, we will change the date of enrollment or refund your tuition deposit. The tuition deposit is held in an escrow account while your family is attending PIC and is fully refundable when your family leaves the Center. There is no application fee for Pre-K Counts. *This application is for our Early Learning program only. Summer Camp applications are available separately.*

Please make checks payable to: The Parent-Infant Center

Mail to: 4205 Spruce Street, Philadelphia, PA 19104 ATTN: Enrollment Coordinator – Grace Piana

I have enclosed a \$35 application fee per child. I understand that this application fee is non-refundable and secures a spot on the wait list, but it does not guarantee my child a space at the Parent-Infant Center.

Signature:

Date:

Auxiliary Funding at the Parent Infant Center

PIC is committed to supporting diversity. We support families of many socio-economic statuses through participation in a variety of PIC, local, state, and federal programs. Participation in these programs depends primarily on family income eligibility.

- **CCIS:** The state and federal governments have made funding available to assist qualifying parents in meeting their child care expenses. In Philadelphia, subsidized child care is available for working families through Child Care Information Services. Single parents, married couples, and un-married parents living together can all be eligible for subsidized child care. In order to qualify, all parents living in the household must:
 - Work at least 20 hours per week or work at least 10 hours per week and go to school/ training at least 10 hours per week.
 - Receive income within certain guidelines (see below)
 - Live in Philadelphia
 - If you are a teen parent under the age of 22 attending school/GED program or a parent who has received TANF benefits within the last 90 days, please contact your local CCIS.

We encourage all eligible families to apply for CCIS funding. CCIS funding may be combined with Pre-K Counts and PHL Pre-K programs to cover extended day expenses. This application is separate from the PIC application and must be submitted to your local CCIS office. For more information on CCIS:

<http://www.dhs.pa.gov/citizens/childcareearlylearning/childcareworkssubsidizedchildcareprogram>

- **Pre-K Counts:** a free, city-funded, part-day academic-year preschool program open to Philadelphia-resident families with children ages 3-5 years old. Please see enclosed application for more information. Please include proof of income, copy of child’s birth certificate and proof of address to complete your application. The child must be 3-years of age by September to qualify.
- **PIC Tuition Assistance:** Any family enrolling at The Parent-Infant Center is welcome to apply for financial assistance. Few awards are for more than \$1,500 and priority is given to families whose income does not exceed 300 percent of the federal poverty level. The application deadline is May 1 for the fiscal year starting July 1. Applications must be accompanied by a current tax return to verify income. Families are notified about scholarship awards by June 1. Families who have received assistance in the past, may re-apply each year, but must complete a new application form and submit current tax information. We understand that individual circumstances change in the course of any year; requests are accepted throughout the year from families in need.

Family Size	300% Poverty Guideline Maximum income for Pre-K Counts Eligibility	200% Poverty Guideline Maximum Income for CCIS Eligibility
2	48,060	32,040
3	60,480	40,320
4	72,900	48,600
5	85,320	56,880

The above figures were published in the *Federal Register* on January 22, 2016. *In accordance with Federal law and U.S. Department of Agriculture policy, this institution does not discriminate on the basis of race, color, sex, age, or disability.*

**Pre-K Counts Application
The Parent-Infant Center
2017-2018 School Year**

Child's Name: _____

Child's Age: _____ **Child's Date of Birth:** ____/____/____ (copy of Birth Certificate required)

Pre K Counts participants must be three years old by September 1st to be eligible for that academic year.

Parent/Guardian Information

Parent/Guardian 1: _____

Dob: _____

Race: _____

Ethnicity: ___ Hispanic ___ Non-Hispanic

Employment Status: ___ Employed ___ Unemployed
___ Full-time ___ Part-time

Parent/Guardian 2: _____

Dob: _____

Race: _____

Ethnicity: ___ Hispanic ___ Non-Hispanic

Employment Status: ___ Employed ___ Unemployed
___ Full-time ___ Part-time

Philadelphia Resident: Yes No (circle one)

Proof of Residence is required; only Philadelphia residents are eligible for Pre K Counts at Parent-Infant Center.

Annual Income: \$ _____ (as verified by current year taxes)

*Between April 1 and May 1 of the year child is age eligible, please provide proof of income for all incomes in the family. **Pre-K Counts: The application is incomplete without documentation of income and/or proof of other applicable eligibility categories.** Pre-K Counts applicants must be under 300% of the federal poverty income guideline.*

Sources of Income: Any of these will be acceptable

Pay stubs documenting employment	WIC / SNAP
Employer's letter documenting employment	Other income source:
Tax return documenting annual family income	Supplemental Security Income / Disability
TANF status (categorically eligible)	Foster Child

Family Size: _____

Number of family members in household: _____

Please list everyone who lives in your household, how they are related to the child for whom you are applying, and whether or not they are financially dependent on you.

Name	Relation to the child	Is this individual financially dependent on you?

For administrative use only:

Signature of Staff Verifying Income:	Verified Gross Family Income:	Proof of Income	
Print Name of Staff verifying income:	Total Eligibility Points:	Copy of Birth Certificate	
Date Application Received:	Date of PHL Pre-K Confirmation:	Proof of Address	

Special Needs (10 points for IEP or IFSP).

Does your child have an IEP or IFSP? Please describe:

Is your child receiving or been referred for mental health treatment or behavioral support? Please describe:

Other Criteria: check all that apply (10 points each).

____ **A parent of this child currently incarcerated**

____ **Parent(s) under 18 years of age when the child was born**

____ **Family is currently homeless** (including living temporarily with others due to loss of housing or economic hardship)

Parental Education Level – please indicate highest level completed (10 points if less than college degree).

Years of education or degrees achieved for Parent/Guardian 1: _____

Years of education or degrees achieved for Parent/Guardian 2: _____

Home Language (10 points if no English spoken at home).

Sibling enrolled currently or previously at PIC: ____yes (5 points for yes) ____no

*This does not guarantee your child will be enrolled.

Name(s) of sibling(s):

Extended separation from family (10 points).

Has your child been separated from his or her primary caregiver(s) for longer than 6 months? For example, has your child spent time in another country or far away in the US, apart from you? **If so, when and for how long?**

Is there anything else that would be helpful for us to know (medical condition, loss or trauma in child’s life, recent experiences of housing insecurity, etc.)?

____ (initial) // We understand that Pre-K Counts is a pre-kindergarten program that operates on the School District of Philadelphia academic schedule, and that extended care and summer care are available as a separate fee.

We encourage all eligible families to apply for CCIS in addition to Pre-K Counts. This funding can be used to cover extended hours (2 pm- 6 pm) or care during the summer months is needed.

____ I currently receive CCIS funding.

____ I am interested and will be applying for CCIS funding.

Parent/Guardian Signature: _____ Date: _____



The Parent-Infant Center Tuition Assistance Application

Any family enrolling at The Parent-Infant Center is welcome to apply for scholarship assistance. Priority is given to families whose income is between 235-to-300 percent of the federal poverty level. Special consideration is also given to families needing temporary assistance because of a short-term family situation. Applications for assistance are not reviewed until a family has confirmed enrollment by paying the full tuition deposit and providing a current household tax return.

Child's Name _____ Birth Date _____

Enrollment plan for July 1, 2017 – June 30, 2018

Child Care Programs	Days per week (circle)	School Age Programs	(Please circle)
Full Day (8am-6pm)	5 4 3	After School (number of days)	5 4 3
Part-Day Preschool (8am-2pm)	5 4 3	Number of Summer Camp Sessions	1 2 3 4 5
Extended Day (2pm-6pm)	5 4 3		
PreK Counts Extended Day (2pm-6pm)	5 4 3		

Number of people in your household: adults _____ children _____

How much do you feel you can afford PER MONTH in the Child Care Program? _____

How much do you feel you can afford PER MONTH for the After School Program? _____

How much do you feel you can afford PER SESSION for Summer Camp? _____

Please describe family circumstances that affect your ability to pay for child care that we should consider in your request for a scholarship. (Use other side if needed.)

PIC is able to offer scholarship assistance to families because of energetic fundraising events and our Parent Participation Program (PPP). We count on *all* of our families to help with these events. Are you willing to commit your family to helping raise at least \$200 during the next year? _____

This can be done by volunteering to help organize events, selling plants, contributing goods or services or bringing friends to ArtStart

Is your current tuition account paid in full? _____

If your account is in arrears, your scholarship application will depend on making a written payment plan and demonstrating a commitment to regularly scheduled payments to bring your tuition and PPP accounts to zero balance by June 10.

You **MUST** attach a copy of your household's tax return for this year. **Spring requests for the next fiscal year are due by May 1. Families will be notified by June 1.** At other times of the year, scholarship requests should be submitted as soon as possible. Return all applications to the PIC Executive Director.

Name _____

Signature _____

Date _____