



FreePhillyPreK

from
the School District of Philadelphia
and the City of Philadelphia



Thank you for your interest in Free Philly PreK from the School District of Philadelphia and the City of Philadelphia. Submission of a completed application does not ensure acceptance. The items below are needed for verification before enrollment can be confirmed.

Required Documents:

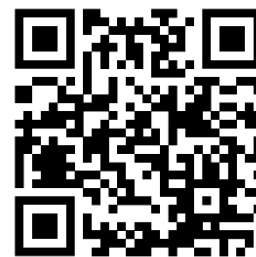
An application is not complete until the following documents are submitted (See page 2 for list of all acceptable documentation):

- ☐ Child's Age: Proof that the child will be 3 or 4 on or by September 1, 2025
- ☐ Family's Residency: Proof that the family resides in Philadelphia County (Document must be current and/or dated within the last 12 months)
- ☐ Household Income: Documentation of Household Income
- ☐ Picture identification of parent/guardian (Current State, Federal Photo ID, or Municipal ID)

The following additional documents may be needed before your child starts PreK:

- ☐ Child's health insurance card or proof of medical assistance
- ☐ Child's most up to date immunization record
- ☐ Wellness Exam Form
- ☐ Dental Exam Form
- ☐ 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 Care Placement Letter
- ☐ Copy of McKinney Vento Letter
- ☐ Child and Adult Care Food Program (CACFP) Enrollment Forms
- ☐ Emergency Contact Form
- ☐ Parent Fee Agreement
- ☐ Child Care Works (CCW) Application (if applicable)

Complete Application Online



Scan Me

**The School District of Philadelphia aligns policies and practices with the McKinney-Vento Homeless Assistance Act. Foster/Kinship care, Refugees, Asylum Seekers, and families in temporary living situations are not required to submit all documentation when applying. These families have 90 days after enrollment to submit the necessary documentation. For more details, call 215-400-4270.*

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Acceptable Verification Documents

- ☐ **Child's Age:** Proof that the child will be 3 or 4 on or by September 1, 2025.

(Provide one of the following):

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Valid US Passport
<input type="checkbox"/> Hospital record of child's birth	<input type="checkbox"/> Visa or Green Card
<input type="checkbox"/> Baptismal certificate indicating the child's date of birth	<input type="checkbox"/> Department of Human Services (DHS) letter on DHS letterhead
<input type="checkbox"/> Child's health insurance card	<input type="checkbox"/> Clinic/doctor/hospital records
<input type="checkbox"/> Official medical exam print out with child's date of birth	<input type="checkbox"/> Government Issued Document with Child's Birthdate
<input type="checkbox"/> Social Security documentation showing birthdate	<input type="checkbox"/> Prior school or daycare records indicating the date of birth (previous preschool)
<input type="checkbox"/> Notarized statement* from the parents or another relative indicating the date of birth	<input type="checkbox"/> Court documents

- ☐ **Family's Residency:** Proof that the family resides in **Philadelphia County**.

(Document must be current and/or dated within the last 12 months) (Provide one of the following):

<input type="checkbox"/> State issued ID or driver's license	<input type="checkbox"/> Voter ID showing address
<input type="checkbox"/> Current lease/rental agreement or mortgage statement	<input type="checkbox"/> Social Security Documentation
<input type="checkbox"/> Current Utility Bill (PECO, PGW and/or Water)	<input type="checkbox"/> Recent Employer Pay Stub
<input type="checkbox"/> Wage statements (W2 tax form)	<input type="checkbox"/> Child Care Works award letter received by parent
<input type="checkbox"/> Mail/notice/award letter from County Assistance Office/DHS	<input type="checkbox"/> Statement from social services agency attesting to client's residence
<input type="checkbox"/> Foster Letter	<input type="checkbox"/> Compass print out
<input type="checkbox"/> Medical document, etc.	

- ☐ **Household Income:** Documentation of Household Income. (Provide one of the following):

<input type="checkbox"/> Proof of TANF cash/SSI	<input type="checkbox"/> W-2, paystub, 1099
<input type="checkbox"/> SNAP/food stamps	<input type="checkbox"/> Signed statement of unemployment

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SECTION ONE: PRIMARY CAREGIVER

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="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary	
Primary Language:		Secondary Language(s):	
Street Address:		Apt./Unit#:	
City:	State:	Zip Code:	
Phone:		Email Address:	

Custody Agreement: The program will presume that there are no restrictions regarding a parent/guardian's right to be kept informed of his/her student's school progress and participate in school activities. A parent/guardian will only be prevented from participating in his/her student's education if a signed court order (e.g., divorce decree, custody order, or restraining order) specifically restricts the parent/guardian's access to the student. If restrictions are in place, the parent/guardian with legal custody must submit a signed copy of the court order describing the rights restricted.

Is there a custody agreement for this child that we need to be aware of? **(Select one)** ☐ Yes ☐ No

If yes, you must provide a copy of the Custody Agreement prior to attending the program.

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated/Divorced	<input type="checkbox"/> Other
Relationship to Child Select one	<input type="checkbox"/> Parent/Step-Parent		<input type="checkbox"/> Grandparent		
	<input type="checkbox"/> Foster/Kinship Parent, related to child		<input type="checkbox"/> Foster Parent, not related to child		
	<input type="checkbox"/> Guardian, related to child		<input type="checkbox"/> Guardian, not related to child		
	<input type="checkbox"/> Teen Parent – parent was under the age of 18 when child		<input type="checkbox"/> Other (specify):		
Race/Ethnicity Select all that apply	<input type="checkbox"/> Hispanic or Latino/a		<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Multi-Racial or Bi-Racial		<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Other (specify):
Education Select highest Diploma/Degree earned or Grade Level completed	<input type="checkbox"/> High School Diploma		<input type="checkbox"/> GED		
	<input type="checkbox"/> ESL -English as a Second		<input type="checkbox"/> Some College/Vocational/Associate Degree		
	<input type="checkbox"/> Bachelors/Advanced Degree		<input type="checkbox"/> 11 th Grade		
	<input type="checkbox"/> 10 th Grade		<input type="checkbox"/> 9 th Grade or lower		
Employment School, Job Training Select all that apply	<input type="checkbox"/> Employed/Self-Employed		<input type="checkbox"/> Unemployed/Not Employed		<input type="checkbox"/> Disabled
	<input type="checkbox"/> Member of the U.S. military on active duty		<input type="checkbox"/> Veteran of the U.S. military		
Health Insurance	Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' name of health insurance provider:				
Do you receive benefits?	<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP	<input type="checkbox"/> Medical	<input type="checkbox"/> SSI/TANF CASH	<input type="checkbox"/> No

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SECTION TWO: SECONDARY CAREGIVER

An adult who shares in the care of the child.

First Name:		Last Name:	
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary	
Primary Language:		Secondary Language(s):	
Street Address:		Apt./Unit#:	
City:	State:	Zip Code:	
Phone:		Email Address:	
Employment School, Job Training Select all that applies	<input type="checkbox"/> Employed/Self-Employed	<input type="checkbox"/> Unemployed/Not Employed	<input type="checkbox"/> Disabled
	<input type="checkbox"/> Member of the U.S. military on active duty		<input type="checkbox"/> Veteran of the U.S. military

SECTION THREE: LOCATION

Please indicate the name and address of the location for which you wish to apply for placement. To select more than one location, complete application online. Do not put a location that you are not willing or able to take your child regularly and on time. Transportation is not provided.

Center Name/Address:

SECTION FOUR: PREK CHILD

To enroll more than one child, please complete application online. A separate paper application is required for each child.

First Name:		Last Name:	
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary	
Race/Ethnicity Select all that apply	<input type="checkbox"/> Hispanic or Latino/a	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial or Bi-Racial	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other (specify):
Primary Language:		Secondary Language(s):	
Does your child have a current Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)? (Select one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected			
If yes, mark which of the following services your child receives: (Select all that apply) <input type="checkbox"/> Special Instruction (SI) <input type="checkbox"/> Speech/Vision/Hearing Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Behavioral Health Services (e.g., PCA) <input type="checkbox"/> Other: _____			

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SECTION FIVE: HOUSING

Housing Information Select your current situation	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Transitional housing
	<input type="checkbox"/> Living with relatives or others to due to lack of alternative, adequate housing or due to the loss of housing.	<input type="checkbox"/> Temporary housing situation due to emergency: eviction, flood, fire, hurricane, etc.	<input type="checkbox"/> Train or bus station, park or in car
	<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel, camping ground or other similar situation due to loss or lack of alternative, adequate housing.	<input type="checkbox"/> Apartment or house lacking utilities (water, heat, electricity, etc.)
	Does the Secondary Care Giver live with Family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide income in Section Six below.		
	Is there another person over the age of 18 living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	# of People in the family:		
Optional Information	Are you new to the country? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose		
	Has an agency such as HIAS, NSC, Bethany, JEVS, New World Association, AFAHO, or other worked with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose		
	Is one of the child's parents currently incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose		

SECTION SIX: FAMILY INCOME

Primary Caregiver Income			Secondary Caregiver Income		
Employment Type	Amount	Frequency	Employment Type	Amount	Frequency
Employment			Employment		
SSI/TANF CASH			SSI/TANF CASH		
Unemployment			Unemployment		
Other:			Other:		
<input type="checkbox"/> Primary Caregiver has no income. (Please note you will be required to provide a signed statement)			<input type="checkbox"/> Secondary Caregiver has no income. (Please note you will be required to provide a signed statement)		

SECTION SEVEN: SERVICE INFORMATION

PreK only covers a traditional school day, school year. Times vary by location. May be subject to parent fee.

I am seeking additional information about: **(Select all that apply)**

☐ Before School Care ☐ After School Care ☐ Summer Care

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Family Attestation

I understand that this information will be used to create my Parent Portal 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 all supporting documentation.

By signing this form, I attest that my child is a resident of Philadelphia, is 3 or 4 years old on or by September 1, 2024 (and not of kindergarten entry age on September 1, 2025), and that I have provided proof of age and residency and income. I am aware if I move out of Philadelphia County that I will **no longer be eligible** for this PreK program.

Parent/Guardian Signature:	Date:
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Provider Eligibility Attestation

As the PreK provider, I attest that this child is a resident of Philadelphia, is 3 or 4 years old on or by September 1, 2025 (and not of kindergarten entry age on September 1, 2025). I confirm that all verification documentation (birthdate, residency, and income) has been uploaded and verified in the child management system account and/or maintained on file at the site location.

Name of Staff (Print):	Title:	Date:
Staff Signature:	Name of Program:	

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AGREEMENT FORM: SCREENING, ASSESSMENT, AND FAMILY ENGAGEMENT SERVICES

Purpose: This document summarizes the services that will be provided to your child during the 2025-2026 school year. **The provider will review this document with you and share the results of screenings, assessments, and any referrals made that occur during the school year. The provider will also be able to answer any question you may have during the review of this document.**

Child's Name:	
Child's DOB:	
Parent/Guardian Name:	
Provider (Site Location) Name/Address:	

Developmental Screenings – I agree for my child to receive developmental screenings which will determine whether my child's development corresponds to what is typically expected for a child at his or her age. I understand that the classroom teachers will administer this screening utilizing the Ages and Stages Questionnaire (3 and SE) to assess what skills my child has achieved and identify areas which may need additional support. Results of the screenings will be shared with me and if needed a referral to the appropriate Early Learning Agency will be provided and I will be informed and guided through the process. ☐ Yes ☐ No

Outcomes Assessments - I agree for my child to receive outcomes assessments which are completed (2 times a year at minimum). I understand that this assessment is completed through an on-line database, which keeps my child's information confidential and secure. Assessment results are shared with me as they are completed throughout the program year as this assessment is used to determine what teachers need to focus on to support learning objectives for school readiness through their lesson planning. ☐ Yes ☐ No

*By **signing and initialing** this document, you acknowledge that you have been informed of these services and are aware that PHLpreK will complete the screenings, outcomes assessment, allow data sharing with the Local Education Agency if a referral is made or the child has an active IEP.*

Parent/Guardian Signature

Date