

Tableland Early Childhood Programs  
535 East Main Street  
Somerset, PA 15501  
814-445-9628 or 800-452-0148  
Fax: 814-445-8924



**OFFICE USE SCHOOL YEAR(S)**

HS PRE-K EHS Points: \_\_\_\_\_ % \_\_\_\_\_  
 Proof of birthdate  
 Additional info needed  
 Interview conducted: PHONE or IN-PERSON  
Date Application Received \_\_\_\_\_ Date Complete \_\_\_\_\_

**RECRUITER:** \_\_\_\_\_

**Enrollment Application**

Admission is open to all regardless of race, color, national origin, sex, age, or disability.

**Child Information**

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_ M \_\_\_\_\_  
Sex: M/F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Race (optional) \_\_\_\_\_ Hispanic/Latino (optional) Y / N  
Child resides with: **Mother Father Stepmother Stepfather Live In Grandmother Grandfather Foster parents Other:** \_\_\_\_\_

**Parent / Guardian Information**

Adult's Name First \_\_\_\_\_ Last \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **Race (optional)** \_\_\_\_\_ **Hispanic/Latino (optional)** Y / N  
Sex: M / F **If female**-are you pregnant: No/ Yes- Due date: \_\_\_\_\_  
Check **Highest** Education Level Completed:  
\_\_\_\_\_ Did not graduate HS \_\_\_\_\_ Last grade completed in High School \_\_\_\_\_ High School Grad or GED  
\_\_\_\_\_ Some College or Certification \_\_\_\_\_ College Degree  
Circle Employment Status: Full-time Part-time Unemployed Retired Disabled Student Occupation: \_\_\_\_\_

Adult's Name First \_\_\_\_\_ Last \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **Race (optional)** \_\_\_\_\_ **Hispanic/Latino (optional)** Y / N  
Sex: M / F **If female**-are you pregnant: No/ Yes- Due date: \_\_\_\_\_  
Check **Highest** Education Level Completed:  
\_\_\_\_\_ Did not graduate HS \_\_\_\_\_ Last grade completed in High School \_\_\_\_\_ High School Grad or GED  
\_\_\_\_\_ Some College or Certification \_\_\_\_\_ College Degree  
Circle Employment Status: Full-time Part-time Unemployed Retired Disabled Student Occupation: \_\_\_\_\_

**Child's Natural/Biological Parent's Name if not listed above:** \_\_\_\_\_

**Primary Address of Family**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Home/Cell -Texting Allowed? Yes / No** **Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Home/Cell -Texting Allowed? Yes / No**

**Specific Location (directions to your child's home):** \_\_\_\_\_

**Household Information**

List other children in household first & last name:

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

**Emergency Numbers (other than your home or cell) \*Required**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Information**

Does your child have a documented disability, a special need/concern, a delay, is being or has been seen by a specialist (doctor, therapist, etc.) for any reason?

Doctor/Specialist	Therapist	IU-O8	Early Intervention	Easter Seals	TSS/BSC	
					Yes	No
Yes No	Yes No	Yes No	Yes No	Yes No	Yes	No
Was this a "high risk" pregnancy or any problems at birth? (mom or child) If yes, explain:					Yes	No
Was the child premature?					Yes	No
Did the child have a low birth weight?					Yes	No
Is the child being raised by someone other than natural parent?					Yes	No
Are there documented postpartum/depression issues?					Yes	No
Is this your first child?					Yes	No
Was the child referred to our program? If yes, by whom: _____					Yes	No
Is this child currently enrolled in Early Head Start?					Yes	No
Is this a foster child?					Yes	No
Is a natural parent in jail/prison?					Yes	No
Do you have 3 or more children under age of 5					Yes	No

Please answer yes or no to the following income types that have applied to your family in the past year.

Cash Assistance	Yes	No
Food Stamps: (last 4 digits) _____	Yes	No
Medical Assistance	Yes	No
Receiving services from CYS	Yes	No
Receiving WIC	Yes	No
Substance/Drug Abuse	Yes	No
IEP/IFSP	Yes	No
Homeless	Yes	No
SSI	Yes	No
Military deployment	Yes	No
Domestic violence	Yes	No
Teen mother	Yes	No
Loss of employment	Yes	No
Bankruptcy	Yes	No
Death of an immediate family member	Yes	No
Major illness or accident	Yes	No

**Head Start /Pre-K Children only**

In what school district do you currently reside: \_\_\_\_\_

If my child is enrolled: ***(Limited transportation offered) check those that apply***

I have no transportation

I can transport to and from the center if needed

I can meet the bus at a designated stop for pick up/drop off.

He/she will also attend a day care or sitter. Where & When \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**If parents do not live together is there a legal custody order (signed by a judge) in place? Yes No**  
**If yes, please provide a copy.**

Parent's or Guardian's Signature: _____	Date: _____
Verifying Early Childhood Education Staff's Signature: _____	Date: _____

**Income Verification**

**Source of income: Check those that apply to your family situation in \_\_\_\_\_(year) or prior 12 months. Submit proof of your checked "yes" boxes for the total gross amount. Applications cannot be processed without your income verification.**

**Child's Name:** \_\_\_\_\_ **# of people in family** \_\_\_\_\_ **# of people in household** \_\_\_\_\_

**Check all that apply & fill in amount**

**Totals**

<b>Yes</b>	<b>No</b>	1040 Federal income tax for _____ <small>(circle one) Filed Jointly Filed Single</small>	Total gross amount for yr. \$ _____
<b>Yes</b>	<b>No</b>	W-2 forms for all employment in _____(year) (if income tax form not available)	Father's gross earnings \$ _____ Mother's gross earnings \$ _____
<b>Yes</b>	<b>No</b>	Supplemental Security Income (SSI)	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Cash Assistance	For whom _____ What months _____ \$ _____ Amount.
<b>Yes</b>	<b>No</b>	Foster child care rate	\$ _____ For whom _____ Daily rate
<b>Yes</b>	<b>No</b>	Social Security	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Social Security Disability (SSD)	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Child Support Received	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Wages/paystubs	Total gross amount for 12 months \$ _____
<b>Yes</b>	<b>No</b>	Pension	\$ _____ For whom _____ Monthly Amount
<b>Yes</b>	<b>No</b>	Workman's Compensation	\$ _____ Weekly/yearly amount _____ When to when
<b>Yes</b>	<b>No</b>	Unemployment Compensation	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Veterans Benefits	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Military Benefits	For whom _____ \$ _____ Monthly Amt.
<b>Yes</b>	<b>No</b>	Any Grants/Scholarship for Continuing Education <small>(amount of post high school training money for _____(year))</small>	\$ _____
<b>Yes</b>	<b>No</b>	Any other source of income <small>(trust fund, settlement, rental property, winnings, interest on bank account etc.)</small>	\$ _____
<b>Yes</b>	<b>No</b>	Do you pay Child Support? Proof needed	For whom _____ \$ _____ Monthly Amt.

**This total gross income for \_\_\_\_\_ (year) or a 12 month period is \_\_\_\_\_**

This income was earned from: (month/yr) \_\_\_\_\_ to \_\_\_\_\_ (month/yr)

I certify that this information is true. I also understand that the information in this application will be held in strict confidence & may be shared with other departments within Tableland. Failure to be truthful in verification could result in disqualification of application or dismissal of employee.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Early Childhood Programs Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_