

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

Application for the 2014-2015

Bright Futures Preschool Program

Translated versions of this document are available at: www.philasd.org/translation (search word “Bright”)



BRIGHT FUTURES FACTS

- ♥ A free preschool program, funded by Pennsylvania Pre-K Counts, for children and families who meet the Bright Futures eligibility requirements:
 - Child must be at least 3 years of age on September 1, 2014 and not be age-eligible for kindergarten.
 - Child and family must live in Philadelphia, PA.
 - Family must meet the current PA Pre-K Counts income guidelines.
 - A child's complete *Bright Futures Application* must be received in the Office of Early Childhood.
- ♥ 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 – 12:45 PM, Friday
- ♥ Children are engaged in a well-planned, developmentally appropriate curriculum that meets Pennsylvania State Standards for Prekindergarten. The Core Curriculum defines best teaching practices, includes methods and materials that respect the rich cultural heritages and diverse learning styles of all children and includes activities that connect school and home.
- ♥ A teacher certified to teach early childhood education and a highly qualified teacher assistant provide a nurturing, safe and secure early childhood environment for a maximum of 20 students per classroom.
- ♥ Various opportunities for parent involvement.
- ♥ Breakfast, lunch and afternoon snack are provided to enrolled children at no cost to families.
- ♥ Before-school, after-school and school bus transportation are not provided.
- ♥ Bright Futures enrollment cannot exceed the program's capacity.
- ♥ Parents/Guardians of enrolled children receive a *Bright Futures Parent Handbook*
 - The *Bright Futures Parent Handbook* can be viewed at www.philasd.org/earlychild
- ♥ Bright Futures and Head Start are 2 different preschool programs offered in the School District of Philadelphia. Bright Futures differs from Head Start in the locations where the program is offered, the income guidelines for program eligibility, the application process and the acceptance process. A completed *Bright Futures Application* will remain with the Bright Futures program and will not be given to the Head Start program or to any other preschool or prekindergarten program. To request a Head Start application, call the Office of Early Childhood at 215-400-4270; press 1 for Prekindergarten Programs; then press 2 for the Prekindergarten Head Start program.



THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF EARLY CHILDHOOD EDUCATION
EDUCATION CENTER
440 N. BROAD STREET, 2nd FLOOR - PORTAL C
PHILADELPHIA, PENNSYLVANIA 19130-4015
TELEPHONE 215-400-5757 FAX 215-400-4275

RENEE QUEEN JACKSON
Deputy Chief, Early Childhood Education

MICHELLE LINDER-COATES
Executive Director, Bright Futures

Dear Parents and Guardians,

Thank you for your interest in the School District of Philadelphia's Bright Futures preschool program. This *Bright Futures Application* contains program information, application forms and a list of required documents.

To apply to Bright Futures:

1. Complete the enclosed application forms. The *Child Health Assessment* form is to be completed by your child's doctor and the *Dental Exam* form is to be completed by your child's dentist.
2. Make a copy of the following five (5) documents:
 - a. Verification of your child's date of birth
 - b. Your child's medical/health insurance card
 - c. Verification of Philadelphia, PA address in parent's/guardian's name
 - d. Photo identification of the parent/guardian
 - e. Verification of your family's current gross income and benefits
3. Make a copy of the following documents if they apply to your child:
 - a. Custody arrangement
 - b. Documentation of guardianship
 - c. Individualized Education Plan (IEP), Evaluation Report (ER), Individualized Family Service Plan (IFSP)
4. Submit the application forms and document copies to the Bright Futures office of the School District of Philadelphia, 440 North Broad Street, Suite 170, Philadelphia, PA, 19130, by using one of the methods indicated on the 2nd to last page of this *Application*.

The Office of Early Childhood selects children by lottery for acceptance to the Bright Futures preschool program.

- ♥ Children's names are included in the lottery when their complete application is received in the Bright Futures office on or before March 31, 2014 and their family meets the Bright Futures eligibility requirements.
- ♥ Children's names are not included in the lottery when their complete application is received in the Bright Futures office after March 31, 2014. Eligible children are considered for acceptance to fill vacancies that remain after the lottery process has ended.

Please see the next page 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/earlychild

Thank you.

ADDITIONAL BRIGHT FUTURES INFORMATION

1. Completing and submitting a *Bright Futures Application* does not guarantee that your child will be accepted to the Bright Futures preschool program.
2. The Bright Futures preschool program, funded by Pennsylvania Pre-K Counts, 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 program, applicants will be notified in writing.
3. The Office of Early Childhood selects children by lottery for acceptance to the Bright Futures preschool program. The lottery includes the names of all eligible children whose complete application is received in the Bright Futures office on or before March 31, 2014.
 - a. Children are selected in random order and assigned a Selection Number.
 - b. A child's Selection Number determines the order in which s/he is considered for acceptance into the program.
 - c. The locations and preference order indicated on a child's *Bright Futures Location Preference Form* determines which location is chosen for an accepted 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 for those locations in Selection Number order.
 - e. Notification of a child's acceptance or waiting-list status will be mailed within six (6) weeks following the end of the lottery process.
4. Eligible children whose complete application is received in the Bright Futures office after March 31, 2014 are not included in the lottery.
 - a. In receipt order, each child is assigned a Selection Number and the application is processed to fill any vacancies that remain after the lottery process has ended.
 - b. A child's Selection Number determines the order in which s/he is considered for acceptance into the program.
 - c. The locations and preference order indicated on a child's *Bright Futures Location Preference Form* determines which location is chosen for an accepted child.
 - d. If preferred locations are filled to capacity when a child's application is received, the child's name is placed on the waiting list for those locations in Selection Number order.
 - e. Notification of a child's acceptance or waiting list status will be mailed within eight (8) weeks 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. To ensure your child's *Application* is complete, refer to the *Application Checklist*.
6. Before your child can begin the Bright Futures program:
 - a. The Bright Futures office must have on file, and you will be provided with, the following forms for completion:
 - i. A current *Child Health Assessment* form and a current *Dental Exam* form, or similar forms containing the same information, completed by the appropriate medical office. The *Child Health Assessment* form must include your child's current immunization record. Physical and dental exam dates must be within twelve (12) months of your child's first day of school.
 - ii. If the *Child Health Assessment* form and/or *Dental Exam* form that you are submitting with this *Application* expires before your child's first day of school, an up-to-date *Child Health Assessment* form and/or *Dental Exam* form must be submitted before your child can start school.
 - iii. *Child and Adult Care Food Program (CACFP)* lunch/meal forms.
 - iv. You will be notified if additional forms are needed.
 - b. You and your child will attend an orientation meeting and an individual conference with your child's teacher. Uniform information for Bright Futures students will be discussed at this time.
7. The School District of Philadelphia reserves the right to request additional documentation as necessary.
8. The Bright Futures application forms, application process, eligibility criteria, selection process and locations may be subject to change.

APPLICATION for BRIGHT FUTURES PRE-K COUNTS

All SECTIONS are completed by the parent/guardian – **PLEASE PRINT CLEARLY.**

SECTION 1: CHILD

Name _____ Birth Date _____ Male Female

SECTION 2: PRIMARY ADULT

Name _____ Birth Date _____ Male Female

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

Contact Phone Number _____ Primary spoken language _____

Your relationship to the above child:

Mother (biological/adoptive/step) Father (biological/adoptive/step) Guardian

Do you have income (employment, self-employment, child support, SSI, TANF, unemployment, etc.)? No Yes

If Yes, how often do you receive income? Every week Every 2 weeks Twice a month Once a month

Do you receive benefits from the Department of Public Welfare (DPW)? No Yes

If Yes, place a V next to each DPW benefit received: (TANF) Cash Assistance (SNAP) Food Stamps Medical

If Yes, Welfare Record/Case Number: **51 /** _____

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

Name _____ Birth Date _____ Male Female

Contact Phone Number _____ Primary spoken language _____

Your relationship to the above adult: Husband Wife Companion Partner

Your relationship to the above child:

Mother (biological/adoptive/step) Father (biological/adoptive/step) Guardian No relation

Do you have income (employment, self-employment, child support, SSI, TANF, unemployment, etc.)? No Yes

If Yes, how often do you receive income? Every week Every 2 weeks Twice a month Once a month

SECTION 3: HOUSEHOLD MEMBERS

On line #1, print your name. On lines #2 – #9, print the names of all other adults and all children who live in the same house as you – include the child for whom you are applying. Indicate each person’s date of birth. Indicate how each person is related to you (example: husband, wife, partner, boyfriend, girlfriend, companion, daughter, son, sister, brother, mother, father, grandmother, grandfather, etc.) Use additional paper if necessary. **Please print clearly.**

FIRST and LAST NAME	DATE of BIRTH MM/DD/YYYY	HOW IS THIS PERSON RELATED TO YOU?
1. _____	_____	PARENT/GUARDIAN
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

SECTION 4: EARNED and UNEARNED INCOME

Place a ✓ next to each form of earned and unearned income that you, your husband/wife/companion/partner and all immediate family members have received in the past two (2) months:

- 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 – a notarized statement is required – refer to the *Application Checklist* for instructions.

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

SECTION 5: STATEMENTS

Place a ✓ next to each statement that is true about the child for whom you are applying and his/her immediate family members:

- Family income is at or below 300% of the Poverty Guideline for my family size.
- We are living in a shelter or transitional housing.
- We are living with relatives or friends due to a fire, flood or other emergency in my home.
- Child is a foster child, a kinship care child or is receiving services from a Children and Youth agency.
- Child's mother was under the age of 18 when child was born.
- Child's mother/father does not have a high school diploma or GED. Mother Father
- Child is cared for by one parent without the physical assistance of the other parent.
- Child's parents are divorced.
- Child is cared for by a grandparent, aunt, uncle, or other relative.
- Child's mother/father is currently incarcerated. Mother Father
- Child is currently enrolled in an Early Intervention program with an active Individualized Education Plan.
- Child's first language is not English. First language: _____
- Child is referred to a preschool/prekindergarten program from a health or mental health practitioner.
- Child is receiving mental health treatment.
- Child's parent/guardian is a migratory worker who has moved from one school district to another in the last 3 years in order to find work in meat or vegetable processing or to work in evergreen nurseries.

SECTION 6: SIGNATURE

Read the following and sign where indicated. **Lack of appropriate signatures will result in an incomplete application.**

I/We certify the information on my/our *Application for Bright Futures Pre-K Counts* is correct. I/We have attached copies of gross income from the past two (2) months that has been received by me/us and all immediate family members. I/We understand this information is being given so that my/our eligibility can be determined for the Bright Futures preschool program. When my/our child is accepted to the Bright Futures preschool program, my/our information will be entered into the Commonwealth of Pennsylvania's Pre-K Counts database. I/We understand that officials from the School District of Philadelphia may verify the information on my/our *Application for Bright Futures Pre-K Counts* and/or request additional documentation if necessary. Deliberate misrepresentation of my/our information may subject me/us to prosecution under applicable State laws. I/We understand that my/our *Application for Bright Futures Pre-K Counts* and all supporting income documentation is confidential, and will remain on file in the School District of Philadelphia, Office of Early Childhood Education, 440 N. Broad Street, Philadelphia, PA.

Signature of Primary Adult

Date

Signature of Husband/Wife/Companion/Partner (if s/he lives with you)

Date

INFORMATION ON FAMILY SIZE DETERMINATION, INCOME CALCULATION and the POVERTY GUIDELINE

This page does not have to be returned with your child’s application.

The Commonwealth of Pennsylvania provides Pre-K Counts funding to the School District of Philadelphia for its Bright Futures preschool program. Pre-K Counts guidelines state that in order to be accepted into the Bright Futures program, a child and family must submit an approved application and be determined eligible. To be eligible:

- A child must be at least 3 years old on September 1st of the enrollment year and not be age-eligible for kindergarten; and,
- A child and family must live in Philadelphia, PA; and,
- A family’s annual gross income cannot exceed the current PA Pre-K Counts income guideline for their family size. Currently, the maximum income is 300% of the Poverty Guideline.

FAMILY SIZE: We count the child for whom Bright Futures is requested and the number of his/her immediate family members, from the following list of individuals, who live together:

- The child’s parent(s) ~ the adult individual(s) legally responsible for the child:
 - Biological or adoptive mother
 - Biological or adoptive father
 - Stepmother
 - Stepfather
 - Guardian
 - Spouse of biological or adoptive mother
 - Spouse of biological or adoptive father
 - Spouse of stepmother
 - Spouse of stepfather
 - Spouse of guardian
- A biological child, adoptive child, foster child or stepchild of the parent who is under 18 years of age and who is not emancipated.
- An unrelated child, or a child who is not a biological child, adoptive child, foster child or stepchild of the parent, who is not emancipated and for whom the parent(s) is/are legally responsible – verification of the parent’s legal responsibility of this child is required.
- A biological child, adoptive child, unrelated child, foster child or stepchild of the parent(s) who is 18-22 years of age, 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(s) – verification of this individual’s current or anticipated enrollment in an educational program is required.

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 January in the *Federal Register* by the Department of Health and Human Services (HHS), and is available on-line at www.hhs.gov or <http://aspe.hhs.gov/poverty/index.shtml>

Below is an excerpt from the 2013 Poverty Guideline (SOURCE: *Federal Register*, Vol. 78, No. 16, January 24, 2013, pp 5182-5183):

Family Size	2013 HHS Poverty Guideline for the 48 Contiguous States and D.C.	300 % of the Poverty Guideline – Current Maximum Income for Bright Futures Eligibility
1	\$11,490	\$34,470
2	\$15,510	\$46,530
3	\$19,530	\$58,590
4	\$23,550	\$70,650
5	\$27,570	\$82,710
6	\$31,590	\$94,770

CHILD and PARENT INFORMATION

All SECTIONS are completed by the parent/guardian – **PLEASE PRINT CLEARLY.**

SECTION 1: CHILD INFORMATION

Name _____ Male Female

Date of Birth _____ Primary spoken language _____ Right-handed Left-handed

Address _____ Apt. #/Unit # _____ Zip _____

Medical conditions and/or allergies (list all) _____

Daily medications (list all) _____

Food allergies/restrictions (list all) _____

SECTION 2: PARENT/GUARDIAN INFORMATION

MOTHER | GUARDIAN

Name _____ Mother Guardian

Address (if different from child's) _____ Apt. #/Unit # _____ Zip _____

Phone Numbers: Day _____ Cell _____ Home _____

Primary spoken language _____ Other spoken languages _____

E-mail address _____

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

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

FATHER | GUARDIAN

Name _____ Father Guardian

Address (if different from child's) _____ Apt. #/Unit # _____ Zip _____

Phone Numbers: Day _____ Cell _____ Home _____

Primary spoken language _____ Other spoken languages _____

E-mail address _____

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

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

SECTION 3: ADDITIONAL CHILD INFORMATION

Serious accidents or illnesses (list all) _____

Recent surgeries (list all) _____

Does your child have a history of seizures? No Yes

If Yes, Type: _____ Reaction: _____ Duration: _____

Has your child attended preschool or daycare? No Yes

If Yes, Name: _____ Address: _____

Please share with us any educational concerns you have for your child _____

Important changes in your child's life during the last 6 months: _____

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, how do you communicate with your child? _____

Has your child been referred for a developmental screening? No Yes

Has your child been evaluated for Early Intervention services? No Yes

Is your child receiving Early Intervention services? No Yes Not Yet, but s/he is eligible for services

If Yes/Not Yet, place a ✓ next to each service your child is/will be receiving:

Speech Therapy Special Instruction Occupational Therapy Physical Therapy

Other (list all) _____

Please share with us any developmental concerns you have for your child _____

Have you already submitted or do you plan to submit a School District Head Start application? No Yes

SECTION 4: SIGNATURE

Read the following and sign where indicated. **Lack of appropriate signatures will result in an incomplete application.**

The information I/we have provided on both pages of this form is true to the best of my/our knowledge. When my/our child is accepted to the Bright Futures preschool program, I/we understand that this form will be given to my/our child's teacher.

Signature of Primary Adult

Date

Signature of Husband/Wife/Companion/Partner (if s/he lives with you)

Date

CHILD'S MEDICAL CONCERNS

④

Completed by the parent/guardian; this information will be shared with your child's health and instructional staff.

Child's Name _____ Date of Birth _____

When your child has an allergy or medical condition, your health care provider may prescribe medicine for this allergy or condition. When the prescribed medicine is to be administered during preschool hours, the Early Childhood Health Services division, with your written permission, will instruct the staff in your child's preschool classroom 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 allergies or a medical condition that requires medication.

At this time, my child has allergies or a medical condition that requires medication.

A representative from Early Childhood Health Services may contact you for more information.

1. Diagnosis, allergy or type of medical condition: _____

Medicine is not required during preschool hours

Medicine is to be administered **EVERY DAY** during preschool hours

Name of medicine, dose and times to be administered _____

Medicine is to be administered **AS NEEDED** during preschool hours

Name of medicine and dose _____

2. Diagnosis, allergy or type of medical condition: _____

Medicine is not required during preschool hours

Medicine is to be administered **EVERY DAY** during preschool hours

Name of medicine, dose and times to be administered _____

Medicine is 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 above information.

Signature of Primary Adult

Date

⑤	CHILD'S MEDICAL HISTORY
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Completed by the parent/guardian; this information will be shared with your child's health and instructional staff.

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 ear tubes, 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 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/had polio, chicken pox, measles, mumps, scarlet fever, whooping cough			
Experiences car sickness			

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 above information.

Signature of Primary Adult

Date

POLICY and CONSENT FOR EMERGENCY MEDICAL CARE

⑥

Completed by the parent/guardian; this information will be shared with your child's nutritional, health and instructional staff. If you have any questions about this information, please speak with a representative from Early Childhood Health Services.

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

Child's Name _____ Date of Birth _____

WHEN YOUR CHILD IS ILL or HAS A MINOR INJURY

When your child is ill, needs close supervision or has a contagious disease, s/he cannot attend preschool. You are required to make arrangements for alternative care. If your child becomes ill or has a minor injury while at preschool that is not severe to warrant emergency medical transportation, you are required to pick up your child from preschool before the scheduled departure time. A Doctor's note will be required before your child can return to school 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 while attending preschool 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 contact 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 Bright Futures teacher informed about how to reach you at all times. You are responsible for the costs of medical treatment.

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 Bright Futures 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.

Signature of Primary Adult

Date

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CHILD'S DIETARY RESTRICTIONS

Completed by the parent/guardian; this information will be shared with your child's nutritional, health and instructional staff.

Child's Name _____ Date of Birth _____

The Child and Adult Care Food Program (CACFP) provides a daily nutritious breakfast, lunch and afternoon snack for your child while s/he is enrolled in preschool. 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. With the exception of extreme food allergies, children are not allowed to bring food and/or beverages to school. 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 a food restriction.

Verification from your child's doctor or religious leader is required for each food restriction.

1. Name of restricted food: _____

Reason for restriction: Religious Medical

2. Name of restricted food: _____

Reason for restriction: Religious Medical

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 Primary Adult

Date

Read the following statements and sign where indicated. **Lack of appropriate signatures will result in an incomplete application.**

My/Our signature(s) below indicate that:

1. The information I/we have provided on all of the forms in my/our child's *Bright Futures Application* is accurate and complete. I/we have signed all application forms where indicated and have included all required documents.
2. During the time my/our child is enrolled in the Bright Futures preschool program:
 - a. S/He will attend every school day, his/her health permitting;
 - b. I/We will abide by all program policies stated in the *Bright Futures Parent Handbook* and adhere to the scheduled arrival and departure times;
 - c. I/We will keep my/our child's information current;
 - d. I/We will always make sure my/our child's teacher has an active telephone number from within the Philadelphia calling area for me/us so that I/we can be contacted should the need arise;
 - e. My/Our child will be able to use the toilet with minimal assistance.
3. I/We understand that:
 - a. Completing and submitting a *Bright Futures Application* does not guarantee that my/our child will be accepted to the Bright Futures preschool program.
 - b. The Bright Futures preschool program, a free program for eligible children and families funded by Pennsylvania Pre-K Counts, 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, I/we will be notified in writing.
 - c. My/Our child will not be accepted to the program nor have his/her name placed on the waiting-list if his/her *Application* is incomplete.
 - d. Before my/our child can begin the Bright Futures program:
 - i. I/we understand that the Bright Futures office must have on file, and that I/we will be provided with, the following forms for my/our child:
 1. A current and complete *Child Health Assessment* form and a current and complete *Dental Exam* form, or similar forms containing the same information that have been completed by the appropriate medical office. The *Child Health Assessment* form must contain my/our child's up-to-date immunization record. I/We further understand that my/our child's physical and dental exam dates must occur within the twelve (12) months prior to his/her first day of preschool.
 2. If the *Child Health Assessment* and/or *Dental Exam* forms that I/we are including with this application expire before my/our child's first day of school, I/we understand that an up-to-date *Child Health Assessment* and/or *Dental Exam* form will need to be submitted before my/our child can start school.
 3. Completed *Child and Adult Care Food Program (CACFP)* lunch/meal forms.
 - ii. I/We will be notified if additional forms are needed, and will submit them as necessary.
 - iii. I/We and my/our child will attend an orientation meeting with his/her teacher and will receive a *Bright Futures Parent Handbook*.

- e. The forms and documents submitted with my/our child's *Bright Futures Application* will remain with the Bright Futures preschool program and will not be given to any other preschool or prekindergarten program.
- f. Bright Futures regulations state that a child and family must meet Bright Futures eligibility requirements prior to acceptance to the Bright Futures preschool program.
- g. My/Our submitted income documentation is confidential and will remain on file in the School District of Philadelphia, Office of Early Childhood Education, 440 N. Broad Street, Philadelphia, PA.
- h. Before-school, after-school and school bus transportation are not provided by the School District of Philadelphia for Bright Futures students.
- i. Failure to inform Sue Maraschiello in the Bright Futures office of a change in my/our home address, email address(es) and/or telephone number(s) will negatively affect my/our child's acceptance and enrollment opportunity.
- j. The Bright Futures staff might not be able to contact me if my telephone number is outside the Philadelphia calling area.
- k. The School District of Philadelphia reserves the right to request additional documents as necessary.
- l. The Bright Futures application forms, application process, eligibility criteria, selection process and locations may be subject to change.

Child's Name

Date of Birth

Signature of Primary Adult

Date

Signature of Husband/Wife/Companion/Partner (if s/he lives with you)

Date

BRIGHT FUTURES LOCATION PREFERENCE FORM



Please select 1 or 2 Bright Futures locations, in preference order, where you would like your child to attend. If you do not select any locations, it will be assumed that you are only interested in the one location that is closest to your home.

You must be able to transport your child to and from your selected locations while adhering to the location's arrival and departure times for Bright Futures students (arrival and departure times may vary by location).

BRIGHT FUTURES LOCATIONS

Listed in Zip Code order

PHILADELPHIA NEIGHBORHOOD	ZIP CODE	SECTION of the CITY	LOCATION NAME	LOCATION ADDRESS	ORDER 1 st , 2 nd
Somerton	19116	North East	Loesche Elementary School	595 Tomlinson Rd.	
Olney	19120	North	Lowell Elementary School	450 W. Nedro Ave.	
Roxborough	19128	North West	Shawmont Elementary School	535 Shawmont Ave.	
Fairmount	19130	Center City	Bache-Martin Elementary School	2201 Brown St.	
Allegheny West	19132	Central North	Dr. Ethel Allen Promise Academy	3200 W. Lehigh Ave.	
Holmesburg	19136	North East	Lincoln High School	3201 Ryan Ave.	
Mayfair	19136	North	Forrest Elementary School	7300 Cottage St.	
Fairmount Park	19139	West	Haverford Center	4601 Haverford Ave.	
Tioga	19140	Central North	Cleveland Mastery Charter	3701 N. 19 th St.	
Hunting Park	19140	Central East	McClure Elementary School	600 W. Hunting Park Ave.	
Feltonville	19140	Central East	Edison High School	151 W. Luzerne St.	
Cobbs Creek	19143	South West	Anderson Elementary School	1034 S. 60 th St.	
Germantown	19144	North West	Wister Elementary School	67 E. Bringham St.	
Graduate Hospital	19146	South	E. M. Stanton Elementary School	1700 Christian St.	
Bella Vista	19147	South	Nebinger Elementary School	601 Carpenter St.	
Mt. Airy	19150	North West	F. S. Edmonds Elementary School	8025 Thouron Ave.	
Rhawnhurst	19152	North East	Rhawnhurst Elementary School	7809 Castor Ave.	
Morrell Park	19154	North East	FitzPatrick Elementary School	4101 Chalfont Dr.	

Location information, current as of December 1, 2013, may be subject to change.

APPLICATION CHECKLIST

Page 1

Your 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 *Bright Futures Application* is incomplete. To ensure your child's *Application* is complete, please read these two pages carefully to make sure you include all that is required. If you have any questions, please call 215-400-5757.

FORMS TO BE SUBMITTED WITH YOUR CHILD'S APPLICATION

The following eleven (11) forms are included, must be completed in full by the appropriate individual and signed where indicated:

FORM #	FORM NAME
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- | | |
|---|--|
| ① | Application for Bright Futures Pre-K Counts – completed by the parent/guardian |
| ② | Application for Admission of Child to School – completed by the parent/guardian |
| ③ | Child and Parent Information – completed by the parent/guardian |
| ④ | Child's Medical Concerns– completed by the parent/guardian |
| ⑤ | Child's Medical History – completed by the parent/guardian |
| ⑥ | Policy and Consent for Emergency Medical Care – completed by the parent/guardian |
| ⑦ | Child's Dietary Restrictions – completed by the parent/guardian |
| ⑧ | Child Health Assessment – completed by your child's doctor – up-to-date immunization record must be included; the date of your child's physical exam must be within 12 months of the date you submit your child's application. |
| ⑨ | Report of Private Dental Exam – completed by your child's dentist – the date of your child's dental exam must be within 12 months of the date you submit your child's application. |
| ⑩ | Certification and Signature – completed by the parent/guardian |
| ○ | Bright Futures Location Preference Form – completed by the parent/guardian |

DOCUMENTS TO BE SUBMITTED WITH YOUR CHILD'S APPLICATION

The following five (5) documents must be submitted – copies only, unless otherwise indicated:

1. **Verification of your child's date of birth** ~ we will accept your child's official birth certificate, baptismal or other religious certificate, passport or foster care placement letter.
2. **Your child's medical/health insurance card.**
3. **Verification of Philadelphia, PA address in parent's/guardian's name** ~ we will accept a current gas bill, electric bill, water bill, deed, mortgage, rental/lease agreement, voter's registration card or property tax bill.
4. **Photo identification of the parent/guardian** ~ we will accept a current driver's license, non-driver's license, employment ID or passport.
5. **Verification of your family's current gross income and benefits** ~ we will accept appropriate documents that pertain to the source of earned or unearned income that has been received in the past two (2) months by you, your wife/husband/companion/partner and all immediate family members. Appropriate documents include, but are not limited to: pay stubs; computer print-out of gross earnings; most recent and complete Federal Income Tax return (must include your handwritten signatures and date); award letter; complete print-out from the Department of Public Welfare (DPW) listing your family members and all monthly benefits received (Cash Assistance, Food Stamps, and/or Medical Assistance); affidavit from a court of law; rental/lease agreement (if you are a landlord), etc.

CONTINUED

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

Employment	Self-Employment	Unemployment	SSI
Disability	Social Security	Worker's Compensation	Retirement
Pension	Commission/Tips	Foster Care/Kinship Care	Alimony
Child Support	Rent (if you are a landlord)	Cash Assistance (TANF)	Food Stamps (SNAP)

A NOTARIZED STATEMENT OF INCOME (ORIGINAL ONLY) IS REQUIRED WHEN:

- You and/or your husband/wife/companion/partner are not paid with a computer-printed check that details your name, employer's name, gross income, taxes paid and net income. The notarized statement, completed by your employment supervisor or business owner, must include: the date, the business name/address/phone number, your name, your position, the number of hours you work per week or your time schedule from the past eight (8) weeks, your gross income for each time period, the signature/title/contact telephone number of the individual writing this statement.
- You, your husband/wife/companion/partner and immediate family members 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 date(s) of birth, your signature and an explanation of how and by what means you and your wife/husband/companion/partner supports your family. Current and complete verification of your means of support must accompany the notarized statement.
- You, your husband/wife/companion/partner and immediate family members 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 date(s) of birth and an explanation of how this individual supports you and your family.
- You, your husband/wife/companion/partner and immediate family members receive earned or unearned income and are also 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 date(s) of birth and an explanation of how this individual supports you and your family.

DOCUMENTS TO BE SUBMITTED WITH YOUR CHILD'S APPLICATION, if applicable

Current copies of these documents must be submitted if they apply to your child:

1. Custody arrangement.
2. Documentation of guardianship, if the child is not your biological child.
3. Individualized Education Plan (IEP), Evaluation Report (ER), Individualized Family Service Plan (IFSP) if your child is currently receiving early intervention services or has been evaluated for but is not yet receiving early intervention services from Child Link, Elwyn, Elwyn SEEDS or another Early Intervention provider.

Thank you for completing a *Bright Futures Application*. Please remember that incomplete applications will not be processed for acceptance to the Bright Futures preschool program. Review the *Application Checklist* to make sure you have included all forms and documents that are required to make your child's application complete. Prior to submitting your child's *Bright Futures Application*, it is recommended you make a complete copy for your records.

Submit your child's *Bright Futures Application* by using one of the following methods:

Mail:

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

Drop off:

School District of Philadelphia
440 N. Broad Street ~ Suite 170
Philadelphia, PA 19130

Hand-deliver your child's *Application* to Sue Maraschiello, or place it in the **Bright Futures Drop Box** located in the lobby of the Broad Street entrance.

Fax:

215-400-4275, Attention: Bright Futures

However, you must also mail or drop off your child's original *Application* to the above address. A faxed *Application* will be considered complete when the original application forms and document copies are received in the Bright Futures office.

Please inform the Bright Futures office when changes occur to your telephone number(s), home address and/or email address. It would be unfortunate if your child missed an enrollment opportunity due to an inoperable telephone number, an inactive email address or if our mail to you was returned to us.

Thank you. If you have any questions or require assistance, please contact Sue Maraschiello in the Bright Futures Office:

Phone: 215-400-5757
Fax: 215-400-4275, Attention: Bright Futures
Email: BrightFutures@philasd.org



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

