

School District of Philadelphia
Office of Early Childhood Education
440 N. Broad St. ~ Suite 271
Philadelphia, PA 19130-4015
215-400-4270

Imagine Greatness

School District of Philadelphia
Office of Early Childhood Education

Bright Futures Preschool Program

Application for the 2012-2013 School Year



BRIGHT FUTURES PRESCHOOL FACTS

- ♥ A **FREE** preschool program for eligible children who are 3 or 4 years old as of September 1, 2012
- ♥ Funded by the School District of Philadelphia and the Commonwealth of Pennsylvania's Pre-K Counts
- ♥ A preschool curriculum, developed by the Pennsylvania Department of Education, prepares your child for academic success
- ♥ A teacher, certified in early childhood education, and a highly qualified teacher assistant provide a nurturing, early childhood environment for a maximum of 20 students per classroom
- ♥ Cultural enrichment activities
- ♥ Opportunities for parent involvement
- ♥ Breakfast, lunch and afternoon snack are provided to enrolled children at no cost to families ~ funded by the Child and Adult Care Food Program (CACFP)
- ♥ Days and hours of operation ~ Established by the School District of Philadelphia; hours may vary by location:
 - September to June ~ follows the kindergarten calendar to provide 180 days of instruction
 - 8:30 AM – 3:15 PM, Monday – Thursday
 - 8:30 AM – 12:30 PM, Friday
- ♥ Eligibility requirements:
 - Child shall be at least 3 years old on or before September 1, 2012 and not be age-eligible for kindergarten
 - Family shall meet the income guidelines established by the Commonwealth of PA for Pre-K Counts funding
 - Family shall reside in Philadelphia, PA
 - A current and complete *Child Health Assessment* form and *Dental Exam* form shall be submitted before a child's first day of attendance
- ♥ Before-school and/or after-school services are not provided in Bright Futures locations
- ♥ School bus transportation is not provided by the School District of Philadelphia for preschool-age students



THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION ~ PreK-3
440 NORTH BROAD STREET ~ SUITE 271
PHILADELPHIA, PENNSYLVANIA 19130-4015

Telephone: 215-400-4270

Fax: 215-400-4275

RENEE QUEEN JACKSON
Deputy Chief

MICHELLE LINDER-COATES
Executive Director

Dear Parents and Guardians,

Thank you for your interest in the School District of Philadelphia's Bright Futures preschool program. To apply, complete the forms in this *Bright Futures Application* packet and include a copy of the following documents:

1. Verification of your child's birth
2. Verification of your family's current gross income
3. Verification of your child's up-to-date immunizations
4. Valid and current verification of Philadelphia, PA address in the parent's or guardian's name
5. Valid and current photo identification of the parent or guardian

If applicable, also include a copy of:

1. Valid and current custody agreement
2. Valid and current documentation of guardianship
3. Your child's Individualized Education Plan (IEP) or Evaluation Report (ER)

Submit your child's application to the School District of Philadelphia's Education Center, 440 North Broad Street, by using one of the methods indicated on the back page of this *Bright Futures Application*. In order for your child's name to be included in the lottery for enrollment consideration, your child's complete *Bright Futures Application* must be received in the Bright Futures office on or before **March 5, 2012**.

Incomplete applications will not be considered for enrollment. To ensure your child's application is complete, refer to the enclosed *Bright Futures Application Checklist*.

Please see the reverse side for *Additional Bright Futures Information*.

If you have any questions or require assistance:

- ♥ Contact Sue Maraschiello in the Bright Futures Office, by telephone at 215-400-5757 or by email at BrightFutures@philasd.org
- ♥ Visit us on the web at www.philasd.org/offices/earlychild/. Click on the [Preschool Services and Programs](#) link; then scroll down to the [Bright Futures](#) section

ADDITIONAL BRIGHT FUTURES INFORMATION

1. Completing and submitting a *Bright Futures Application* does not guarantee a child's acceptance to the Bright Futures preschool program.
2. Funding for the Bright Futures preschool program is contingent upon passage of the PA Pre-K Counts grant allocation in the Governor's annual budget. If it becomes necessary for the Office of Early Childhood to make changes to the Bright Futures preschool program, applicants will be notified in writing.
3. The Office of Early Childhood selects children for enrollment by lottery. The lottery includes the names of eligible children whose application is received in the Bright Futures office on or before March 5, 2012.
 - a. First priority is given to children who are age-eligible for kindergarten in September 2013. Second priority is given to children who are age-eligible for kindergarten in September 2014. Within each age group, the lottery selects children in random order and assigns each child a Selection Number.
 - b. A child's Selection Number determines the order in which s/he is offered placement in the program.
 - c. The locations and preference order indicated on a child's *Bright Futures Location Preference* form determines which location is chosen for a child.
 - d. If preferred locations are filled to capacity when a child's Selection Number is reached, the child's name is placed on the waiting list in Selection Number order for those locations.
 - e. Notification of acceptance or waiting-list status will be mailed within 3 weeks following the end of the lottery selection.

SPECIAL NOTE: For the 2012-2013 program year, lottery selection will begin after the State's FY13 budget has passed. A *Bright Futures Location Preference* form, although not included in this application, will be mailed to applicants before the lottery selection begins. For more information, please refer to the *Bright Futures Location Information* page in this packet.
4. Eligible children whose application is received in the Bright Futures office after March 5, 2012 are not included in the lottery.
 - a. A Selection Number is assigned and the application is processed in receipt order, regardless of the child's year of kindergarten-eligibility, to fill any vacancies that remain after the lottery selection has ended.
 - b. If preferred locations are filled to capacity when a child's Selection Number is reached, the child's name is placed on the waiting list in Selection Number order for those locations.
 - c. Notification of acceptance or waiting list status is mailed within 30 business days from the date the application is processed.
5. A child will not have the opportunity to be offered placement in the program nor have his/her name placed on the waiting-list if his/her application is incomplete.
6. A current *Child Health Assessment* form, or a similar form containing the same information, completed by a licensed health care provider, must be submitted before a child's first day of Bright Futures attendance. The physical exam date must be within the 12 months prior to a child's first day of preschool.
7. A current *Report of Private Dental Exam* form, or a similar form containing the same information, completed by a licensed dentist, must be submitted before a child's first day of Bright Futures attendance. The dental exam date must be within the 12 months prior to a child's first day of preschool.
8. The forms and documents submitted with a *Bright Futures Application* remain with the Bright Futures preschool program and will not be used in part or in whole as an application to any other preschool program.
9. The School District of Philadelphia and the Commonwealth of Pennsylvania reserves the right to request additional documents if necessary.
10. The Bright Futures application, eligibility criteria and selection process may be subject to change.

Only complete applications will be considered when the Office of Early Childhood selects children for enrollment in the Bright Futures preschool program. In order for your child's application to be complete, please submit the following forms and documents as indicated:

- The forms listed in **SECTION 1**, included in this packet, must be completed in full and signed where indicated.
- Copies of the documents listed in **SECTION 2** must be included.
- Copies of the documents listed in **SECTION 3** must be included only if they apply to you and your child.
- The forms listed in **SECTION 4**, included in this packet, must be completed by your child's doctor and dentist and submitted before your child's first day of preschool.

Please read these pages carefully to make sure you include all that is required. If you have any questions, or if an application form is missing from your packet, please call 215-400-5757.

SECTION 1: FORMS TO BE SUBMITTED WITH YOUR CHILD'S APPLICATION

All enclosed forms, printed on 2 sides, are completed by the parent/guardian. Signatures are required where indicated.

FORM #	FORM NAME
F-1	Application for PA Pre-K Counts Funding
F-2	Application for Admission of Child to School
F-3	Preschool Application
F-4	Child's Health Information
F-5	Child's Medical History
F-6	Child's Medical Concerns
F-7	Policies and Consent for Emergency Medical Care
F-8	Child's Dietary Restrictions
F-9	Child's Nutrition Information

SECTION 2: DOCUMENTS TO BE SUBMITTED WITH YOUR CHILD'S APPLICATION

Copies, please, unless otherwise noted

1. Verification of your child's birth

Submit one of the following: ¹ official birth certificate; ² baptismal or other religious certificate; ³ passport; ⁴ official letter from a placement agency or court of law indicating the family in whose care the child is placed, child's placement address, date of placement, child's name and child's date of birth

2. Verification of your child's immunizations

Submit one of the following: ¹ a computer print-out or a hand-written list of your child's immunizations from your child's health care provider; ² doctor-completed *Child Health Assessment Form* that includes your child's immunizations; ³ dated notarized statement (original only) of child's immunization exemption signed by parent/guardian and child's health care provider

Continued →

3. **Valid and current verification of Philadelphia, PA address in the parent's or guardian's name**

Submit one of the following: ¹ gas bill; ² electric bill; ³ water bill; ⁴ voter's registration card; ⁵ rental agreement or lease (typed, dated, signed by all parties and notarized); ⁶ mortgage; ⁷ deed

- The enclosed *Residency Affidavit Form* (F-11) may be used as a last resort if you are unable to obtain one of the above documents (original only; must be notarized)

4. **Valid and current photo identification of the parent or guardian**

Submit one of the following: ¹ driver's license; ² non-driver's license; ³ Federal employment ID; ⁴ State employment ID; ⁵ Municipal employment ID; ⁶ passport

5. **Verification of your family's current gross income**

Submit all income and benefits, earned and unearned, that you and your wife/husband/companion/partner have received within the past 6 weeks.

Income to report includes, but is not limited to, gross earnings (the amount before taxes are taken out) from the following:

- **Employment:** submit pay stubs or a computer print-out of earnings
 - if pay stubs are not received, submit a signed official letter from your employer on company letterhead, indicating your name, the number of hours worked per week, your frequency of pay and the amount of each pay
 - if your employer does not have an official letterhead, submit a signed and dated notarized letter (original only) from your supervisor indicating the business name, the business telephone number, your name, the number of hours you work per week, your frequency of pay and the amount of each pay
- **Self-Employment:** submit one of the following for each self-owned business: ¹ your most recent Federal Income tax return, including all business-related tax schedules and forms; ² your Quarterly Tax Return; ³ a dated notarized statement (original only) from your accountant indicating your name, your business name, business address, business telephone number, gross receipts and business expenses
- **Unemployment, SSI, Disability, Social Security, Worker's Compensation, Retirement, Pension:** submit your award letter
- **DPW (Department of Public Welfare):** submit both sides of your cash assistance (TANF) benefits statement and/or your food stamps (SNAP) benefits statement.
- **Child Support, Alimony:** submit one of the following for the receipt of each type of support: ¹ an affidavit of support from a court of law; ² a hand-written, signed, dated and notarized statement (original only) indicating the payer's name, the payee's name, the name(s) of the child(ren)/adult for whom support is received, the amount of child support and/or alimony payments and the frequency of child support and/or alimony payments
- **Commission, Tips:** submit one of the following for the receipt of each commission and/or tips: ¹ pay stubs that indicate amount of commission and/or tips and frequency of commission and/or tips; ² a computer print-out of earnings that indicates the amount of commission and/or tips and frequency of commission and/or tips; ³ a hand-written, signed, dated and notarized statement (original only) indicating the amount of commission and/or tips and frequency of commission and/or tips

Continued →

- **Foster Care/Kinship Care:** submit one of the following: ¹ an official letter from the placement agency or court of law indicating the name of the foster/kinship care child, your name and address, placement date, the amount of foster/kinship care income and frequency of foster/kinship care income; ² a pay stub from the City of Philadelphia indicating the name of the foster/kinship care child, your name, and the payment month
- **Rent** (for landlords only): submit valid rental and/or lease agreement between you and your tenant

A NOTARIZED STATEMENT (original only, signed and dated) **IS REQUIRED WHEN:**

1. You and/or your wife/husband/companion/partner do not receive any earned or unearned income and your family **is not financially supported** by another individual. The notarized statement, completed by you, must include: the date, your name(s), your child(ren)'s name(s), your child(ren)'s age(s) and an explanation of how and by what means you and/or your wife/husband/companion/partner supports your family or contributes to the support of your family. Current verification of your means of support must accompany the notarized statement.
2. You and/or your wife/husband/companion/partner do not receive any earned or unearned income and your family **is financially supported** by another individual. The notarized statement, completed by this individual, must include: the date, the individual's name(s), their relationship to you, your name(s), your child(ren)'s names, your child(ren)'s ages and an explanation of how this individual supports you and your family.

SECTION 3: DOCUMENTS TO BE SUBMITTED WITH YOUR CHILD'S APPLICATION, only if applicable

Copies, please, unless otherwise noted

1. **Valid and current custody agreement**
If you are applying for a child for whom you have a legal custody agreement, submit a copy of this agreement.
2. **Valid and current documentation of guardianship**
If you are applying for a child who is not your biological child, submit one of the following: ¹ an official letter from a placement agency or court of law indicating the family in whose care the child is placed, child's placement address, date of placement, child's name and child's date of birth; ² a dated notarized letter (original only) from the child's biological parent(s) indicating their name(s), their child's name and date of birth, their relationship to you, your name and address, the beginning date, duration and reason for your guardianship
3. **Child's Individualized Education Plan (IEP) or Evaluation Report (ER)**
If your child is receiving services or has been evaluated for services from an Early Intervention provider, submit a copy of the Individualized Education Plan (IEP) or Evaluation Report (ER) that the Early Intervention provider has given you.

Continued →

SECTION 4: FORMS TO BE SUBMITTED BEFORE YOUR CHILD'S FIRST DAY OF PRESCHOOL

Enclosed forms are completed by the appropriate medical provider.

The forms listed below do not need to be submitted with your child's application, but must be submitted before your child's first day of Bright Futures preschool.

1. ***Child Health Assessment*** (F-12)

Submit one of the following: ¹ a current and complete *Child Health Assessment* form, or similar form containing the same information, completed by a licensed health care professional; ² a computer print-out of your child's most recent well-visit, containing the same information that is on a *Child Health Assessment Form*.

Your child's physical must occur within the 12 months prior to his/her first day of preschool.

2. ***Report of Private Dental Exam*** (F-13)

Submit a current and complete *Report of Private Dental Exam* form, or similar form containing the same information, completed by a licensed dentist.

Your child's dental exam must occur within the 12 months prior to his/her first day of preschool.

Dear Parents/Guardians,

The Commonwealth of Pennsylvania provides Pre-K Counts funding to the School District of Philadelphia for its Bright Futures preschool program. PA Pre-K Counts funding allows the School District to offer a quality preschool education to Philadelphia's youngest learners. To be eligible for Bright Futures and PA Pre-K Counts:

- A child must be at least 3 years old on or before September 1st of the enrollment year and not be age-eligible for kindergarten;
- The family's annual gross income cannot exceed 300% of the Poverty Guideline for their family size;
- The family must reside in Philadelphia, Pennsylvania.

INCOME CALCULATION: To determine a family's annual gross income, the appropriate conversion method is applied to submitted income documents:

Frequency of Income	Conversion Method
Weekly	Multiply by 4.3; then multiply by 12
Bi-weekly (every 2 weeks)	Divide by 2; then multiply by 4.3; then multiply by 12
Semi-monthly (twice a month)	Multiply by 2; then multiply by 12
Monthly	Multiply by 12

The Poverty Guideline is issued each year in the *Federal Register* by the Department of Health and Human Services, and is available on-line at www.hhs.gov or <http://aspe.hhs.gov/poverty/index.shtml>

Below is a sample of the 2011 Poverty Guideline:

2011 HHS Poverty Guideline for the 48 Contiguous States and D.C.

Family Size	Poverty Guideline	300 % of the Poverty Guideline
1	\$10,890	\$32,670
2	\$14,710	\$44,130
3	\$18,530	\$55,590
4	\$22,350	\$67,050
5	\$26,170	\$78,510
6	\$29,990	\$89,970

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

Continued →

FAMILY SIZE: To determine family size, the following individuals who live in the same house are counted:

- The child for whom Bright Futures is requested
- The child's parent ~ the adult individual who exercises care and control of the child ~ the biological or adoptive mother, father, stepmother, stepfather, caretaker; spouse of the biological or adoptive mother, father, stepmother, stepfather, caretaker
- A biological, adoptive, unrelated, foster or stepchild of the parent or caretaker who is under 18 years of age and who is not emancipated
- An 18-22 year old child, enrolled in a high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate, who is wholly or partially dependent upon the income of the child's parent. Verification of this individual's current or anticipated enrollment in an educational program is required.

The information on your *Application for PA Pre-K Counts Funding* and all supporting income documentation is confidential, and will remain on file in the School District of Philadelphia, Office of Early Childhood, 440 N. Broad Street, Philadelphia, PA

The information you provide on next 4 pages will assist the School District and the Commonwealth to determine your family's eligibility for PA Pre-K Counts funding. Please print clearly and answer each section carefully. If you are applying to Bright Futures for more than one child, you only need to complete one *Application for PA Pre-K Counts Funding*. Your signature and that of your husband/wife/companion/partner are required on the last page. **Lack of appropriate signatures will result in an incomplete application.**

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, disability, age, sex and religion. 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, disability, age, sex and/or religion. 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

APPLICATION for PA PRE-K COUNTS FUNDING ~ 2012-2013

RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

F-1

Page 1 of 4

Section 1: CHILD INFORMATION ~ Complete about your child(ren) for whom Bright Futures is requested:

1. Name _____ Birth Date _____ Male Female
2. Name _____ Birth Date _____ Male Female
3. Name _____ Birth Date _____ Male Female

Section 2: PARENT | GUARDIAN INFORMATION ~ The parent/guardian completes this section:

Name _____ Male Female

Address _____ Apt. #/Unit # _____ Zip Code _____

Contact Phone Number _____

What is your relationship to the above child(ren)? _____

Primary spoken language _____

Are you employed? ___ No ___ Yes How are you paid? ___ Payroll Check ___ Cash

How often are you paid? ___ Every week ___ Every 2 weeks ___ Twice a month ___ Once a month

What is your gross income (the amount before taxes are taken out)? \$ _____

Does anyone in your family receive welfare benefits? ___ No ___ Yes Welfare record # **51-** _____

Monthly Benefits Received: ___ Cash (TANF) ___ Food Stamps (SNAP) ___ Medical

Your **HUSBAND/WIFE/COMPANION/PARTNER** completes this section if s/he lives with you:

Name _____ Male Female

What is your relationship to the above parent/guardian? _____

Contact Phone Number _____

Primary spoken language _____

Are you employed? ___ No ___ Yes How are you paid? ___ Payroll Check ___ Cash

How often are you paid? ___ Every week ___ Every 2 weeks ___ Twice a month ___ Once a month

What is your gross income (the amount before taxes are taken out)? \$ _____

Section 3: HOUSEHOLD MEMBERS ~ Complete this section about your family and non-family members who live with you. On line #1, list your first and last name. On lines #2-8, list the first and last names of all children and adults who live with you, including the child(ren) for whom Bright Futures is requested. Indicate if the person is an adult (age 21 or over) or a child. If the person is a child, indicate his/her age. Indicate how each person is related to you (example: husband, wife, partner, boyfriend, girlfriend, daughter, son, uncle, aunt, sister, brother, mother, father, grandmother, grandfather, cousin, etc.). Use additional paper if necessary:

	First and Last Name	Adult/Child	Age	How is this person related to you?
1.	_____	ADULT	_____	I AM THE PARENT/GUARDIAN
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Section 4: FAMILY INCOME ~ Place a check mark next to each type of earned and unearned income that you and your husband/wife/companion/partner currently receives:

- Earned:** Employment Self-Employment
- Unearned:** Cash Assistance (TANF) Food Stamps (SNAP) Social Security
- Foster Care Kinship Care SSI
- Unemployment Child Support Alimony
- Commission Pension Retirement
- Worker's Compensation Rental Properties
- Other _____

None ~ refer to the *Bright Futures Application Checklist* for notarized statement information

ATTACH VERIFICATION (pay stubs, award letters, etc.) OF YOUR FAMILY'S EARNED and UNEARNED GROSS INCOME THAT HAS BEEN RECEIVED WITHIN the PAST 6 WEEKS.

Prior to your child's first day in the Bright Futures preschool program, you may be required to re-verify your family's gross income.

Section 5: CHILD ACADEMIC RISK FACTORS ~ Place a check mark ✓ next to each situation, designated by the Commonwealth of Pennsylvania as Child Academic Risk Factors, that is true about your family and/or your child(ren) for whom Bright Futures is requested:

_____ **Family Income** is at or below 300% of the Poverty Guideline for your family size. Consider all sources of income.

_____ **Homeless:** a) A child who lacks a fixed, regular and adequate nighttime residence due to one of the following: Children who are sharing the housing of another person 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; 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.

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

_____ **Teen Parent:** A child whose parent was under the age of 18 when the child was born.

_____ **Education level of parent/guardian:** A child whose parent/guardian does not have a high school diploma, GED or post-secondary degree.

_____ **Single Parent:** A child who is cared for by one parent without the physical assistance of the other parent.

_____ **Divorced Parents:** A child whose parents are divorced.

_____ **Relative as Guardian:** A child whose primary guardian is a grandparent, aunt, uncle, or other relative.

_____ **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 a Preschool Early Intervention program with an active IEP. If applicable, submit a copy of your child's IEP.

_____ **English Language Learner:** A child whose first language is not English and is in the process of learning English.

_____ **Behavioral Support:** 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. If applicable, submit a copy of your child's referral or other source of documentation from a mental health facility.

_____ **Migrant (non-immigrant)/Seasonal Student:** A child, whose parent/guardian is a migratory worker or migratory fisher, has moved from one school district to another during the last 3 years in order to accompany or to join their parent/guardian while the parent/guardian obtains temporary or seasonal employment in meat or vegetable processing or to work in evergreen nurseries.

Turn over for signature page →

Section 6: CERTIFICATION and SIGNATURE ~ read the following statement and sign where indicated. Your signature and the signature of your husband/wife/companion/partner are required. **Lack of appropriate signatures will result in an incomplete application.**

I/We certify the information on this *Application for PA Pre-K Counts Funding* is correct. I/We have attached copies of my/our gross income from the past 6 weeks. I/We understand this information is being given so that my/our eligibility can be determined for PA Pre-K Counts funding. I/We understand that I/we will receive State funds when my/our child is enrolled in the Bright Futures preschool program. I/We understand that officials from the School District of Philadelphia and/or the Commonwealth of Pennsylvania may verify the information on this *Application for PA Pre-K Counts Funding* and/or request additional documentation if necessary. **Deliberate misrepresentation of this information may subject me/us to prosecution under applicable State laws.**

Signature of Parent/Guardian (required)

Date

Signature of Husband/Wife/Companion/Partner (required, if applicable)

Date

THE SCHOOL DISTRICT OF PHILADELPHIA
APPLICATION FOR ADMISSION OF CHILD TO SCHOOL
 (EH-40 Rev. 9/04 Comm. Code 61602445007)

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

STUDENT INFORMATION - PRINT ALL ENTRIES

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH			GENDER		STUDENT ID (SCHOOL USE ONLY)
					MO	DA	YR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HOUSE NO.	DIR	STREET NAME			ST., AVE., ETC	APT.#	ZIP CODE		HOME PHONE	

■ CHECK ONE ONLY (✓)

0. WHITE
 1. BLACK
 2. HISPANIC / LATINO
 3. NATIVE AMERICAN
 4. ASIAN
 5. OTHER

LANGUAGE SURVEY

1. What is the student's first language? _____
2. Does the student speak a language other than English?* ___ Yes ___ No - If yes, specify language _____
3. What language(s) is/are spoken at home? Specify language(s) _____
4. In which language does the family want documents sent home? Specify language _____

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
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■ 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

PARENT/GUARDIAN INFORMATION - PRINT ALL ENTRIES

PARENT	*X IF DECEASED	FULL NAME	NAME OF EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE
FATHER					
MOTHER					
___ STEP PARENT ___ GUARDIAN ___ LEGAL CUSTODY					

CONTINUE ON REVERSE SIDE >>

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	

SOCIAL SECURITY NUMBER (OPTIONAL)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"The School District of Philadelphia requests that you provide the child's Social Security number, however, it is not required and you may enroll the child without providing a Social Security number.

By providing the number, you enable the School District to apply for funding reimbursements that may be available from federal, state, or local governmental sources for the District's programs and services. The District may also, in limited cases, use Social Security number to ensure the identity of a child for the coordination of service agencies. The School District will not make any Social Security number available to anyone inside or outside the District that does not have a substantial interest in and need for the information, and who does not provide appropriate safeguards for the security of this information."

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		

PRESCHOOL APPLICATION ~ 2012-2013
RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

F-3
Page 1 of 2

Dear Parents/Guardians ~ Please print clearly to complete all sections.

Section 1: Child Information

Child's Name _____ Male Female

Parent's Names (required) _____

Date of Birth _____ Primary language spoken _____

Address _____ Apt. #/Unit # _____ Zip _____

Medical condition(s) _____

Food allergies _____

Daily medications _____

Section 2: Mother | Guardian Information

Name _____ Mother Guardian

Husband/Companion/Partner Name (if applicable) _____

Address _____ Apt. #/Unit # _____ Zip _____

Phone Numbers: Day _____ Cell _____ Home _____

Language(s) spoken in home _____

E-mail _____

If you are employed, what type of work do you do? _____

If you are in school, what are you studying? _____

Section 3: Father | Guardian Information

Name _____ Father Guardian

Wife/Companion/Partner Name (if applicable) _____

Address _____ Apt. #/Unit # _____ Zip _____

Phone Numbers: Day _____ Cell _____ Home _____

Language(s) spoken in home _____

E-mail _____

If you are employed, what type of work do you do? _____

If you are in school, what are you studying? _____

Section 4: Preschool Information

Has your child attended preschool? ____ If Yes, where? _____
Share with us any educational concerns you have for your child: _____

Section 5: Social Development Information

Does your child have difficulty expressing what s/he wants? No ____ Yes ____
Do you have difficulty understanding your child's language? No ____ Yes ____ If Yes, please explain how you communicate with your child _____
Has there been a significant change in your child's life within the last 6 months? No ____ Yes ____ If Yes, please describe _____
Has your child been referred for a developmental screening? _____ If Yes, has it been completed? _____
Does your child have an Individualized Education Plan (IEP)? _____ If Yes, what services are s/he receiving? _____
Name of service provider _____
Share with us any developmental concerns you have for your child: _____

My/Our signature(s) below indicate that:

1. The information I/we have provided on both sides of this *Preschool Application* is accurate;
2. I/We understand that completing and submitting a *Bright Futures Application* does not guarantee that my child will be accepted to the Bright Futures preschool program;
3. I/We understand that the forms and documents submitted with my child's *Bright Futures Application* remain with the Bright Futures preschool program, and will not be used in whole or in part as an application to any other preschool program;
4. I/We understand that before-school, after-school and school bus transportation is not provided by the School District of Philadelphia for preschool students;
5. I/We understand that a current and complete *Child Health Assessment* form and *Dental Exam* form must be submitted before my child's first day of preschool;
6. I/We understand that during the time my child attends the Bright Futures preschool program:
 - a. S/He will be able to use the toilet with minimal assistance;
 - b. I/We will inform my child's teacher when any of my child's information changes;
 - c. I/We will keep my child's information accurate so that I can be contacted in the event my child becomes ill or injured while attending preschool;
 - d. I/We will abide by the program policies and adhere to the scheduled arrival and departure times.

Signature of Parent/Guardian (required) _____
Date

Signature of Husband/Wife/Companion/Partner (required, if applicable) _____
Date

2012-2013

CHILD'S HEALTH INFORMATION

F-4

RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

Completed by the parent/guardian

Child's Name _____ Date of Birth _____

Was child born 3 weeks or more before due date? No Yes Child's birth weight lbs. oz

Name of child's Doctor/Health Center/Clinic _____

Address _____ Zip _____ Phone Number _____

Type of child's Health Insurance:

Medical Assistance CHIP Private (Name) _____ None

Health Insurance Policy Number _____

Name of child's Dentist/Dental Clinic _____

Address _____ Zip _____ Phone Number _____

Dental Insurance Policy Number _____

CHILD'S HOSPITALIZATIONS and ILLNESSES

Overnight hospitalization: No Yes If Yes, explain _____

Emergency Room Visit: No Yes If Yes, explain _____

Serious Accident: No Yes If Yes, explain _____

Serious Illness: No Yes If Yes, explain _____

Surgery: No Yes If Yes: Type of surgery _____

Date of surgery _____

Name of Hospital _____

Problems or complications _____

Seizures No Yes If Yes: Type of seizure _____

Reaction _____

Duration _____

Medication _____

RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

Place a check mark in the **NO** or **YES** column next to each item. For all **YES** responses, please explain in the **COMMENTS** column.

MY CHILD:	NO	YES	COMMENTS
Wears diapers			
Wears pull-ups			
Wears glasses			
Has a lazy eye, crossed eye, wandering eye or other eye conditions			
Has tubes in ears, hearing loss, wears a hearing aid, has a history of ear infections or other ear conditions			
Has excessive colds, sore throats, coughing episodes, snores loudly			
Has a history of asthma or bronchitis			
Has a heart murmur, a resolved heart murmur, rheumatic fever or other heart conditions			
Has a history of anemia, sickle cell disease, elevated lead level			
Has G6PD, hemophilia or other blood conditions			
Has or had an umbilical or inguinal hernia			
Has reflux, stomach pain, diarrhea, constipation			
Has a feeding tube			
Has trouble urinating, urinary tract infection or kidney disease			
Has diabetes (If Yes, please indicate Type I or Type II diabetes)			
Has rashes, eczema, hives, boils			
Has neuropathy, muscle tics, spina bifida, muscular dystrophy, cerebral palsy			
Wears leg braces			
Uses a cane, walker or wheelchair			
Has or had polio, chicken pox, measles, mumps, scarlet fever, whooping cough			
Has car sickness			
Has allergies to medicine or food			
Has allergies to animals			
Has allergies due to seasonal changes			
Has other allergies			

Share with us any health concerns you have for your child _____

2012-2013

CHILD'S MEDICAL CONCERNS
RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

F-6

Child's Name _____ Date of Birth _____

Dear Parent/Guardian,

When your child has a medical condition, your health care provider may prescribe medicine for this condition. When the prescribed medicine is to be administered during preschool hours, the Early Childhood Health Services division, with your written permission, will train the staff at your child's preschool to administer the medicine to your child. Written permission is given by submitting a School District of Philadelphia form titled *MED-1: Request for Administration of Medication*. The *MED-1*, available from Early Childhood Health Services, is completed by you and your child's health care provider for each medicine that is to be administered during preschool hours. A completed *MED-1* is necessary to keep a supply of your child's medicine in preschool and for the preschool staff to administer this medicine to your child.

Please tell us about your child ~ check one box and complete as necessary:

- At this time, my child does not have a medical condition.
- At this time, my child has the following medical condition(s).
A representative from Early Childhood Health Services may contact you for more information.

1. Diagnosis or medical condition: _____

- Does not require medicine to be administered during preschool hours
- Requires medicine to be administered **DAILY** during preschool hours
Name of medicine, dose and times to be administered _____
- Requires medication to be administered **AS NEEDED** during preschool hours
Name of medicine and dose _____

2. Diagnosis or medical condition: _____

- Does not require medicine to be administered during preschool hours
- Requires medicine to be administered **DAILY** during preschool hours
Name of medicine, dose and times to be administered _____
- Requires medication to be administered **AS NEEDED** during preschool hours
Name of medicine and dose _____

The information on this form is true to the best of my knowledge. I understand that it is my responsibility to immediately inform my child's teacher or Early Childhood Health Services if there is any change to the information indicated above.

Signature of Parent/Guardian (required)

Date

F-7	POLICY and CONSENT for EMERGENCY MEDICAL CARE RETURN THIS FORM WITH YOUR CHILD'S APPLICATION	2012-2013
-----	--	-----------

This form will be taken with your child when emergency medical care is needed.

Child's Name _____ Date of Birth _____

Dear Parent/Guardian,

When your child is ill, needs close supervision or has a contagious disease, s/he cannot attend preschool. You are responsible for making arrangements for alternative care. You are also responsible to pick up your child from preschool before the scheduled departure time if your child has an illness or minor injury while at preschool that is not sufficiently severe to warrant emergency medical transportation. A Doctor's note will be required before your child can return to preschool if s/he has any of the following: an emergency room visit, certain cases of illness (contagious, serious, requiring a long absence or surgery, etc.) or certain cases of injury (needing doctor's care, cast or brace, limitation of activities, etc.). If you have any doubt, please obtain a Doctor's note whenever your child goes for medical care. Please contact Early Childhood Health Services if your child needs medical insurance.

POLICY for EMERGENCY MEDICAL CARE

In the event your child becomes seriously ill or injured and requires immediate medical attention, your child will be accompanied by a School District of Philadelphia staff person and taken to the nearest hospital emergency room in an emergency medical vehicle. We will attempt to notify you at once. Under the Medical Services/Minor Act, immediate emergency treatment will be initiated at the hospital. However, it is essential that both Early Childhood and the hospital be able to locate you as soon as possible so that you can give either written or monitored verbal permission for comprehensive treatment. You must keep your child's preschool teacher informed about how to reach you at all times.

You are responsible for the costs of medical treatment if your child is injured.

CONSENT for EMERGENCY MEDICAL CARE

My signature below indicates that I understand the above information and give my consent for:

1. The administration of minor first aid to my child by preschool classroom staff
2. The emergency medical and/or dental care which may be necessary to preserve the life of my child or to prevent impairment of his/her health in the event that time does not permit obtaining my personal consent for such care. I understand that I will be contacted as soon as possible, and will assume responsibility for giving permission for on-going care

If you have any questions about the above information, please speak with a representative from Early Childhood Health Services.

Signature of Parent/Guardian (required)

Date

2012-2013

CHILD'S DIETARY RESTRICTIONS
 RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

F-8

This information will be shared with your child's nutritional, health and instructional staff.

Child's Name _____

Dear Parent/Guardian ~ The Child and Adult Care Food Program (CACFP) provides a daily nutritious breakfast, lunch and snack for your child. A monthly menu, posted in each location, lists the foods and beverages that your child is offered at each meal component. You may request that a certain food, due to religious or medical reasons, is not offered to your child while in preschool. In order to ensure that your child is receiving an age appropriate, nutritionally sound diet, any request for a food restriction must be verified by a note from your child's health care provider or religious leader. An Early Childhood Nutrition Representative will discuss an allowable food substitution with you. Please know that foods containing pork or nuts will never be offered to your child.

If your child has a significant food allergy which requires the administration of an **EPI-PEN, Benadryl or other medication**, please immediately inform Early Childhood Health Services so that the required process can begin to provide training to the preschool staff.

Please tell us about your child ~ check one box and complete as necessary:

At this time, my child does not have a food restriction.

At this time, my child has the following food restriction(s):

1. Name of restricted food: _____

Reason for restriction: Religious _____ Other (please specify) _____

Medical _____ Please indicate reaction and treatment: _____

2. Name of restricted food: _____

Reason for restriction: Religious _____ Other (please specify) _____

Medical _____ Please indicate reaction and treatment: _____

The information on this form is true to the best of my knowledge. I will inform my child's teacher if any of this information changes.

 Signature of Parent/Guardian (required)

 Date

F-9

CHILD'S NUTRITION INFORMATION
RETURN THIS FORM WITH YOUR CHILD'S APPLICATION

2012-2013

Completed by parent/guardian

Child's Name _____

1. What is your child's favorite food(s)? _____
2. What food(s) will your child refuse to eat? _____
3. Place a check mark ✓ in the **Yes** or **No** column to answer each statement:

MY CHILD:	No	Yes
Takes vitamins		
Is on a special diet		
Has had a noticeable change in his/her appetite in the last month		
Regularly drinks from a baby bottle		
Eats or chews things that aren't food		
Has trouble chewing or swallowing		
Often has diarrhea		
Is often constipated		

4. Place a check mark ✓ next to each food item that your child likes:

FOODS	✓	FOODS	✓	FOODS	✓	FOODS	✓
Milk		Greens		Strawberries		Water	
Cheese		Carrots		Oranges		Beef	
Yogurt		Squash		Grapes		Chicken	
Eggs		Corn		Apples		Turkey	
Cereal		Tomatoes		Bananas		Fish	
Oatmeal		String Beans		Kiwi		Pork	
Waffles		Peas		Blueberries		Hot Dogs	
Pancakes		Salad		Peaches		Spaghetti	
Pop Tarts		Mashed Potatoes		Other Fruit		Mac & Cheese	
Rice		Sweet Potatoes		Cookies		Mayonnaise	
Grits		French Fries		Candy		Peanut Butter	
Bread		Baked Potatoes		Ice Cream		Jelly or Jam	
Tortillas		Seeds		Fruit Drinks		Butter	
Chips		Peanuts		Soda		Margarine	

BRIGHT FUTURES LOCATION INFORMATION

The 2012-2013 Bright Futures location information will not be available until passage of the Commonwealth's FY13 budget. At that time, the School District of Philadelphia will be notified of the amount of PA Pre-K Counts funding that will be received from the State. The amount of Pre-K Counts funding determines the number of Bright Futures classrooms that the School District will operate during the 2012-2013 school year.

When the funding amount is obtained, the Office of Early Childhood will mail a *Bright Futures Location Preference* form to all applicants. The *Bright Futures Location Preference* form will list the locations that will offer the Bright Futures preschool program in September 2012. Parents and guardians will have the opportunity to select, in preference order, the locations which would be convenient for their child to attend. Parents and guardians will be asked to return their location choices by a specific date that will be indicated on the *Bright Futures Location Preference* form.

The lottery process will then proceed, as explained in the *Additional Bright Futures Information* on the back of the cover letter.

Parents and guardians are encouraged to keep the Bright Futures office informed of any changes to their telephone numbers and address. It would be unfortunate if a child was passed-over for enrollment due to an inoperable telephone number or if our mail to you was returned to us stamped "undeliverable" or "no longer resides at this address, unable to forward".

Questions, concerns or changes to your information may be directed to Sue Maraschiello by telephone at 215-400-5757 or by email at BrightFutures@philasd.org.

Continued →

Although the 2012-2013 Bright Futures locations are currently unavailable, the following is a list of the locations where the program is offered during the 2011-2012 school year.

IT IS IMPORTANT TO REMEMBER that when the 2012-2013 locations are known, the Office of Early Childhood will mail to applicants a *Bright Futures Location Preference* form. The *Bright Futures Location Preference* form will list the locations that will offer the Bright Futures preschool program in September 2012.

BRIGHT FUTURES LOCATIONS for the 2011-2012 SCHOOL YEAR

Location Name	Location Address	Zip Code
Abigail Vare Elementary School	1621 E. Moyamensing Ave.	19148
Abraham Lincoln High School	3201 Ryan Ave.	19136
Anderson Elementary School	1034 S. 60 th St.	19143
Bache-Martin Elementary School	2201 Brown St.	19130
Cleveland Elementary School	2701 N. 19 th St.	19140
Comegys Elementary School	5100 Greenway Ave.	19143
Dr. Ethel Allen Elementary School	3200 W. Lehigh Ave.	19132
E. M. Stanton Elementary School	1700 Christian St.	19146
F. S. Edmonds Elementary School	8025 Thouron Ave.	19150
FitzPatrick Elementary School	4101 Chalfont Dr.	19154
Forrest Elementary School	7300 Cottage St.	19136
Haverford Center	4601 Haverford Ave.	19139
Kinsey Elementary School	6501 Limekiln Pk.	19138
Loesche Elementary School	595 Tomlinson Rd.	19116
Lowell Elementary School	450 W. Nedro Ave.	19120
McCloskey Elementary School	8500 Pickering St.	19150
McClure Elementary School	600 W. Hunting Park Ave.	19140
Nebinger Elementary School	601 Carpenter St.	19147
Rhawnhurst Elementary School	7809 Castor Ave.	19152
Shawmont Elementary School	535 Shawmont Ave.	19128
Thomas Edison High School	151 W. Luzerne St.	19140
Whittier Elementary School	3001 N. 27 th St.	19132
Wister Elementary School	67 E. Bringhurst St.	19144

THIS PAGE DOES NOT HAVE TO BE RETURNED WITH YOUR CHILD'S APPLICATION.

2012-2013

RESIDENCY AFFIDAVIT
GENERAL INFORMATION and INSTRUCTIONS

F-11

At least one proof of Philadelphia PA residency in the parent(s)/guardian(s) name is required when applying for the Bright Futures preschool program.

IF YOU INCLUDE ONE OF THE FOLLOWING DOCUMENTS WITH YOUR CHILD'S APPLICATION, YOU DO NOT HAVE TO COMPLETE THIS FORM.

All documents must be valid and current. Acceptable documents are:

- Utility bill (Electric, Gas, Water)
- Voter's Registration Card
- Rental Agreement or Lease; must be typed, signed by all parties and notarized
- Mortgage
- Deed

If any of the above documents are not available, and as a last resort, you may complete a *RESIDENCY AFFIDAVIT FORM*, printed on the reverse side, have it notarized and submit it with your child's application as your proof of Philadelphia PA residency.

INSTRUCTIONS to COMPLETE the *RESIDENCY AFFIDAVIT FORM*

Section 1: This section is completed by the parent(s)/guardian(s). Print your name(s); the address, zip code and telephone number of where you currently live; the names and birth dates of your children who live with you. If necessary, list additional names and birth dates of children on a separate piece of paper and attach to the *Residency Affidavit Form*.

Section 2: This section is completed by the Homeowner, Tenant or Landlord when the Homeowner, Tenant or Landlord is different from the parent(s)/guardian(s). In the appropriate section, the Homeowner, Tenant or Landlord prints their name; telephone number; the names of the parent(s)/guardian(s) and children who are approved to live at their address; their signature and date.

Section 3: Parent(s)/Guardian(s) read the statement and sign the *Residency Affidavit Form* in front of a Licensed Notary. The Licensed Notary places his/her signature and seal in the space provided.

RETURN THIS FORM WITH YOUR CHILD'S APPLICATION, IF NEEDED

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the School District and amend the residency affidavit. Any false statements can and will be punishable under the laws of perjury and false swearing.

Section 1 ~ Completed by Parent/Guardian

I/We, _____ currently reside at
Names of Parent(s)/Guardian(s)

_____, _____, _____
Address Zip Code Telephone Number

The following children reside with me/us at this address:

- | | |
|--------------------------------|--------------------------------|
| 1. _____
Name Date of Birth | 2. _____
Name Date of Birth |
| 3. _____
Name Date of Birth | 4. _____
Name Date of Birth |

Section 2 ~ Completed by Homeowner, Tenant or Landlord

VERIFICATION BY HOMEOWNER OR TENANT

Homeowner or Tenant name _____
Print Name Telephone Number

Approval has been granted for: [list each child and the child's parent(s)/guardian(s)] _____

to reside with _____ at the address identified in Section 1.
Resident's Name

Homeowner's or Tenant's signature _____ Date _____

VERIFICATION BY LANDLORD

Landlord name _____
Print Name Telephone Number

Approval has been granted for: [list each child and child's parent(s)/guardian(s)]: _____

to reside at the address identified in Section 1.

Landlord's signature _____ Date _____

Section 3 ~ Signatures of Parent/Guardian and Notary

Through my/our notarized signatures, I/we grant the School District permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

Parent(s)/Guardian(s) Signature(s)

Licensed Notary Signature and Seal

CHILD HEALTH ASSESSMENT

Parents & Child Care Providers fill-in this part.

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

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at < www.aap.org > or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam: _____
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

Parents may write immunization dates, health professionals should verify and complete all data.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM %ILE _____	_____ LB/KG %ILE _____	_____ IN/CM %ILE _____	(BEGINNING AT AGE 3) _____ / _____
PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> =NORMAL	IF ABNORMAL - COMMENTS	
HEAD/EARS/EYES/NOSE/THROAT			
TEETH			
CARDIORESPIRATORY			
ABDOMEN/GI			
GENITALIA/BREASTS			
EXTREMITIES/JOINTS/BACK/CHEST			
SKIN/LYMPH NODES			
NEUROLOGIC & DEVELOPMENTAL			

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTA VIRUS						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NONE

NEXT APPOINTMENT - MONTH/YEAR: _____

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN OR CRNP:
ADDRESS:	
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Before your child's first day of Bright Futures attendance, a current and complete *Child Health Assessment* form, or a similar form containing the same information, must be submitted to the Bright Futures office. Your child's physical exam needs to occur within the 12 months prior to his or her first day of preschool.

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO TREATMENT NECESSARY	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
Date of Cleaning		Comments/Follow-up Treatment/Special Instructions to School	
Date of Fluoride Treatment			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

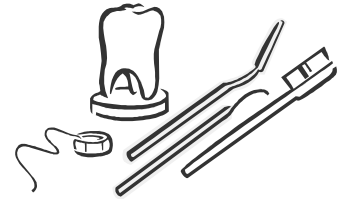
Before your child's first day of Bright Futures attendance, a current and complete *Report of Private Dental Exam* form, or a similar form containing the same information, must be submitted to the Bright Futures office. Your child's dental exam needs to occur within the 12 months prior to his or her first day of preschool.



IT'S TIME TO GO TO THE DENTIST!

PHILADELPHIA HEALTH CENTERS FOR DENTAL CARE

HC #2 : 1720 S. Broad Street, 19145 : 215-685-1822
 HC #3 : 555 S. 43rd Street, 19104 : 215-685-7506
 HC #4 : 4400 Haverford Avenue, 19104 : 215-685-7605
 HC #5 : 1920 N. 20th Street, 19121 : 215-685-2938
 HC #6 : 321 W. Girard Avenue, 19123 : 215-685-3816
 HC #9 : 131 E. Cheltenham Avenue, 19144 : 215-685-5738
 HC #10: 2230 Cottman Avenue, 19149 : 215-685-0608



HOSPITAL-BASED DENTAL CLINICS



ST. CHRISTOPHER'S

Front & Erie Avenue
Dental Office
215-427-5065

EPISCOPAL

Front & Lehigh Avenue
Dental Office
215-707-1030

TEMPLE

3233 S. Broad Street
School of Dentistry
215-707-2863

EINSTEIN

York & Tabor Road
Dental Office
215-456-7130

UNIVERSITY OF PENNSYLVANIA

40th & Spruce Street
School of Dentistry
215-898-8979

FEDERALLY FUNDED CLINICS

FAIRMOUNT HEALTH CENTER

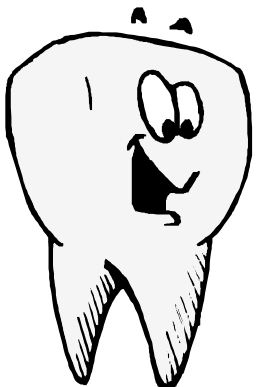
1412 Fairmount Avenue
Dental Office
215-684-5349

MARIA DE LOS SANTOS HEALTH CENTER

401 W. Allegheny Avenue
215-291-2500



"Wow!"
THESE DENTISTS ARE CHILD FRIENDLY!"



KIDS SMILES

2821 Island Avenue, Suite 210
215-492-9291

KIDS SMILES II

5848 Market Street
215-747-6901

DOC BRESLER'S

6801 Ridge Avenue
215-483-6633

DOC BRESLER'S

1430 Snyder Avenue
215-467-6000

DOUGLAS R. REICH, D.M.D.

7122 Rising Sun Avenue
215-725-8300

DENTAL DREAMS

2107A Cottman Avenue
215-235-4060

DENTAL DREAMS

5675 N. Front Street
215-224-0440

DENTAL DREAMS

2459 Aramingo Avenue
215-427-2800

PEDIATRIC DENTAL ASSOCIATES

6404 Roosevelt Boulevard
215-743-3700

PEDIATRIC DENTAL ASSOCIATES

100 E. Lehigh Avenue
215-707-1030

1-800-DENTIST : TOLL-FREE INFORMATION (NATIONWIDE)

215-925-6050 : PHILADELPHIA COUNTY DENTAL SOCIETY
(for private dentists in your area)

Thank you for completing a *Bright Futures Application*. Please review the *Bright Futures Application Checklist* to make sure you have completed and included all that is required to make your child's application complete. Prior to submitting your child's application, you may make a copy of the application forms for your reference.

Submit your application forms and copies of the required documents by using one of the following methods:

Mail:

School District of Philadelphia
Education Center
440 N. Broad Street ~ Suite 170
Bright Futures ~ Sue Maraschiello
Philadelphia, PA 19130-4015

Drop off:

School District of Philadelphia
Education Center
440 N. Broad Street
Philadelphia, PA 19130
Place the application forms and required documents in an envelope. Place the envelope in the **Bright Futures Drop Box** located in the lobby of the Broad Street entrance.

Fax: A fax of your child's application will be accepted, provided the original complete application is received by mail or dropped off to the above address within 7 days of your fax. If this is your preferred method, fax the required documents and both sides of the application forms to 215-400-4275, Attn: Sue in Bright Futures.

Remember, March 5, 2012 is the deadline to submit an application for lottery consideration.

If you have any questions or require assistance, please contact:

Sue Maraschiello ~ Bright Futures Office
Phone: 215-400-5757
Fax: 215-400-4275
Email: BrightFutures@philasd.org