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Preschool Application

*for Academic Year*

# 2024-2025

## Pre-Kindergarten Registration

* Free, full-day pre-kindergarten services for children ages 3-5.
* Rolling enrollment as a child turns three. Children who are five on or before September 1st must apply to Kindergarten.
* Registration can be completed online or in person.

## Pre-Kindergarten Benefits

Free Nutritious Meals

High-Quality Curriculum Access to Nurses

Special Needs Support Parent Participation

Precious Angels Preparatory School

6100 N Broad Street

Philadelphia, PA 19141

I appreciate your interest in the Precious Angels preschool program! Completing and submitting a Preschool Application does not guarantee that your child will be accepted to a preschool program.

**Required Documentation:** *Documentation of citizen status is NOT required. All families are welcome.*

1. **Applications will be processed when documentation below is received.**

Completed application

Proof of child’s date of birth (Birth certificate, health insurance card, etc.)

Proof of TANF cash, SNAP/food stamps, other documentation of family income (W-2, etc.), or signed statement of unemployment

Proof of Philadelphia residency (bill, driver’s license, lease, etc.)

Child’s health insurance card

Picture identification of parent/guardian (Current State or Federal Photo ID)

1. **Enrollment will be finalized when additional documentation below is received.** Child’s health insurance card or proof of medical assistance Child’s most up to date immunization record.

Wellness Exam Form

Dental Exam Form

1. **If applicable additional documents may be needed:** Copy of child’s IEP

Custody Order

Documentation of Medical Assistance

Med-1 form if staff will need to administer medication to your child or use any medical equipment

Copy of Foster

Copy of McKinney Vento Letter

CACFP Enrollment Forms

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| **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:** O Male O Female O Non-Binary | | | | | |
| **Primary language:** | | | | | | | **Other language(s):** | | | | | |
| **Home Address:** | | | | | | | | | | | | |
| **Apt./Unit #:** | **City:** | | | | | | | **State**: | | **Zip Code:** | | |
| **Phone #:** | | | | | | | **Email Address:** | | | | | |
| **# of People in household** | | |  | | **# of People in family** | | |  | **O A custody arrangement for this child?** | | | |
| **Marital Status** | O Married | | | | O Single | | | O Widowed | | O Separated/Divorced | | |
| **Relationship to Child**  Select one | O Parent/Step-Parent | | | | | | | O Grandparent | | | | |
| O Foster/Kinship Parent, related to child | | | | | | | O Foster Parent, not related to child | | | | |
| O Guardian, related to child | | | | | | | O Guardian, not related to child | | | | |
| O Other (specify): | | | | | | | O Teen Parent – parent was under the age of 18 when child was born | | | | |
| **Race/Ethnicity**  Select all that applies | O Hispanic or Latino/a | | | | | | O American Indian | | | O Asian | | |
| O Black or African American | | | | | | O Multi-Racial or Bi-Racial | | | O Native Hawaiian | | |
| O Pacific Islander | | | | | | O White | | | O Other (specify): | | |
| **Education**  Select highest  Diploma/Degree earned or highest Grade Level completed | O High School Diploma O GED O ESL – English as a Second | | | | | | | | | | | |
| O Some college/Vocational/Associates Degree | | | | | | | O Bachelors/Advanced degree | | | | |
| O 11th Grade | | | | | | O 10th Grade | | | O 9th Grade or lower | | |
| **Employment, School, Job Training**  Select all that applies | O Employed/Self-Employed | | | | | | O Unemployed/Not Employed | | | O Disabled | | |
| O Member of the U.S. military on active duty | | | | | | | O Veteran of the U.S. military | | | | |
| **Do you have health insurance*?*** *If ‘Yes’, name of health insurance provider:* | | | | | | | | | | | O Yes | O No |
| **Are you pregnant?** | | O Yes | | O No | | **Are you receiving mental health treatment?** | | | | | O Yes | O No |
| **Do you receive benefits?** | | O WIC | | O SNAP | | | O Medical | | O TANF Cash | | O SSI | |

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| **SECONDARY PARENT**  **An adult who shares in the care of the child.** | | | | | |
| **First Name:** | | | **Last Name:** | | |
| **Date of Birth:** | | | **Gender:** O Male O Female O Non-Binary | | |
| **Employment, School, Job Training**  Select all that applies | O Employed/Self-Employed | O Unemployed/Not Employed | | | O Disabled |
| O Member of the U.S. military on active duty | | | O 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:** | | |

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| **P** | | **REK CHILD** | | | | | |
| **First Name:** | | **Last Name:** | | | | | |
| **Date of Birth:** | | **Gender:** O Male O Female O Non-Binary | | | | | |
| **Race/Ethnicity**  Select all that applies | O Hispanic or Latino/a | O American Indian | | | O Asian | | |
| O Black or African American | O Multi-Racial or Bi-Racial | | | O Native Hawaiian | | |
| O Pacific Islander | O White | | | O Other (specify): | | |
| **Primary language:** | | **Other language(s):** | | | | | |
| **Child is receiving Early Intervention services:** | |  | O IEP | O EFSP | O ER | O Suspected | |
| **Child’s mother and/or father is currently incarcerated:** | |  | | | O Yes | | O No |

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| **HOUSING** | | | | | | | | | | | |
| **Housing Information**  Select your current situation | O Own | | | O Living with relatives or others to due to lack of alternative, adequate housing or due to the loss of housing | | | O Transitional housing | | | | |
| O Rent | | | O Temporary housing situation due to emergency: eviction, flood, fire, hurricane, etc. | | | O Train or bus station, park or in car | | | | |
| O Shelter | | | O Hotel/Motel, camping ground or other similar situation due to loss or lack of alternative, adequate housing. | | | O Apartment or house lacking utilities (water, heat, electricity, etc.) | | | | |
|  | Secondary Care Giver lives with Family? | | | | | |  | O Yes | | O No |
| Another person over the age of 18 living in the household? | | | | | | | | O Yes | | O No |
| **Optional**  **Information** | New to the country? | | | | | | | | O Yes | | O No |
|  | Has an agency such as HIAS, NSC, Bethany, JEVS, New World Association, AFAHO, or other worked with you? | | | | | |  | O Yes | | O No |
|  | | | | | |
| **FAMILY INCOME** | | | | | | | | | | | |
| **Primary Caregiver Income** | | | | | | **Secondary Caregiver Income** | | | | | |
| **Employment Type** | | | **Amount** | | **Frequency** | **Employment Type** | **Amo**  **unt** | | | **Frequency** | |
| O Employment | | |  | |  | O Employment |  | | |  | |
| O SSI/ TANF CASH | | |  | |  | O SSI/ TANF CASH |  | | |  | |
| O Unemployment | | |  | |  | O Unemployment |  | | |  | |
| O Other:\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | O 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |