



The School District of Philadelphia ~ Office of Early Childhood Education
440 N. Broad Street, Philadelphia, PA 19130 ~ 215.400.4270

Prekindergarten

Head Start Application [Initial Screening]



Return Completed Application

The School District of Philadelphia
Prekindergarten Head Start Program
440 N. Broad Street- Suite 170
Philadelphia, PA 19130

Please Note: Completing and submitting an application does not guarantee enrollment.

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, disability, age, sex and religion. 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, disability, age, sex and/or religion. 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

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
EDUCATION CENTER
440 N. BROAD STREET, 2nd FLOOR- PORTAL C
PHILADELPHIA, PENNSYLVANIA 19130-1099
TELEPHONE 215-400-4270 FAX 215-400-4271

Renee Queen Jackson
Deputy Chief

Joy Diljohn
Executive Director, Head Start

Dear Parents and Guardians

Thank you for your interest in pre-registering your child(ren) in the School District of Philadelphia's Head Start program. Applications for the up-coming school year are accepted beginning December 15th until March 31st.

Please complete the attached form, accompanied by supporting documentation to verify your income and child's age. Completed applications will take a minimum of six (6) weeks to be processed. Entry into the Head Start program is based on need, and applicants will be placed on a waiting list in order of need. All applicants will be notified by mail whether their child has a space for the 2013-2014 school year or if their child will remain on the waiting list.

In order for us to determine your eligibility, we need to receive copies of the following information:

- Application: (Completed and signed)
- Application for Admission of Child to School (EH-40)
- Proof of Child's age
- Proof of current income of Parent(s)/Guardian(s) of child
- Proof of Philadelphia Residency
- Child Custody information/documents (if applicable)
- An Individual Learning Plan (IEP) if your child has a disability (if applicable)
- Early Head Start Letter (if applicable)
- Child's health insurance card
- Picture ID of Parent/Guardian
- Health Assessment and Dental Exam
- Other Family/Health/Nutrition Information

Please see page 3, "Other Head Start Information" for more information on what documents can be used to meet these requirements.

These documents must be submitted to us before your application can be evaluated. Please submit COPIES only. Your child will not have the opportunity to be offered enrollment in the program nor have his/her name placed on the waiting list if his/her application is incomplete. To ensure that your application is complete, refer to the checklist at the end of your application.

Please submit your Head Start application and copies of all required documents by using the following methods:

Mail or Bring:

Drop Box Locations:

The School District of Philadelphia
Prekindergarten Head Start
440 N. Broad Street, Suite 170
Philadelphia, PA 19130

The lobby of the Education Center Broad St. Entrance
The Entrance to the Office of Pre-K Head Start at the Education Center, 1st floor
The Office of Early Childhood Education Center Suite, 2nd floor

The School District of Philadelphia

ADDITIONAL HEAD START INFORMATION

1. Head Start centers are not located in every school therefore, limited spaces are available.
2. Head Start is a FREE Prekindergarten program for children 3-5 years of age.
3. Head Start is funded by the Federal Government and the School District of Philadelphia.
4. Applications are reviewed using selection criteria to identify children and families with the greatest need for services in accordance with and guidance from the Federal Head Start Performance Standards and other regulations.
5. Children who will be eligible for kindergarten the next school year are given priority/special consideration.
6. Parents will be notified if the centers selected are filled and their children's names will be placed on the waiting list. Parents will also be notified if their children are not eligible for the program along with the reasons for ineligibility.
7. Applications are valid only for the program year in which they are completed. If a child is age eligible for the next program year, parents will be notified to update all information for the new program year.
8. We determine whether you are eligible based on your family size and yearly gross income. We use the Federal Income Poverty Guideline issued each January in the Federal Register by the Department of Health and Human Services as our guide.

2013 Poverty Guidelines for
the 48 Contiguous States and
the District of Columbia:

Persons in Family	Poverty Guidelines
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630

For families/households with more than 8 persons, add \$4,020 for each additional person.

Acceptable documents to process application:

Proof of Child's Age	Proof of current income of Parent(s)/Guardian(s) of child		Proof of Philadelphia Residency
Birth Certificate	Submit 4 week's worth of paystubs	Self Employment- Tax Statement	Utility bill
Hospital record	W 2- 1040 tax form (1st two pages)	Public Assistance letter or Compass Report	Current voter's registration card
Official document that verifies <u>date of birth</u> .	Social Security income letter	Unemployment verification	Rental agreement
	Written statement from employer or pay envelopes	Foster care letter from agency	
	Notarized letter of support from family member where you reside	Shelter placement letter for homeless students	

Note: In addition, other information (documentation) may be requested by the Social Service Coordinator, according to Federal regulations, in order to determine eligibility.

The School District of Philadelphia
Pre-Kindergarten Head Start Program Application

Primary Adult's Last Name		First Name	
Child's Last Name		First Name	
Child's Date of Birth			

General Information				
Address		Apartment #	City	State Zip
Email Address:				
Primary	Phone Type (HOME, CELL, WORK)		Phone Number	
<input type="checkbox"/>				
<input type="checkbox"/>				

Child's Information		
Last	First	Middle
Date of Birth	Gender M F	Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		
Is English, the primary language of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Is another language spoken by child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the language: _____ <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your child have any of the following: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP		
Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of health Insurance (Please circle): CHIP Medical Assistance Private Insurance Name: _____ Insurance Number: _____ Doctor's Name : _____ Address: _____ Phone: _____ Dentist's Name: _____ Address: _____ Phone: _____		

Household Information	
Parental Status: <input type="checkbox"/> One Parent in the home <input type="checkbox"/> Both Parents are in the home	
Total number of family members:	Total number of children:

Other Family Members Supported by Primary Adult					
Adult/Child	Gender F / M	Last Name	First Name	Date of Birth	Relationship to child

Child's Last Name _____ First Name _____ Date of Birth: _____

First Parent #1 or Legal Guardian

Last	First	Middle
Date of Birth	Gender	Is the primary adult Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No

Race (check all that apply): ☐ American Indian ☐ Asian ☐ Black/African American ☐ Multi-Racial/Bi-Racial
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other _____

Is English, the primary language of the primary adult? ☐ Yes ☐ No ☐ Little ☐ Moderate ☐ Proficient

Is another language spoken? ☐ Yes ☐ No

If yes, list the language: _____ ☐ Little ☐ Moderate ☐ Proficient

Relationship to the child: ☐ Natural ☐ Step parent ☐ Foster ☐ Guardian ☐ Other Specify: _____

Lives with the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides financial support to the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Is a Teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Adult's highest education completed:

- ☐ 9th grade or less ☐ High School Graduate
☐ 10th grade ☐ Some college
☐ 11th grade ☐ Associate's Degree
☐ 12th grade ☐ Bachelor's Degree
☐ General Education Diploma ☐ Master's Degree
☐ Training Certificate ☐ Doctoral Degree
 If in school/training, where? _____

Employment Status:

- ☐ Full-time and Training ☐ Retired or Disabled
☐ Full-time ☐ Seasonally Employed
☐ Part-time and Training ☐ Training or School
☐ Part-time ☐ Unemployed

If unemployed, for how long? _____

Parent #2

Last	First	Middle
Date of Birth	Gender	Is the secondary adult Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No

Race (check all that apply): ☐ American Indian ☐ Asian ☐ Black/African American ☐ Multi-Racial/Bi-Racial
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other _____

Is English, the primary language of the primary adult? ☐ Yes ☐ No ☐ Little ☐ Moderate ☐ Proficient

Is another language spoken? ☐ Yes ☐ No

If yes, list the language: _____ ☐ Little ☐ Moderate ☐ Proficient

Relationship to the child: ☐ Natural ☐ Step parent ☐ Foster ☐ Guardian
☐ Other Specify: _____

Lives with the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides financial support to the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

Adult's highest education completed:

- ☐ 9th grade or less ☐ High School Graduate
☐ 10th grade ☐ Some college
☐ 11th grade ☐ Associate's Degree
☐ 12th grade ☐ Bachelor's Degree
☐ General Education Diploma ☐ Master's Degree
☐ training certificate ☐ Doctoral Degree
 If in school/training, where? _____

Employment Status:

- ☐ Full-time and Training ☐ Retired or Disabled
☐ Full-time ☐ Seasonally Employed
☐ Part-time and Training ☐ Training or School
☐ Part-time ☐ Unemployed

If unemployed, for how long? _____

Child's Last Name _____ First Name _____ Date of Birth: _____

Family Information	
Do you receive any of the following assistance: Cash Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?	Current housing status: Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?
Food Stamps (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?	Are up doubled up with family or Friends due to fire, flood, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?	Are you in a shelter/transitional housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?
WIC <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide WIC ID?	Other, please specify: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?
Child Care Vouchers <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?	Have you received permanent housing in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when?	Does your family have other Social Concerns: [English Language learners, custody issues, etc.] <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state concern:
Medical Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No What is frequency of pay: (How often do you get paid?) Parent 1: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly Parent 2: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly	
Miscellaneous information:	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long have you lived in USA?	Does your child have previous preschool experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a sibling enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a medically fragile child? <input type="checkbox"/> Yes <input type="checkbox"/> No (chronic or terminal illness)	
Do you have any disabilities or physical or mental health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a preference in school site? (See School List on Page 9) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which site? Choice 1 : _____ Choice 2: _____ Choice 3: _____
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Note: The preferred school site cannot be guaranteed.

Child's Last Name _____ First Name _____ Date of Birth: _____

Information for Certification

My signature below indicates that:

- 1. I UNDERSTAND THAT COMPLETING and SUBMITTING AN APPLICATION FOR PRESCHOOL DOES NOT GUARANTEE THAT MY CHILD WILL BE ACCEPTED INTO A PRESCHOOL PROGRAM;**
- The information I have provided on both pages of the Application for Preschool is true and accurate. If any part is false, my participation in this program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the program.
- I agree to inform my child's teacher when contact information changes
- I understand that this information must be kept accurate so that I can be contacted in the event my child becomes ill or injured while attending preschool;
- I understand that if my child is enrolled in preschool, I agree to abide by the program policies and to adhere to the scheduled arrival and departure times.

I understand that this application does not guarantee enrollment in Head Start.

I have enclosed the following required documents (copies):

Document	Additional Information	In Your Packet:	
Application	Pages 2-7 Must be signed	Yes	No
Application for Admission of Child to School (EH-40)	Must be signed	Yes	No
Proof of Child's Age:	One of the following is needed		
Birth Certificate		Yes	No
Hospital Record		Yes	No
Official document that verifies date of birth		Yes	No
Proof of current income of Parent(s)/Guardian(s):	One of the following is needed		
Submit 4 week's worth of paystubs (weekly, bi-weekly, monthly, etc.)		Yes	No
W 2- 1040 tax form (1 st two pages)		Yes	No
Self Employment- Tax Statement		Yes	No
Public Assistance letter (Cash)			
Social Security income letter		Yes	No
Unemployment verification		Yes	No
Written statement from employer		Yes	No
Foster care letter from agency		Yes	No
Notarized letter of support from family member where you reside		Yes	No
Shelter placement letter for homeless students		Yes	No
Child Custody information:	If Applicable	Yes	No
Disability information:	If Applicable		
Current IEP (Individualized Education Plan)		Yes	No
Any other information regarding special needs		Yes	No
Health Assessment:	Must include Immunization Records	Yes	No
Other Family/Health/Nutrition Information:	Food Allergies, Special Dietary Restrictions, ect.	Yes	No
Dental Exam:	Signed by Dentist	Yes	No
Early Head Start Letter:	If Applicable	Yes	No
SNAP Letter:	If Applicable	Yes	No

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED

The School District of Philadelphia
Current Head Start Locations

Information for the Center List

The School District of Philadelphia, through its Facilities Master Plan, will be recommending the closure or grade change of some schools for the 2013-2014 school year. The Office of Early Childhood does not have specific information about which schools will close, nor the impact these closures may have on the Head Start program located in those schools that will remain open. **The Schools that may be impacted by the Facilities Master Plan are identified by an asterisk (*).**

When the school-closing information and subsequent impact is known, and it is a center(s) you have chosen, the Office of Early Childhood will mail to you a Head Start Location Preference form. The form will list the locations that will offer the Head Start program for the 2013-2014 school year. You will have the opportunity to select, in preference order, three locations that would be convenient for your child to attend. You will be asked to return your location choices by a specific date that will be indicated on the form.

Location Name	Location Address	Zip
BARRY	5900 RACE STREET	39
BETHUNE	3301 OLD YORK ROAD	40
BIRNEY	900-14 W. LINDLEY AVENUE	41
BLAINE	3001 W. BERKS STREET	21
BLANKENBURG	4600 W. GIRARD AVENUE	31
BREGY	1700 BIGLER STREET	45
BROWN, H.A.	1946 E. SERGEANT STREET	25
BRYANT	6001 CEDAR AVENUE	43
CARROLL *	2700 E. AUBURN STREET	34
CATHARINE ANNEX	6900 GREENWAY AVENUE	42
CHILDS (moved to Barratt)	1599 WHARTON STREET	46
CLEVELAND	3701 N. 19TH STREET	40
CLYMER	1201 W. RUSH STREET	33
COOK-WISSAHICKON	201 E. SALAIGNAC STREET	28
DAY, A. B.	1201 E. JOHNSON STREET	38
DE BURGOS	404 W. LEHIGH AVENUE	33
DICK, WILLIAM	2498 W. DIAMOND STREET	21

Location Name	Location Address	Zip
DOUGLASS-YOUNG SCHOLARS	2118 W. NORRIS STREET	21
DUCKREY*	1501 W. DIAMOND STREET	21
DUNBAR	1750 N. 12TH STREET	22
EMLLEN*	6501 CHEW AVENUE	19
FAIRHILL*	601 W. SOMERSET STREET	33
FELTONVILLE	4901 RISING SUN AVENUE	20
FERGUSON*	2000 N. 7th STREET	22
FINLETTER	6100 N. FRONT STREET	20
FRANK, ANNE	2000 BOWLER STREET	15
FULTON, ROBERT*	60 E. HAINES STREET	44
GERMANTOWN HIGH SCHOOL*	40 E. HIGH STREET	44
GIDEON	2817 W. GLENWOOD AVENUE	21
HARRITY-MASTERY	5601 CHRISTIAN STREET	43
HARTRANFT	2415 GERMANTOWN AVENUE	33
HESTON	1621 N. 54TH STREET	31
HILL, L.P. *	3133 RIDGE AVENUE	32
HOLME	9120 ACADEMY ROAD	14
HUNTER	144 W. DAUPHIN STREET	33
JACKSON	1213 S. 12TH STREET	47
KELLEY, W.D.	1601 N. 28TH STREET	21
KIRKBRIDE	1501 S. 7TH STREET	47
LEA	4700 LOCUST STREET	39
LONGSTRETH	5700 WILLOWS AVENUE	43
LOWELL	450 W. NEDRO AVENUE	20
LUDLOW	550 W. MASTER STREET	22
MANN- MASTERY	5376 W. BERKS STREET	31

* Schools that may be impacted by the Facilities Master Plan

Location Name	Location Address	Zip
MARSHALL, T.	5120 N. 6TH STREET	20
MCKINLEY	2101 N. ORKNEY STREET	22
MCMICHAEL*	3543 FAIRMOUNT AVENUE	04
MEADE*	1600 N. 18TH STREET	21
MIFFLIN	3624 CONRAD STREET	29
MITCHELL*	5500 KINGSESSING AVENUE	43
MORRIS*	2600 W. THOMPSON STREET	21
MUÑOZ-MARIN	3300 N. 3rd STREET	40
OVERBROOK ELEMENTARY*	2032 N. 62ND STREET	51
PATTERSON	7000 BUIST AVENUE	42
PEIRCE*	2300 W. CAMBRIA STREET	32
PENNELL*	1800 NEDRO AVENUE	41
PENNYPACKER*	1858 E. WASHINGTON LANE	38
POTTER-THOMAS	3001 N. 6TH STREET	33
PRATT*	2200 N. 22ND STREET	32
PRINCE HALL	6101 N. GRATZ STREET	41
REYNOLDS*	1424 N. 24TH STREET	21
RIVERA	2603-11 N. 5TH STREET	33
SHARSWOOD	2300 S. 2ND STREET	48
SOLIS-COHEN	7001 HORROCKS STREET	49
SOUTH PHILADELPHIA	2101 S. BROAD STREET	48
SOUTHWARK	1835 S. 9th STREET	48
SPRUANCE	6401 HORROCKS STREET	49
STANTON, M.H.	2539 N.16TH STREET	32
STEARNE*	1655 UNITY STREET	24

* Schools that may be impacted by the Facilities Master Plan

Location Name	Location Address	Zip
STEEL	4301 WAYNE AVENUE	40
TAGGART	400 PORTER STREET	48
TRINIDAD	1038 W. SEDGLEY AVENUE	33
TURNER CENTER	5900 BALTIMORE AVENUE	43
VARE, A. (ELEMENTARY) *	1621 E. MOYAMENSING AVENUE	48
VARE, E. (MIDDLE)	2100 S. 24TH STREET	45
WALNUT CENTER	3724 WARREN STREET	04
WARING	1801-27 GREEN STREET	30
WASHINGTON, G. *	1198 S. 5TH STREET	47
WEBSTER	3400 FRANKFORD AVENUE	34
WILLARD-SOMERSET	3070 FRANKFORD AVE.	34
WILSON*	1300 S. 46TH STREET	43
WRIGHT*	2700 W. DAUPHIN STREET	32

* Schools that may be impacted by the Facilities Master Plan

THE SCHOOL DISTRICT OF PHILADELPHIA

OFFICE OF EARLY CHILDHOOD EDUCATION

EDUCATION CENTER

440 N. BROAD STREET, Suite 170

PHILADELPHIA, PENNSYLVANIA 19130-1099

TELEPHONE 215-400-4270 FAX 215-400-4275

DENTAL HEALTH

Child's Name _____ Birth Date _____ Center _____

Dear Parent/Guardian,

- Please complete **Part I** to the best of your knowledge
- **Part II** is to be completed by your child's dentist

Part I ~ Completed by parent/guardian:

1. Has your child been to the dentist? _____ No _____ Yes ~ If Yes, please complete the following:

Dentist Name _____ Address _____ Zip _____

Phone Number _____ 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? _____

Part II ~ 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 _____

Dental Office Stamp



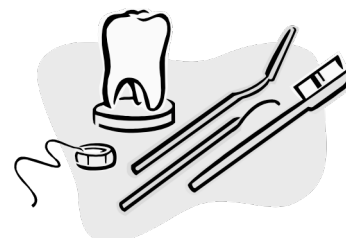
IT'S TIME TO GO TO THE DENTIST!

Child's Name: _____

Date: _____

PHILADELPHIA HEALTH CENTERS FOR DENTAL CARE

HC #2 : 1720 S. Broad Street, 19145 : 215-685-1822
 HC #3 : 555 S. 43rd Street, 19104 : 215-685-7506
 HC #4 : 4400 Haverford Avenue, 19104 : 215-685-7605
 HC #5 : 1920 N. 20th Street, 19121 : 215-685-2938
 HC #6 : 321 W. Girard Avenue, 19123 : 215-685-3815
 HC #9 : 131 E. Cheltenham Avenue, 19144 : 215-685-5738
 HC #10: 2230 Cottman Avenue, 19149 : 215-685-0608



HOSPITAL-BASED DENTAL CLINICS



ST. CHRISTOPHER'S

Front & Erie Avenue
Dental Office
215-427-5065

TEMPLE

3233 S. Broad Street
School of Dentistry
215-707-2863

EINSTEIN

York & Tabor Road
Dental Office
215-456-7130

EPISCOPAL

Front & Lehigh Avenue
Dental Office
215-707-1030

UNIVERSITY OF PENNSYLVANIA

40th & Spruce Street
School of Dentistry
215-898-8979

FEDERALLY FUNDED CLINICS

FAIRMOUNT HEALTH CENTER

1412 Fairmount Avenue
Dental Office
215-684-5349

MARIA DE LOS SANTOS HEALTH CENTER

401 W. Allegheny Avenue
215-291-2500



"Wow!"

THESE DENTISTS ARE CHILD FRIENDLY!"

DOC BRESLER'S

6801 Ridge Avenue
215-483-6633

DOC BRESLER'S

1430 Snyder Avenue
215-467-6000

DOUGLAS R. REICH, D.M.D.

7122 Rising Sun Avenue
215-725-8300

DENTAL DREAMS

2107A Cottman Avenue
215-235-4060

DENTAL DREAMS

5675 N. Front Street
215-224-0440

DENTAL DREAMS

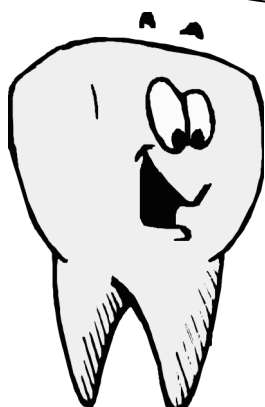
2459 Aramingo Avenue
215-427-2800

PEDIATRIC DENTAL ASSOCIATES

6404 Roosevelt Boulevard
215-743-3700

PEDIATRIC DENTAL ASSOCIATES

100 E. Lehigh Avenue
215-707-1030



1-800-DENTIST : TOLL-FREE INFORMATION (NATIONWIDE)

215-925-6050 : PHILADELPHIA COUNTY DENTAL SOCIETY

(for private dentists in your area)

**SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
CHILD HEALTH ASSESSMENT**

CHILD'S NAME: (LAST)		(FIRST)		PARENT/GUARDIAN NAME:		
DATE OF BIRTH:		PHONE:		ADDRESS:		
CENTER NAME:						
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).						
Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE				Date of most recent well-child 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.) Child care facility needs 2 copies.		
LENGTH/HEIGHT		WEIGHT		BLOOD PRESSURE		
_____IN/CM %ILE _____		_____LB/HG %ILE _____		(BEGINNING AT AGE 3) _____ / _____		
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> =NORMAL	IF ABNORMAL - COMMENTS			
HEAD/EARS/EYES/NOSE/THROAT						
TEETH						
CARDIO/RESPIRATORY						
ABDOMEN/GI						
GENITALIA/BREASTS						
EXTREMITIES/JOINTS/BACK/CHEST						
SKIN/LYMPH NODES						
NEUROLOGIC & DEVELOPMENTAL						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS (Complete Dates: Month, Day, Year)
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER/TB						
SCREENING TESTS		DATE TEST	<input checked="" type="checkbox"/> =NORMAL	IF ABNORMAL - COMMENTS		
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:				NEXT APPOINTMENT - MONTH/YEAR:		
ADDRESS:				SIGNATURE OF PHYSICIAN OR CRNP:		
		PHONE:	LICENSE NUMBER:		DATE FORM SIGNED:	

THE SCHOOL DISTRICT OF PHILADELPHIA
APPLICATION FOR ADMISSION OF CHILD TO SCHOOL
(EH-40 Rev. 6/12 Comm. Code 61602445007)

PARENT/GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTATION

STUDENT INFORMATION - PRINT ALL ENTRIES

LAST NAME			FIRST NAME			M.I.	DATE OF BIRTH			GENDER		STUDENT I.D. (SCHOOL USE ONLY)				
							MO	DA	YR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
HOUSE NO.	DIR	STREET NAME				ST., AVE., ETC			APT.#	ZIP CODE			HOME PHONE			

■ **CHECK ONE ONLY (✓)**

RACE DESIGNATION (CHECK (✓) ONE ONLY):

- | | | | |
|-----------------------------------|--|--|---|
| <input type="checkbox"/> 0. WHITE | <input type="checkbox"/> 1. BLACK / AFRICAN AMERICAN | <input type="checkbox"/> 2. HISPANIC / LATINO | <input type="checkbox"/> 3. AMERICAN INDIAN / ALASKA NATIVE |
| <input type="checkbox"/> 4. ASIAN | <input type="checkbox"/> 5. MULTI RACIAL / OTHER | <input type="checkbox"/> 6. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER | |

LANGUAGE SURVEY

	English	Other	Other Language (please specify)
1. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the child speak to her/his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	
7. In what language would you like documents sent home? If other, which language? _____	<input type="checkbox"/> English Only		<input type="checkbox"/> English and Other

STUDENT EDUCATION: Complete this section if the child has ever attended school

■ **INDICATE CITY AND TYPE OF SCHOOL CHILD LAST ATTENDED**

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> PHILADELPHIA CITY | <input type="checkbox"/> OTHER CITY | <input type="checkbox"/> PUBLIC SCHOOL | <input type="checkbox"/> NON-PUBLIC SCHOOL |
|--|-------------------------------------|--|--|

DATE LAST ATTENDED	GRADE LAST ATTENDED	NAME OF SCHOOL	ADDRESS	CITY	STATE
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■ If the student attended school Outside of the United States, do you have his/her school records?

☐ Yes* ☐ No

If yes, please provide a copy for the school

■ Did child ever attend: ☐ Pre-Kindergarten and/or ☐ Kindergarten

- | | | |
|--|-------------------------------|-----------------------------|
| 1. Has child ever received Special Education services? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 2. Was child ever enrolled in an Early Intervention Program? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 3. Has child ever received ESOL/Bilingual services? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

■ Date child first enrolled in U.S. school: _____

CONTINUE ON REVERSE SIDE >>

PARENT/GUARDIAN INFORMATION - PRINT ALL ENTRIES

PARENT	"X" IF DECEASED	FULL NAME	CELL PHONE	E-MAIL	EMPLOYER PHONE
FATHER					
	NAME OF FATHER'S EMPLOYER:			EMPLOYER ADDRESS:	
MOTHER					
	NAME OF MOTHER'S EMPLOYER:			EMPLOYER ADDRESS:	
<input type="checkbox"/> STEP PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> LEGAL CUSTODY					
		EMPLOYER:		ADDRESS:	

PROOF OF DATE OF BIRTH - MUST BE COMPLETED

1. OFFICIAL BIRTH CERTIFICATE	NUMBER	ISSUED BY (CITY AND STATE)
2. BAPTISMAL OR OTHER RELIGIOUS CERTIFICATE	ISSUED BY	NAME AND ADDRESS
3. OTHER	DESCRIBE	
4. COUNTRY OF BIRTH	NAME OF COUNTRY - IF BORN IN US, LIST NAME OF CITY AND STATE	

Parent/Guardian Signature: _____ Date: _____

OFFICIAL USE ONLY

SCHOOL PRINCIPAL/ADMINISTRATOR: It is the responsibility of the School Principal/Administrator to insure that this form is completed in its entirety and to verify all necessary documentation prior to signing.

VERIFICATION: THE PROOF OF DATE OF BIRTH IS BASED ON THE EXAMINATION OF DOCUMENT ABOVE

SIGNATURE OF SCHOOL OFFICIAL		DATE		POSITION	
NAME OF SCHOOL/CENTER CHILD ADMITTED TO		SCHOOL NO.	DATE ENROLLED	GRADE	ROOM/SECT/BOOK NO
PRE-K ONLY		SIGNATURE OF SCHOOL PRINCIPAL / ADMINISTRATOR			DATE
SCHOOL GROUP	PROGRAM CODE				