



1-844-SPIN-CAN
www.spininc.org

SPIN Early Childhood Education Programs

SPIN Drummond Early Childhood Education Center
10521/10541 Drummond Road
Philadelphia, PA 19154
Phone: (215)960-4365 or (215)-960-7297
Fax: (215) 613-1033

SPIN Orthodox Early Childhood Education Center
1616/1642 Orthodox Street
Philadelphia, PA 19124
Phone: 215-831-3184
Fax: (215) 288-8332

Preschool Application

for Academic Year
2022-2023

To qualify:

- ✓ Child must be 3 years old on or before September 1, 2022 and not be age-eligible for kindergarten; and,
- ✓ Child and family must live in Philadelphia, PA; and,
- ✓ Family must meet current Head Start (for Head Start) or PA Pre-K Counts income guidelines (for Pre-K Counts or Bright Futures); and,
- ✓ Child's complete Preschool Application must be hand-delivered to the preferred program:

For more information about enrollment please call 1-844-SPIN-CAN (1-844-774-6226)

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

***You must have ALL paperwork with you and completed application or your application WILL NOT be accepted and/or processed. ***

1. Complete ALL necessary steps below. As you collect each item, check off the box.
Applications will not be accepted without all supporting documentation.

- I have filled out the entire application
- I have proof of child's date of birth (Birth certificate, health insurance card, etc.)
- I have documentation of family income (Tax forms, 4 consecutive paystubs, or financial support letter)
- I have proof of Philadelphia residency (bill, driver's license, lease, etc.)
- I have my child's health insurance card
- I have my child's physical (health assessment within the year) and immunizations
- I have proof of child's dental visit (within the year)
- I have picture identification of parent/guardian (Current State or Federal Photo ID)
- I have proof of TANF (DPW) cash, SNAP/food stamps, medical assistance (if applies to you)
- I have custody order (if applies to you)
- I have foster letter (if applies to you)
- I have homeless verification letter/shelter letter (if applies to you)
- IEP (if applies to you)

2. Are you applying to a School-Based Location (pg. 3)? Bring the application and required documentation down to 440 North Broad. We are open M-F 8:30 am – 4 pm.

3. Are you applying to a Community Partner Location (pg. 4-6)? Take the application and supporting documents directly to that agency.

2022-2023 SCHOOL-BASED PRESCHOOL LOCATIONS

Locations are listed in Zip Code Order

**TO APPLY FOR ONE OF THESE LOCATIONS, SUBMIT YOUR CHILD'S APPLICATION TO:
THE SCHOOL DISTRICT OF PHILADELPHIA, 440 N. BROAD STREET, SUITE 170, PHILADELPHIA, PA 19130**

NAME	ADDRESS	ZIP	NAME	ADDRESS	ZIP
McMichael Elementary	3543 Fairmount Ave.	19104	McClure Elementary	600 W. Hunting	19140
Holme Elementary	9120 Academy Rd.	19114	Edison High	151 W. Luzerne St.	19140
George Washington High	10175 Bustelton Ave	19116	Bethune Elementary	3301 Old York Rd.	19140
Loesche Elementary	595 Tomlinson Rd.	19116	Cramp Elementary	3449 N. Mascher	19140
Emlen Elementary	6501 Chew Ave.	19119	Muñoz-Marín Elementary	3300 N. 3rd St.	19140
Lowell Elementary	450 W. Nedro Ave.	19120	Steel Elementary	4301 Wayne Ave.	19140
T. Marshall Elementary	5120 N. 6th St.	19120	Logan Elementary	1700 Lindley Ave.	19141
Blaine Elementary	3001 W. Berks St.	19121	Pennell Elementary	1800 Nedro Ave.	19141
W.D. Kelley Elementary	1601 N. 28th St.	19121	Prince Hall Elementary	6101 N. Gratz St.	19141
Meade Elementary	1600 N. 18th St.	19121	Catharine Annex	6900 Greenway	19142
Duckrey Elementary	1501 W. Diamond St	19121			
Gideon Elementary	2817 W. Glenwood St	19121			
McKinley Elementary	2101 N. Orkney St.	19122	Patterson Elementary	7000 Buist St.	19142
Hackett Elementary	2161 E. York St.	19125	Anderson Elementary	1034 S. 60th St.	19143
Ellwood Elementary	6701 N. 13th St.	19126	Bryant Elementary	6001 Cedar Ave.	19143
Shawmont Elementary	535 Shawmont Ave.	19128	Longstreth Elementary	5700 Willows Ave.	19143
Cook-Wissahickon Elementary	201 E. Salaignac St.	19128	Turner Center	5900 Baltimore	19143
Mifflin Elementary	3624 Conrad St.	19129	Wister Mastery Charter	67 E. Bringham St.	19144
Bache-Martin Elementary	2201 Brown St.	19130	Bregy Elementary	1700 Bigler St.	19145
Blankenburg Elementary	4600 W. Girard Ave.	19131	E. Vare Universal Charter	2100 S. 24th St.	19145
Heston Elementary I	1621 N. 54th St.	19131	E.M. Stanton Elementary	1700 Christian St.	19146
Dr. Ethel Allen Academy	3200 W. Lehigh Ave.	19132	Childs Elementary	1599 Wharton St.	19146
Pratt Early Childhood Center	2200 N. 22nd St.	19132	Nebinger Elementary	601 Carpenter St.	19147
Wright Elementary	2700 W. Dauphin St.	19132	Jackson Elementary	1213 S. 12th St.	19147
Hunter Elementary	2400 N. Front St.	19133	Kirkbride Elementary	1501 S. 7th St.	19147
Webster Elementary	3400 Frankford Ave.	19134	A. Vare @ George Washington	1198 S. 5th St.	19147
Lawton Elementary	6101 Jackson St.	19135	South Philadelphia High	2101 S. Broad St.	19148
Lincoln High	3201 Ryan Ave.	19136	Sharswood Elementary	2300 S. 2nd St.	19148
Forrest Elementary	7300 Cottage St.	19136	Southwark Elementary	1835 S. 9th St.	19148
A.B. Day Elementary	1201 E. Johnson St.	19138	Taggart Elementary	400 Porter St.	19148
Pennypacker Elementary	1858 E. Washington Ln.	19138	Spruance Elementary	6401 Horrocks St.	19149
Haverford Center	4601 Haverford Ave.	19139	F.S. Edmonds Elementary	8025 Thouron Ave.	19150
Barry Elementary	5900 Race St.	19139	Lamberton Elementary	7501 Woodbine	19151
Lea Elementary	4700 Locust St.	19139	Rhawnhurst Elementary	7809 Castor Ave.	19152
Cleveland Charter	3701 N. 19th St.	19140	Fitzpatrick Elementary	4101 Chalfont Dr.	19154

2022-2023 COMMUNITY PARTNER PRESCHOOL LOCATIONS

Locations are listed in Zip Code order

Free preschool programming is offered in the Community Partner Agencies listed below (based on your family's program eligibility). Partner Agencies manage their own applications and enrollment process. **TO APPLY FOR ONE OF THESE LOCATIONS, HAND-DELIVER YOUR CHILD'S APPLICATION DIRECTLY TO THE COMMUNITY PARTNER AGENCY.**

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE/ AFTER CARE <small>(Payment required)</small>
Brightside Academy - Market	4011-13 Market St.	19104	215-386-0910	YES
Caring Center	3101 Spring Garden St.	19104	215-386-8245	YES
CPA - West Phila. Community Ctr.	3512 Haverford Ave.	19104	215-386-4075	YES
Wonderspring Powelton Village (formerly MELC)	3939 Warren St	19104	215-382-2499	YES
Comm. Ed. Alliance/Belmont	907 N. 41st St.	19104	215-386-5768	YES
Parent-Infant Center	4205 Spruce St.	19104	215-222-5480	YES
Sound Start	2970 Market St.	19104	267-941-1600	YES
Children's Village	125 N. 8th St.	19106	215-931-0190	YES
Green Byrne Child Care Center	600 Arch St.	19106	215-861-3606	YES
Chinatown Learning Center	1034 Spring St.	19107	215-922-4227	YES
Grace Neighborhood/Bethany Academy	6537 Rising Sun Ave.	19111	215-742-1300	YES
Ken-Crest - Northeast	7200 Rising Sun Ave.	19111	215-342-9800	YES
Kinder Academy - Castor	7332 Elgin Ave.	19111	267-571-6800	YES
Ann Kids	6200 Palmetto St.	19111	215-742-1300	YES
Soans Christian Academy	7912 Dungan Rd.	19111	215-535-8200	YES
Just Children – Grant	2901 Grant Ave.	19114	215-677-1711	YES
Bambi Day Care Center	500 Red Lion Rd.	19115	215-464-8623	YES
Ann Kids	10100 Jamison Ave.	19116	215-869-0207	YES
Federation Early Learning - Lassin	10800 Jamison Ave.	19116	215-725-8930	YES
Child space Main	7406 Germantown Ave., Smith Hall	19119	215-248-3080	YES
ALGEN - Franklin Day Nursery Northeast	5416 Rising Sun Ave.	19120	267-428-5814	YES
ASPIRA	6301 N. 2nd St.	19120	215-324-7012	NO
Rising Sun Children's Center	5224 Rising Sun Ave.	19120	215-457-7730	YES

Today's Child Learning Center - Feltonville	4901 Rising Sun Ave.	19120	215-456-3005	NO
Your Child's World - North	5837 N. 2nd St.	19120	215-924-4175	YES
Community Concern #13	2721 Cecil B. Moore Ave.	19121	215-236-5024	YES
YMCA - North	1400 N. Broad St.	19121	215-235-6440	YES
CPA - North R.W. Brown Community	1701 N. 8th St.	19122	215-763-0900	YES
Norris Square Children's Center	2011 N. Mascher St	19122	215-634-2251	YES
Brightside Academy - Erie & Castor	1500 E. Erie Ave.	19124	215-533-6321	YES
Grace Trinity Day Care Center	5200 Oxford Ave.	19124	215-535-3885	YES
Grace Neighborhood Main	5221 Oxford Ave.	19124	215-535-8200	YES
Pratt Street Learning Center	899 Pratt St.	19124	215-289-1940	YES

2022-2023 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE/ AFTER CARE (Payment required)
SPIN – Frankford	1642 Orthodox St.	19124	215-831-3158	YES
Brightside Academy – Kelly's Corner	2501 Kensington Ave.	19125	215-739-7466	YES
Ken-Crest - Lehigh	2600 B. St.	19125	215-427-1570	YES
CORA Early Years Huntingdon Mills	2137 E. Huntingdon St.	19125	215-701-2601	YES
Your Child's World - Main	7120 N. Broad St.	19126	215-924-4195	YES
YMCA - Roxborough	7219 Ridge Ave.	19128	215-482-3900	YES
Young World Early Learning Center	1737 Fairmount Ave.	19130	215-763-7656	YES
Brightside Academy - 48th & Lancaster	4829 Lancaster Ave.	19131	215-879-0162	YES
Methodist Services/Educare	4300 Monument Rd.	19131	215-877-1925 x112	YES
Total Childcare/Prodigy Learning	3345 W. Hunting Park Ave.	19132	215-228-7678	YES
APM – Main	2318 N. Marshall St.	19133	215-839-3313	YES
APM – Rivera	2603-11 N. 5th St.	19133	267-773-6098	NO
APM – Trinidad	1038 W. Sedgley Ave.	19133	215-995-2099	NO
Brightside Academy - Plaza	217 W. Lehigh Ave.	19133	215-203-0494	YES
Lighthouse – Lehigh	152 W. Lehigh Ave.	19133	215-425-7800	YES
Brightside Academy – C & Allegheny	341 E. Allegheny Ave.	19134	215-291-5525	YES
Brightside Academy - Harrowgate	3528 I St.	19134	215-426-7300	YES
Brightside Academy - K & A	1819 E. Allegheny Ave.	19134	215-426-7403	YES
Ken-Crest – Kensington	901 E. Ontario St.	19134	215-739-4547	YES
Norris Square – Willard	3070 Frankford Ave.	19134	215-291-4143	NO
Creative Learning Environments	4800 Longshore Ave.	19135	215-332-2360	YES
Creative Learning Environments II	4824 Princeton Ave.	19135	215-332-2360	NO
Grace Neighborhood/ St. Stephens	4201 Princeton Ave.	19135	215-624-3262	YES
Brightside Academy-N. 48 th St.	801 N. 48 th Street	19139	215-879-7206	YES
APM - Rising Sun	4221 N. 2nd St.	19140	267-296-7357	YES

Brightside Academy – Courtland	543 W. Courtland St.	19140	215-329-0614	YES
Brightside Academy – 3rd & Westmoreland	3230 N. 3rd St.	19140	215-634-3018	YES
Ken-Crest – North	3907 N. Broad St.	19140	215-227-0534	YES
Mercy Neighborhood Ministries of Philadelphia	1939 W. Venango St.	19140	215-227-4393	YES
Porters Day Care	1434-38 Belfield Ave.	19140	215-329-2300	YES
Brightside Academy – Upper North Broad	4920 N. Broad St.	19141	215-457-5708	YES

2022-2023 COMMUNITY PARTNER PRESCHOOL LOCATIONS

PARTNER AGENCY	ADDRESS	ZIP CODE	PHONE #	BEFORE/ AFTER CARE (Payment required)
Precious Angels	6100 Broad St.	19141	215-224-6880	YES
Your Child's World - Elmwood	2406 S. 71st St.	19142	267-233-7031	YES
ALGEN - Harvard Children's Academy	4900 Baltimore Ave.	19143	215-729-9900	YES
Brightside Academy – 56th & Woodland	5600 Woodland Ave.	19143	215-727-1576	YES
Ken-Crest – West	5900 Elmwood Ave.	19143	215-726-2310	YES
Mercy Neighborhood at Face-to-Face	123 E. Price St.	19144	215 227-4393	
Childspace Too	5517 Greene St.	19144	215-849-1660	YES
CORA Early Years at Lasalle	625 E. Wister St.	19144	267 -385-3436	YES
Settlement Music School – Germantown	6128 Germantown Ave.	19144	215-320-2618	NO
Children's Playhouse - Newbold	1426 Passyunk Ave.	19145	267 -519-2124	YES
Diversified Comm. Svcs. - Dixon	2201 Moore St.	19145	215-334-2662	YES
Early Childhood Environments	762 S. Broad St.	19146	215-844-0178	YES
Diversified Comm. Svcs. - Western	1613-21 South St.	19146	215-735-1261	YES
Settlement Music School – Queen St.	416 Queen St.	19147	215-320-2670	YES
Children's Playhouse	2501 S. Marshall St.	19148	215-372-7050	YES
Ken-Crest - South	504 Morris St.	19148	215-271-8908	YES
Youth Enrichment Programs	2029-33 S. 7th St.	19148	215-755-7588	YES
ALGEN - Franklin Day Nursery South	719 Jackson St.	19148	215-389-2991	YES
Brightside Academy - Castor	6000 Castor Ave.	19149	215-289-9103	YES
Kinder Academy - Mayfair	6300 Harbison Ave.	19149	215-535-4424	YES
Kinder Academy - Oxford Circle	900 E. Howell St.	19149	267-571-6800	YES
Pratt Street Learning Center in Bustleton	6600 Bustleton Ave.	19149	215-289-1940	YES
Your Child's World - Harbison	6595A Roosevelt Blvd.	19149	215-289-2026	YES
Little People's Village	904 N. 66th St.	19151	215-878-3011	YES
Little People's Village II	6522 Haverford Ave.	19151	215-474-3011	YES
Federation Early Learning - Paley	2199 Strahle St.	19152	215-725-8930	YES
A Step Ahead Day Care	7802 Castor Ave.	19152	215-722-	YES

			4700	
Kinder Academy - Rhawnhurst	7922 Bustleton Ave.	19152	215-728-7700	YES
Kinder Academy - Parkwood	3001 Byberry Rd.	19154	215-612-1776	YES
SPIN - NE	10521 Drummond Rd.	19154	215-612-7181	YES
SPIN - Annex	10541 Drummond Rd	19154	267-350-2180	NO
YMCA - NE	11088 Knights Rd.	19154	215-632-0100	YES

Child's Name:		Date of Birth:	
#1: CHILD and FAMILY INFORMATION FORM			
Section 1: 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: <input type="radio"/> Male <input type="radio"/> Female	
Primary language:		Other language(s):	
Home Address:			
Apt./Unit #:	City:	State:	Zip Code:
Home Phone #:		Cell Phone #:	
Email Address (please print clearly):			
Emergency Contact:		Emergency Contact Phone #:	
Best way to reach you during the day:	<input type="radio"/> Home Phone #	<input type="radio"/> Cell Phone #	<input type="radio"/> Email <input type="radio"/> Emergency Contact
Marital Status Select one	<input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Widowed <input type="radio"/> Separated/Divorced
Relationship to Child Select one	<input type="radio"/> Parent/Step-Parent		<input type="radio"/> Grandparent
	<input type="radio"/> Foster/Kinship Parent, related to child		<input type="radio"/> Foster Parent, not related to child
	<input type="radio"/> Guardian, related to child		<input type="radio"/> Guardian, not related to child
	<input type="radio"/> Other (specify):		
Race/Ethnicity Select all that applies	<input type="radio"/> Hispanic or Latino/a	<input type="radio"/> American Indian	<input type="radio"/> Asian
	<input type="radio"/> Black or African American	<input type="radio"/> Multi-Racial or Bi-Racial	<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander	<input type="radio"/> White	<input type="radio"/> Other (specify):
Status Select all that applies	<input type="radio"/> Single Parent—cares for the child without physical or financial assistance from the other parent		<input type="radio"/> Teen Parent—parent was under the age of 18 when child was born
Education Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> High School Diploma	<input type="radio"/> GED	<input type="radio"/> Vocational Degree
	<input type="radio"/> Associates Degree	<input type="radio"/> Bachelor's Degree	<input type="radio"/> Master's Degree
	<input type="radio"/> Doctorate Degree	<input type="radio"/> Some College	<input type="radio"/> ESL—English as a Second Language
	<input type="radio"/> 11 th Grade	<input type="radio"/> 10 th Grade	<input type="radio"/> 9 th Grade or lower
	<input type="radio"/> Other (specify):		
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed/Self-Employed	<input type="radio"/> Unemployed/Not Employed	<input type="radio"/> Disabled
	<input type="radio"/> In School/Job Training	<input type="radio"/> Stay-at-Home Parent	<input type="radio"/> Retired
	<input type="radio"/> Member of the U.S. military on active duty		<input type="radio"/> Veteran of the U.S. military
Name of Employer:	Name of Employer:		
How often are you paid?	<input type="radio"/> Monthly	<input type="radio"/> Twice a month	<input type="radio"/> Every Week
	<input type="radio"/> Every two weeks	<input type="radio"/> Other:	
Do you have a disability or disabilities? If 'Yes', please list your disabilities:			<input type="radio"/> Yes <input type="radio"/> No
Do you have health insurance? If 'Yes', name of health insurance provider:			<input type="radio"/> Yes <input type="radio"/> No

Child's Name:		Date of Birth:	
Section 2: SECONDARY PARENT An adult who shares in the care of the child.			
First Name:		Last Name:	
Date of Birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Primary language:		Other language(s):	
<input type="radio"/> Same as Primary Parent/Guardian		Home Address:	
Apt./Unit #:	City:	State:	Zip Code:
Home Phone #:		Cell Phone #:	
Email Address (please print clearly):			
Emergency Contact:		Emergency Contact Phone #:	
Best way to reach you during the day: Select all that applies	<input type="radio"/> Home Phone #	<input type="radio"/> Cell Phone #	<input type="radio"/> Email
			<input type="radio"/> Emergency Contact
Marital Status Select one	<input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Widowed
			<input type="radio"/> Separated/Divorced
Relationship to Child Select one	<input type="radio"/> Parent/Step-Parent		<input type="radio"/> Grandparent
	<input type="radio"/> Foster/Kinship Parent, related to child		<input type="radio"/> Foster Parent, not related to child
	<input type="radio"/> Guardian, related to child		<input type="radio"/> Guardian, not related to child
	<input type="radio"/> No Relation		<input type="radio"/> Other (specify):
Status Select all that applies	<input type="radio"/> Spouse – husband/wife	<input type="radio"/> Companion/Partner	<input type="radio"/> Teen Parent –parent was under the age of 18 when child was born
	<input type="radio"/> Lives with child	<input type="radio"/> Does not live with child	<input type="radio"/> Provides financial support to child's family
Race/Ethnicity Select all that applies	<input type="radio"/> Hispanic or Latino/a	<input type="radio"/> American Indian	<input type="radio"/> Asian
	<input type="radio"/> Black or African American	<input type="radio"/> Multi-Racial or Bi-Racial	<input type="radio"/> Native Hawaiian
	<input type="radio"/> Pacific Islander	<input type="radio"/> White	<input type="radio"/> Other (specify):
Education Select highest Diploma/Degree earned or highest Grade Level completed	<input type="radio"/> High School Diploma	<input type="radio"/> GED	<input type="radio"/> Vocational Degree
	<input type="radio"/> Associates Degree	<input type="radio"/> Bachelor's Degree	<input type="radio"/> Master's Degree
	<input type="radio"/> Doctorate Degree	<input type="radio"/> Some College	<input type="radio"/> ESL – English as a Second Language
	<input type="radio"/> 11 th Grade	<input type="radio"/> 10 th Grade	<input type="radio"/> 9 th Grade or lower
	<input type="radio"/> Other (specify):		
Employment, School, Job Training Select all that applies	<input type="radio"/> Employed/Self-Employed	<input type="radio"/> Unemployed/Not Employed	<input type="radio"/> Disabled
	<input type="radio"/> In School/Job Training	<input type="radio"/> Stay-at-Home Parent	<input type="radio"/> Retired
	<input type="radio"/> Member of the U.S. military on active duty	<input type="radio"/> Veteran of the U.S. military	
Name of Employer:	Name of Employer:		
How often are you paid?	<input type="radio"/> Monthly	<input type="radio"/> Twice A month	<input type="radio"/> Every Week
	<input type="radio"/> Every two weeks	<input type="radio"/> Other:	
Do you have a disability or disabilities? If 'Yes', please list your disabilities:			<input type="radio"/> Yes <input type="radio"/> No
Do you have health insurance? If 'Yes', name of health insurance provider:			<input type="radio"/> Yes <input type="radio"/> No

Section 3: LOCATIONS

CHOOSE THE LOCATION(S) WHERE YOU WOULD LIKE YOUR CHILD TO ATTEND: Your child may be selected for your second or third 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.**

Name of your 1st Location Choice:

Name of your 2nd Location Choice:

Name of your 3rd Location Choice:

Section 4: CHILD

First Name:

Last Name:

Date of Birth:

Gender: Male Female

Race/Ethnicity
Select all that applies

Hispanic or Latino/a

American Indian

Asian

Black or African American

Multi-Racial or Bi-Racial

Native Hawaiian

Pacific Islander

White

Other (specify):

Primary language:

Other language(s):

English is spoken in the home.

Yes

No

Child's English skills: Very well Well Not well Does not speak English

There is an active custody arrangement for this child.

Yes

No

Child lives with (select all that applies): Mother Step-Mother Foster Parent/Kinship Parent

Father

Step-Father

Grandparent

Relative

Other

Child has a disability. If 'Yes', list all disabilities:

Yes

No

Child has an IEP, an IFSP and/or an ER and is receiving Early Intervention services from ChildLink, ELWYN or ELWYN Seeds. If 'Yes', indicate below which Early Intervention services your child is receiving (select all that applies):

Yes

No

Speech Therapy

Special Instruction

Physical Therapy

Occupational Therapy

Other

Is your child fully-potty trained? (Fully potty-trained means- child does not wear pull-ups or diapers and does not need any assistance from an adult when going to the bathroom.)

Yes

No

If "Yes", child will be expected to use the toilet without adult assistance while in preschool. Answering falsely may slow down the enrollment process. (Some locations cannot accept children in diapers/pull-ups.)

Child wears diapers. (Some locations cannot accept children in diapers.)

Yes

No

Child wears pull-ups? Daytime Naptime Nighttime Other?

Yes

No

If 'Yes', will child be able to use the toilet with little adult assistance while in preschool?

Yes

No

Child is/was in preschool or daycare.

No

Yes – name:

Child's mother and/or father is currently incarcerated.

Yes

No

Child's mother and/or father is deceased.

Yes

No

There have been important changes in my child's life during the last 12 months.

Yes

No

If 'Yes', please explain:

Child was referred to a preschool program from a mental health provider.	<input type="radio"/> Yes	<input type="radio"/> No
--------------------------------------------------------------------------	---------------------------	--------------------------

Child's Name:	Date of Birth:
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Section 5: FAMILY MEMBERS AND HOUSING
 List your name, the name(s) of your child(ren) and the names of all other adults and children who live with you in your home.
 Use additional paper if needed.

FIRST and LAST NAME	DATE of BIRTH MM/DD/YYYY	RELATIONSHIP to PRIMARY PARENT Self, Husband, Wife, Daughter, Son, Mother, etc.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Housing Information Select your current situation	<input type="radio"/> Own	<input type="radio"/> Rent	<input type="radio"/> Transitional housing – Since what date?
	<input type="radio"/> Shelter – Since what date?		<input type="radio"/> Train or bus station, park or in car – Since what date?
	<input type="radio"/> Living with relatives or others to due to lack of alternative, adequate housing or due to the loss of housing – Since what date?		<input type="radio"/> Hotel/Motel, camping ground or other similar situation due to lack of alternative, adequate housing or due to the loss of housing – Since what date?
	<input type="radio"/> Temporary housing situation due to emergency:eviction, flood, fire, hurricane, etc.		<input type="radio"/> Abandoned apartment building
	<input type="radio"/> Other _____		

Optional Information	New to the country?	<input type="radio"/> Yes	<input type="radio"/> No
	Has an agency such as HIAS, NSC, Bethany, JEVS, New World Association, AFAHO, or other worked with you?	<input type="radio"/> Yes	<input type="radio"/> No

Section 6: FAMILY INCOME
 Select each source of income that the Primary Parent, Secondary Parent and all children receive.

<input type="radio"/> Employment	<input type="radio"/> Self-Employment	<input type="radio"/> Unemployment Compensation	<input type="radio"/> Workmen's
<input type="radio"/> Social Security	<input type="radio"/> SSI	<input type="radio"/> Child Support	<input type="radio"/> Alimony
<input type="radio"/> Military/ Veteran's Benefits	<input type="radio"/> Commission	<input type="radio"/> Foster Care/Kinship Care	<input type="radio"/> Tips
<input type="radio"/> Pension/Retirement	<input type="radio"/> Strike Benefits	<input type="radio"/> Scholarship/Grant/Stipend	<input type="radio"/> Other (specify):
<input type="radio"/> Financial support from Family or Friend		<input type="radio"/> Rental Properties – someone pays you rent	

Does your family receive welfare benefits? TANF Cash Assistance SNAP Food Stamps Medical Assistance

Does your family receive WIC? Yes No Previously

Please share any additional information about your family that you would like us to know.

Child's Name:	Date of Birth:
Section 7: SIGNATURES	
Read the following and sign where indicated.	
<p>I/We have completed all sections on my/our <i>Child and Family Information Form</i> and certify the information is correct. I/We understand that deliberate misrepresentation of my/our information may subject me/us to prosecution under applicable Federal and/or State laws and that, if enrolled, my/our child's participation in the preschool program may end. I/We have attached a copy of my/our child's proof of date of birth, verification of my/our Philadelphia, PA address and copies of all income and monthly benefits that I/we and my/our children receive. I/We understand that this information is required so that my/our eligibility can be determined for The School District of Philadelphia's preschool program. I/We understand that officials from The School District of Philadelphia, the Department of Health and Human Services, the Commonwealth of Pennsylvania and the City of Philadelphia will have access to and may verify the information and supporting documentation submitted with my/our <i>Preschool Application</i>. I/We further understand that, if necessary, additional documents may be requested and I/we will comply with this request. I/We understand that my/our child's complete <i>Preschool Application</i> is confidential and will be held in strict confidence within The School District of Philadelphia and affiliated Community Nonprofit Partner Agencies that have been determined to be school officials under the Family Educational Rights and Privacy Act with legitimate educational interests as part of The School District of Philadelphia's preschool program.</p>	
_____ Signature of Primary Parent	_____ Date
_____ Signature of Secondary Parent	_____ Date
Section 8: Signature Informed of School District Head Start Programs	
<p>SPIN has informed me that I may be eligible for more than one program type or would be benefit from participating in both programs. I/We have been referred to the Philadelphia School District Head Start Application as a possible income eligible family. I/We have been provided with resources regarding partner and community based preschools in the Philadelphia area. I/We have been informed about the process in regards to the application and eligibility requirements.</p>	
_____ Signature of Primary Parent	_____ Date

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, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected category. 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, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected category. 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

CHILD HEALTH REPORT

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

CHILD'S NAME: (LAST) _____ (FIRST) _____		PARENT/GUARDIAN NAME: _____	
DATE OF BIRTH: _____	HOME PHONE: _____	ADDRESS: _____	
CHILD CARE FACILITY NAME: SPIN CHILDREN'S PROGRAMS			
FACILITY PHONE: _____	FACILITY FAX: _____	COUNTY: Philadelphia	WORK PHONE: _____
<input type="checkbox"/> 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 copy of the form.

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

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECIEVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECIEVES 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 THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES:
 NONE

IN YOUR ASSESMENT, 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 APPORPIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> 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	_____

LENGTH/HEIGHT		WEIGHT		HEAD CIRCUMFERENCE		BLOOD PRESSURE
_____ IN/CM	%ILE _____	_____ LB/KG	%ILE _____	_____ IN/CM	%ILE _____	(BEGINNING AT AGE 3) _____/_____

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

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VERICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER						

MEDICAL CARE PROVIDER: ADDRESS: PHONE: _____	<p style="text-align: center;">DATE OF MOST RECENT WELL-CHILD EXAM: _____</p> SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT: _____ LICENSE NUMBER: _____ DATE FORM SIGNED: _____
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Children's Programs

DENTAL HEALTH

Child's Name _____ Birth Date _____

Dear Parent/Legal 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/legal 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 Signature _____

Date _____

Dental Office Stamp

