

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  |
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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |