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, 2026
- ☐ 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)

**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.*

School Year 2026-2027 Philly PreK Application

Acceptable Verification Documents

☐ **Child's Age:** Proof that the child will be 3 or 4 on or by September 1, 2026.
(Provide one of the following):

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

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

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

☐ Proof of TANF cash/SSI	☐ W-2, paystub, 1099
☐ SNAP/food stamps	☐ Signed statement of unemployment

School Year 2026-2027 Philly PreK Application

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: ☐ Male ☐ Female ☐ 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	☐ Single	☐ Married	☐ Widowed	☐ Separated/Divorced	☐ Other

Relationship to Child Select one	☐ Parent/Step-Parent	☐ Grandparent
	☐ Foster/Kinship Parent, related to child	☐ Foster Parent, not related to child
	☐ Guardian, related to child	☐ Guardian, not related to child
	☐ Teen Parent – parent was under the age of 18 when child	☐ Other (specify):

Race/Ethnicity Select all that apply	☐ Hispanic or Latino/a	☐ American Indian	☐ Asian
	☐ Black or African American	☐ Middle Eastern or North African	☐ Native Hawaiian
	☐ Pacific Islander	☐ White	

Education Select highest Diploma/Degree earned or Grade Level completed	☐ High School Diploma	☐ GED
	☐ ESL -English as a Second	☐ Some College/Vocational/Associate Degree
	☐ Bachelors/Advanced Degree	☐ 11th Grade
	☐ 10th Grade	☐ 9th Grade or lower

Employment School, Job Training Select all that apply	☐ Employed/Self-Employed	☐ Unemployed/Not Employed	☐ Disabled
	☐ Member of the U.S. military on active duty	☐ Veteran of the U.S. military	

Health Insurance	Do you have Health Insurance? ☐ Yes ☐ No If 'Yes,' name of health insurance provider:

Do you receive benefits?	☐ WIC	☐ SNAP	☐ Medical	☐ SSI/TANF CASH	☐ No

School Year 2026-2027 Philly PreK Application

SECTION TWO: SECONDARY CAREGIVER

An adult who shares in the care of the child.

First Name:		Last Name:
Date of Birth:		Gender: ☐ Male ☐ Female ☐ 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	☐ Employed/Self-Employed	☐ Unemployed/Not Employed	☐ Disabled
	☐ Member of the U.S. military on active duty	☐ 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: ☐ Male ☐ Female ☐ non-Binary	
Race/Ethnicity Select all that apply	☐ Hispanic or Latino/a	☐ American Indian	☐ Asian
	☐ Black or African American	☐ Middle Eastern or North African	☐ Native Hawaiian
	☐ Pacific Islander	☐ White	
Primary Language:		Secondary Language(s):	

Does your child have a current Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?

(Select one) ☐ Yes ☐ No ☐ Suspected

If yes, mark which of the following services your child receives: **(Select all that apply)**

☐ Special Instruction (SI) ☐ Speech/Vision/Hearing Therapy ☐ Occupational Therapy

☐ Physical Therapy ☐ Behavioral Health Services (e.g., PCA) ☐ Other: _____

School Year 2026-2027 Philly PreK Application

SECTION FIVE: HOUSING

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

SECTION SIX: FAMILY INCOME

Primary Caregiver Income			Secondary Caregiver Income		
Employment Type	**Frequency**	**Amount**	**Employment Type**	**Frequency**	**Amount**
Employment			Employment		
SSI/TANF CASH			SSI/TANF CASH		
Unemployment			Unemployment		
Other:			Other:		
☐ Primary Caregiver has no income. (Please note you will be required to provide a signed statement)			☐ 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

School Year 2026-2027 Philly PreK Application

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, 2026 (and not of kindergarten entry age on September 1, 2026), 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:

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, 2026 (and not of kindergarten entry age on September 1, 2026). 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:	

School Year 2026-2027 Philly PreK Application

AGREEMENT FORM:

SCREENING, ASSESSMENT, AND FAMILY ENGAGEMENT SERVICES

Purpose: This document summarizes the services that will be provided to your child during the 2026-2027 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 access 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