Dear Parent/Guardian:

Thank you for your interest in CORA Early Years: La Salle's PA state funded PKC program. In order to pre-register your child, you must complete the attached registration packet and provide the required documentation listed below. Once this application has been returned with the required documentation to the Center's Director by **Friday, April 3rd, 2020**. I will contact you via email to setup an ***interview with you and your child before you can be approved for this program. Spots are limited, and will be awarded on a first come/first serve basis (considering individual qualifiers.)***

Although your child meets the age requirement there are other requirements your family must meet in order to participate in this state funded program. Here is a list of them:

1. Resident of the Philadelphia School District
2. Meet the Income Guidelines:

Family Size	Maximum Income
1	$35, 310.00
2	$47,790.00
3	$60,270.00
4	$72,750.00
5	$85,230.00
6	$97,710.00

3. Physical w/ Immunization Shot Record
4. Vision and Hearing
5. Dental Exam
6. Proof of Income and Birth Certificate

Return the PKC Application COMPLETE along with all of the documents listed.
If you have any questions, please do not hesitate to contact me at
267-385-3436, or ctowns@coraservices.org

Thank you for allowing us to meet your child's needs and help your child grow.

Sincerely,
Christina Towns
Center Director

PKC Record Keeping Checklist

Date:_____ **Center:** ***CORA Early Years La Salle***

Room #:_____ **Child's Name:**_____

Eligibility Screening Documents:
(Required prior to enrollment)

- ☐ Pre-K Counts Application (Signed by parent and staff intake worker)
- ☐ Income Documentation ***(Proof of Income: Paystubs-(4)=Weekly, (2)=Bi-Weekly, (1)=Monthly, Support Letter from Philadelphia Family Court, W2, Benefits Statement, Income Statement from CAO (Cash ONLY) or Notarized Letter of Income to be verified)***
- ☐ Birth Certificate/ Passport (Must be 3yrs. old on or before September 1)
- ☐ List of family members (Same as on NDS Meal Application)
- ☐ PA State Issued ID for parent/guardian (valid)

Child Record Documents:

- ☐ Pre-K Counts Enrollee Information Form
- ☐ EH-40
- ☐ Immunization Record* ***(less than a year old)***
- ☐ Health Assessment/ Physical w/ **Hearing and Vision*** ***(less than a year old)***
- ☐ Dental Exam-**Dental Office Stamp*** ***(less than 6 months old)***
- ☐ Health insurance Card
- ☐ Emergency Contact/ Parental Consent Form* ***(Email Address Required)***
- ☐ NDS Meal Application
- ☐ Photograph Consent Form
- ☐ Consent to Exchange Information
- ☐ Consent for Preventive Screenings
- ☐ Getting to Know You
- ☐ Individualized Evaluation Plan (I.E.P.)* ***(Most Recent)***

PKC ENROLLMENT INFORMATION

Child's Name:
First: * _____ **MI:** ____ **Last*:** _____ **Suffix:** _____ (Jr., Sr., I, II, etc.)

Date of Birth: _____ **Gender: *** ☐ Female ☐ Male

Child's Social Security Number: _____---_____---_____

Ethnicity: * ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

SSN Note: SSN is optional and is only used for the Child Clearance process. Enter all 9 digits or leave the field blank. If you do enter all 9 digits, only the last 5 digits will show in this field. All other digits will be masked.

Primary Race: * (Select all that apply)
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific
- ☐ White
- ☐ Unknown
- ☐ Other

Is English the 1st language for the Child? ☐ Yes ☐ No

Primary Guardian:
First: * _____ MI: ____ Last*: _____

Relationship to Child: *
☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other

Mailing Address: _____

City, State: **PHILADELPHIA, PA** **Zip Code:** _____

Phone:_____**Email:** _____

Is the child homeless? ☐ Yes ☐ No **Is the child adopted?** ☐ Yes ☐ No

If Yes, Child's Age at Adoption: _____

How many siblings (related by blood, marriage, or adoption) reside in the child's household? _____

Including the child, how many people are in the household? _____

In the household, how many people are over the age of 18? _____

What is the Language used in the home? _____

What is the highest education level completed? (Check only one)
- ☐ Up to 8th Grade
- ☐ 9th to 11th Grade
- ☐ High School Diploma ☐ GED ☐ Vocational or Technical Program after High School
- ☐ Some College
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Graduate / Professional School
- ☐ Unknown

What is the employment status of the Parent/Guardian? (Select all that apply)
- ☐ Full Time (30 hours/week and over) ☐ Part Time (Fewer than 30 hours/week)
- ☐ Student Full Time ☐ Student Part Time
- ☐ More than one Part-Time ☐ No Employment
- ☐ Seasonal

Highest education level of the birth mother: (if not already listed above)

☐ Up to 8th Grade
☐ 9th to 11th Grade
☐ High School Diploma ☐ GED ☐ Vocational or Technical Program after High School
☐ Some College
☐ Associates Degree
☐ Bachelor's Degree
☐ Graduate / Professional School
☐ Unknown

Child's Birth Weight (Check one below)

☐ Normal (Greater than or equal to 5lbs.8oz.)
☐ Low (Greater than or equal to 3lbs.4oz. but less than 5lbs.8oz.)
☐ Very Low (Less than or equal to 3lbs.4oz.)
☐ Unknown

Birth Mother's Year of Birth: _____

What type of insurance does the child currently have? (Check one below)

☐ CHIP ☐ Medical Assistance ☐ Private Insurance ☐ None ☐ Unknown

Has a Doctor diagnosed the child with any of the following? (Check all that apply below)

☐ Anemia ☐ Asthma ☐ Diabetes ☐ Food Allergies ☐ Obesity ☐ None

Based on the American Academy of Pediatric Standards, are the child's immunizations up-to-date? ☐ Yes ☐ No

Does the child have a physician he/she sees regularly? ☐ Yes ☐ No

Does the child have a dentist he/she sees regularly? ☐ Yes ☐ No

How often do the members of the household read to the child?

☐ At least once a day ☐ At least once a week
☐ At least once a month ☐ Less than once a month

How many children's books are in the home (may include library books)?

☐ Fewer than 5 ☐ 5 – 10 ☐ 11 – 20 ☐ More than 20

Which of the following outreach activities has any member of the household received in the last year?

☐ Emergency/Crisis Intervention
☐ Housing Assistance (subsidies, utilities, etc.)
☐ Transportation Assistance
☐ Mental Health Services
☐ English as a Second Language (ESL) Training
☐ Job Training
☐ Adult Education (GED programs, etc.)
☐ Substance Abuse Prevention or Treatment
☐ Child Abuse and Neglect Services
☐ Domestic Violence Services
☐ Child Support Assistance
☐ Health Education (including prenatal education)
☐ Parenting Education
☐ Assistance to Families of Incarcerated Individuals
☐ Marriage Education Services
☐ Assistance in Obtaining Health Insurance
☐ Assistance in Identifying Health Care Providers
☐ Unknown
☐ None

CO|RA

PA PRE-K COUNTS APPLICATION

This information is confidential to the PA Pre-K Counts program.

Date form Completed:

Last Name (Child)	First Name (Child)	Middle Initial

Child's Date of Birth	Age	Household (Family) size
/ /	2 ☐ 3 ☐ 4 ☐ 5 ☐	

Primary Language	**Family Type**
☐ English ☐ Spanish ☐ Other _____ (Please specify)	☐ One Parent ☐ Two Parent ☐ Foster ☐ Child living with Relative ☐ Other _____ (Please specify)

Street Address		County	
City		State **PA**	Zip Code
Home Telephone:	Work Phone:	Email Address:	

Household Income (required) check box:

☐ Less than $5,000 ☐ $5,001 - $10,000 ☐ $10,001 – $15,000
☐ $15,001 - $20,000 ☐ $20,001 - $25,000 ☐ $25,001 - $30,000
☐ $30,001 - $35,000 ☐ $35,001 - $40,000 ☐ $40,001 - $45,000
☐ $45,001 - $50,000 ☐ $50,001 - $60,000 ☐ $60,001 - $70,000
☐ $70,001 - $100,000 ☐ More than $100,000

Actual Annual Verified Gross Household (Family) Income: _____
(Attach copies of documents used to verify income prior to enrollment)

☐ Family income is **at or below 300% of federal poverty level** (Required Risk factor). Consider all sources of income. See end of document for income chart relative to family size. (Must be verified prior to enrollment)

Other Child Eligibility Risk Factor Criterion (Must check all that apply)

☐ **Behavioral Supports:** A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.

☐ **Child Protective Services**: A child who is a foster child, a kinship care child or receiving Children and Youth services

☐ **Education level of guardian:** does not have a high school diploma or GED or post-secondary degree.

☐ **English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.

☐ **Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:

A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
C. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

☐ **Incarcerated Parent:** A child for whom one of the child's parents is currently in prison

☐ **Individualized Education Plan (IEP):** A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.

☐ **Migrant (non-immigrant)/Seasonal Student.** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.

☐ **Teen mother:** A child whose mother was under the age of 18 when the child was born

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

_____ _____
Parent/Guardian Signature Date

_____
Parent/Guardian Name – Please Print

_____ _____
Staff Verifying Income and Risk Factors Signature Date

_____
Staff Verifying Income - Please Print

THE SCHOOL DISTRICT OF PHILADELPHIA

APPLICATION FOR ADMISSION OF CHILD TO SCHOOL

(EH-40 Rev. 8/14 Comm. Code 61602445007)

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

STUDENT INFORMATION - PRINT ALL ENTRIES

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL	DATE OF BIRTH MO DA YR	GENDER MALE FEMALE	STUDENT I.D. (SCHOOL USE ONLY)

HOUSE NO.	DIR	STREET NAME	ST., AVE.,ETC	APT.#	ZIP CODE	HOME PHONE

■ **CHECK ONE ONLY (√)**

RACE DESIGNATION (CHECK (√) ONE ONLY):

☐ 0. WHITE ☐ 1. BLACK / AFRICAN AMERICAN ☐ 2. HISPANIC / LATINO ☐ 3. AMERICAN INDIAN / ALASKA NATIVE

☐ 4. ASIAN ☐ 5. MULTI RACIAL / OTHER ☐ 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?	❒	❒	
2. What language does the parent(s) speak to her/his child most of the time?	❒	❒	
3. What language does the child speak to her/his parent(s) most of the time?*	❒	❒	
4. What language does the child speak to her/his brothers/sisters most of the time?*	❒	❒	
5. What language does the child speak to her/his friends most of the time?*	❒	❒	
6. What language does the child speak most frequently?*	❒	❒	
7. In what language would you like documents sent home? If other, which language? _____ *If the answer to any of these questions is other than English, please contact the Enrollment Center for additional screening.	❒ English Only		❒ English and Other

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

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

☐ PHILADELPHIA CITY ☐ OTHER CITY ☐ PUBLIC SCHOOL ☐ NON-PUBLIC SCHOOL

DATE LAST ATTENDED	GRADE LAST ATTENDED	NAME OF SCHOOL	ADDRESS	CITY	STATE

■ 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

If no, please contact the school to obtain records

** High School students must have transcripts evaluated.*

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

1. Has child ever received Special Education services? ❒ Yes* ❒ No
2. Was child ever enrolled in an Early Intervention Program? ❒ Yes* ❒ No
3. Has child ever received ESOL/Billingual services? ❒ Yes* ❒ No

** If the answer is yes to any of the above 3 questions in this section, please ENROLL child in school and refer parent/guardian to the Principal, or Counselor or Special Education Liaison.*

■ 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:	
STEP PARENT GUARDIAN 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		

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b) 3270.181 &182; 3280.124(a)(b),3280.181 &182; 3290.124(a)(b) 3290.181&.182

CHILD'S NAME: ***(As it APPEARS on child's state/ government issued "Birth Certificate")***	Date of Birth: ***(Required)***
MOTHER'S NAME/LEGAL GUARDIAN: ***(Required: Unless Court Order, Incarcerated or Deceased, please specify):***	Home Phone: ***(Required)***
ADDRESS:	
CITY, STATE, and 5- DIGIT ZIP CODE:	E-mail:
Business Name:	Cell Phone:
Address, City, State, and 5-Digit Zip Code:	Business Phone:
FATHER'S NAME/LEGAL GUARDIAN: ***(Required: Unless Court Order, Incarcerated or Deceased, please specify):***	Home Phone:
ADDRESS:	
CITY, STATE, and 5-DIGIT ZIP CODE:	E-mail:
Business Name:	Cell Phone:
Address, City, State, and 5-Digit Zip Code:	Business Phone:
EMERGENCY CONTACT PERSON (s) (list below) ***(Minimum of (3) Individuals Over 18 yrs. Old)***	**Telephone Number (when in care)**
1	
2	
3	
Person (s) Whom Child May Be Released and Address (list below)***(Min. (3) Over 18 yrs. Old)***	**Telephone Number (when in care)** ***(Required)***
1	
2	
3	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: ***(Required)***	**Phone Number + Area Code:** ***(Required)***
ADDRESS, CITY, STATE, and 5-DIGIT ZIP CODE: ***(Required)***	
Special Disabilities: ***(Copy of IFSP or IEP Required, if applicable)***	**All Allergies (*Listed on Health Assessment)***
Medical or Dietary Information necessary in an emergency situation ***(Dietary Form Required)***	***Medications (List Medications Taken Daily)***
Additional Information on Special Needs of Child ***(Copy of IFSP or IEP Report Required, if applicable)***	
Health Insurance Coverage or Medical Assistance Benefits	**Policy Number** ***(Required)***

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE **X**	ADMIN. OF MINOR FIRST - AID PROCEDURES **X**
TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY **X**	WALKS **X**
I allow child in ***Swimming Pool***/Sprinkler **X**	I allow Photos/video **X**

Signature of Parent or Guardian ***(at least one signature required)*** **X**	**Date**
Signature of Parent or Guardian **X**	**Date**

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

CORA EARLY YEARS LA SALLE PKC DENTAL EXAM FORM

Child's Name: _____ Date of Birth: _____/_____/_____

SECTION 1: Completed by Parent/Guardian

1. **Has your child been to the dentist? _____No _____Yes**
   If "Yes", 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? _____x's**

SECTION 2: 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: _____/_____/_____**

Dental Office Stamp

My signature certifies the accuracy of this information.

Dentist's Signature: _____

Date: _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT $	PER-DAY-WEEK	DAY PAYMENT TO BE MADE

Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE $	PER MIN-HR	

Extra services to be provided at an additional fee if applicable

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minumum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR DATE

SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN DATE

Pre-K Counts
Family Size Verification

Partner Center: CORA Early Years La Salle

1. Child's Name: _____ Birthdate: _____

Please List Members of Family Residing with Child.

Name	Age	Relationship to child
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Total Family Size = _____

***Family Size Definition:**

The number of people in the household to be counted for purposes of reporting "family size" include the child or children for whom PA Pre-K Counts is being requested and the following individuals who live with that child or children in the same household:

a. A parent of the child. (parent is the biological or adoptive mother or father, stepmother or stepfather, caretaker and spouse who exercises care and control of the child requesting PA Pre-K Counts)
b. A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
c. A child who is 18 years of age or older but under 22 years of age who is enrolled in a high school, a general educational development program or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent upon the income of the parent or caretaker or spouse of the parent or caretaker.

The School District of Philadelphia
Pre-K Counts Income Verification

CENTER: CORA Early Years: La Salle

Parent/Guardian Name: _____

Child's Name: _____

Child's Birthdate: _____

INCOME VERIFICATION*:

Income Source:_____(Paystubs, COMPASS, SSI, OTHER)

Frequency of Pay:_____(Weekly), (Bi-Weekly), (Monthly), or (Annually)

Average Monthly Income*:_$_____

(Weekly = Gross Amount x4; Bi-Weekly = Gross Amountx2; Monthly = Gross Amountx1; Annually = N/A)

Yearly Income:__$_____

(Weekly* = Gross x 52 weeks; Bi-Weekly* = Gross x 26 weeks; Monthly = Gross x 12 months; Annually = Gross)

Verified by:_____

Date:_____

MONTHLY CALCULATIONS	YEARLY CALCULATIONS

COMMENTS:

_____

_____

****Note: If Weekly amount is different then add all four amounts and divide by four, then multiply by 52 weeks; If Bi-Weekly amount is different then add both amounts and average the amount of the two paystubs and multiply by 26 weeks.***

Pre-K Counts

Consent to Exchange Information with Partners

Partner Center: CORA Early Years La Salle

Child's Name: _____ Date of Birth: _____

Pennsylvania Pre-K Counts is a partnership between the Pre-K Partner Center, the School District of Philadelphia (SDP), the PA Office of Child Development and Early Learning (OCDEL,) The Clarke School, and PA Child Care Works (CCIS/ELRC). I understand that information contained in my child's registration/enrollment folder may be shared within this partnership.

The following information may be shared:

- **Pre-K Counts Application**
- **Income Documentation**
- **Proof of Birth**
- **Family Size List**
- **Pre-K Counts Enrollee Information**
- **Immunization/ Health Assessment**
- **Dental Assessment**
- **Emergency Contact/ Parental Consent**
- **Photos/Videos**

Parent Signature: _____ Date: _____

Permission Form for Use of Student Picture, Voice, Video and/or Full Name On CORA, Clarke School, and/or School District of Philadelphia Materials

This letter is to both inform you and request permission for your child's picture, voice, video and/or full name to be published on the School District and/or CORA Early Years/Clarke School's website.

Student images are used on the Internet to promote student activities and celebrate student work. However, there are potential dangers associated with posting personal identifiable information on a website because global access to the Internet means that the School District and/or CORA Early Years/Clarke School cannot control who may view the website.

Accordingly, the School District, The Clarke School, and/or CORA Early Years will not release any information without prior written consent from you as the parent or legal guardian. Please return this form to your child's teacher or the Director of the Center to indicate if your child's image, voice, video and/or full name may be used on the Internet. This permission will be applicable to any use of full name, picture, voice or video taken in the school year in which permission is given and will remain in effect until the full name, picture, video or voice is removed from the website or until consent is withdrawn. As parent or legal guardian, you may withdrawal your consent at any time by sending a written letter along with a new form, to the Director of the Center. Thank you for your cooperation.

Check on of the following options:

☐ I/We **GRANT** permission for any photo/image, voice, video, work and/or full name of this student to be published on CORA Early Years/Clarke School and/or School District of Philadelphia's Internet site.

☐ I/We **DO NOT GRANT** permission for any photo/image, voice, video, work and/or full name of this student to be published on the school and/or School District of Philadelphia's Internet site.

In addition, I agree to release and hold harmless CORA Services, Board Members, staff members, The Clarke School, the School District of Philadelphia, its School Reform Commission members and Board of Education, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's picture, voice, video and/or full name on the Internet.

Student's Name: _____ **Center Name:** **CORA Early Years**

Print Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Pre-K Counts

Consent for Preventive Screenings

Center: CORA Early Years La Salle

Child's Name: _____
Date of Birth: _____

In partnership with the Office of Early Childhood Education Screening Program my child may participate in preventive screenings during the school year. Screenings will take place at the center by Philadelphia School District Nurse or other qualified professionals.

Parents will be informed when screenings are conducted and notified if further evaluations are needed.

I give my permission for my child to receive the following health screenings and assessments:

- **Hearing screening**
- **Vision screening**
- **Dental and oral hygiene screening**
- **Physical health assessment**
- **Height and Weight tracking**
- **Behavior and Development**

Parent Signature: _____Date: _____

Pre-K Counts

Parental/Guardian Release Form

I, _____, authorize ***CORA Early Years*** to release my child (ren) to the person(s) designated. This is in consonance with the ***CORA Early Years*** Emergency Plan.

Child's Name **Designated Custodian (s) Name & Relationship**

_____ _____

_____ _____

_____

Signature Relationship Date

_____
Print Name

_____
Street Address

_____
City, State, Zip Code

(Home Phone) (Work) (Cell)

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors, and other relatives may also be designated, but must show valid photo ID.

PLEASE PRINT CLEARLY.

Getting To Know You!

Enrollment Date: _____

MEETING REQUEST: Parents can request a meeting the center director within 45 days from your child's enrollment date	
Child's Name:	Birthdate:
Parent's Name:	
□ I would like to request a Getting to Know You meeting with my child's center director at the center location. I understand that this meeting will take place 45 days from the date of my child's enrollment date. Choice #1: Date_____ Time_____ Choice #2: Date_____ Time_____ □ I decline the option of having a Getting to Know You meeting with the center director at my child's center location. I will completed the below sections and return this form to the center director within 45 days of my child's enrollment date.	
PARENT/GUARDIAN INFORMATION This section provides CEY with vital information on your expectations, desires and information you feel we need to know about your child.	
Name:	Home Number:
Mobile Number:	Work Number:
Email Address	
Tell us the best way to contact you: □ Home Number □ Mobile Number □ Work Number □ Email	
1. What are your expectations of the program?	
2. Is there a particular aspect of our education program especially important to your family?	
3. Is there information about your family's culture, ethnicity, language or religion that is important for us to know (celebrations, dietary restrictions)?	
4. Would you and/or your family like to be a resource for any cultural awareness activities? □ Yes □ No	
5. Are you interested in volunteer opportunities in our classrooms? □ Yes □ No	
CHILD INFORMATION The section provides CEY with information on your child's likes, dislikes and special needs. Complete this section to the best of your knowledge.	
Describe your child's likes and dislikes.	
List the activities your child enjoys (reading, tummy time, music, playing outdoors, etc.)	
List your child's favorite toys.	
Does your child respond to a nickname? □ Yes □ No If yes, what is it? _____	
Does your child have allergies? □ No □ Yes If yes please list: □ Food _____ □ Environmental _____ □ Medicine_____ How is the allergy treated? _____	
Is your child completely toilet trained? □ Yes □ No	

Provide additional information you feel is important for us to know to provide the best possible care for your child.
CHILD WITH SPECIAL NEEDS INFORMATION The section provides CEY with information on your child's likes, dislikes and special needs. Complete this section to the best of your knowledge.
Does your child have special needs (medical, developmental, social, mental health, etc.)? □ Yes □ No If yes, please complete this section.
List your child's special needs.
Does your child have an Individual Education Plan (IEP) or an Individual Family Service (IEFS)? □ Yes □ No If yes, provide us with a copy of the plan so we can provide the best possible learning experience for your child.
List all programs and/or individuals who work with your child in regard to the above needs. Will you sign a release of information with the program/individual so we may communicate with them about how to provide enhanced support for your child? □ Yes □ No
Provide additional information you feel is important for CEY to know to provide the best possible care for your child.

CEY offers a Getting to Know You meeting to all new families within 45 days of enrollment. To request a meeting, return the attached meeting request form to your center director. If you decline the meeting, you will be required to completed the child information section below and return it to your center director within 45 days of enrollment.

By signing I acknowledge I have read, understand and agree to follow the Getting to Know You program.

Parent's/Guardian's Signature: _____Center Director's Signature: _____