Tableland Early Childhood Programs
535 East Main Street
Somerset, PA 15501
Phone 814.445.9628 or 800.452.0148
Fax 814.445.8924

Recruiter_____

Tableland Services, Inc.
Early Childhood Programs

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

***(Circle)* 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 Training   _____ Associate Degree   _____ Bachelor's/Master's 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 Training   _____ Associate Degree   _____ Bachelor's/Master's Degree

Circle Employment Status: Full-time Part-time Unemployed Retired Disabled Student   Occupation:_____

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

Contact Information

Address _____City _____State _____ Zip_____

Primary Phone _____ **Home/Cell -Texting Allowed? Y / N** Email: _____

Secondary Phone _____ **Home/Cell -Texting Allowed? Y / N**

Household Information

List other children in household (first and last name)

Name _____ Birthdate _____ Sex: M / F   (circle) natural step foster grandchild other
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Emergency Contact Numbers (other than your home or cell) *Required

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Family Information

Yes	**No**	Does your child have a documented disability, a special need/concern, and/or a delay Explain:
Yes	**No**	Is your child being seen by a specialist
Yes	**No**	Is your child being seen by a therapist – if so, what type of therapy *(speech, mental health, etc.)* and through what agency:
Yes	**No**	Is your child currently receiving IU-O8 services
Yes	**No**	Is your child currently receiving Early Intervention
Yes	**No**	Does your child have an IEP/IFSP
Yes	**No**	Is your child in Easter Seals
Yes	**No**	Does your child receive IBHS (Intensive Behavioral Health Services) – if so, through what agency?

Yes	**No**	Is this your first child
Yes	**No**	Are there documented postpartum/depression issues
Yes	**No**	Was this a "high risk" pregnancy or any problems at birth, explain:
Yes	**No**	Was your child premature
Yes	**No**	Did your child have a low birth weight

Yes	**No**	Is the child being raised by someone other than natural parent
Yes	**No**	Was the child referred to our program, if so, by whom:
Yes	**No**	Do you receive medical assistance
Yes	**No**	Is this child currently enrolled in Early Head Start
Yes	**No**	Do you have 3 or more children under the age of 5
Yes	**No**	Do you receive WIC

Life Changes In The Past 12 Months

Yes	**No**	Homeless
Yes	**No**	Death of family member in household
Yes	**No**	Substance/Drug Abuse
Yes	**No**	Natural parent in jail or prison
Yes	**No**	Domestic violence
Yes	**No**	Child Abuse/Neglect, receiving services from CYS
Yes	**No**	Military deployment
Yes	**No**	Loss of home due to natural disaster
Yes	**No**	Major illness or accident of family member in household
Yes	**No**	Loss of steady employment
Yes	**No**	Bankruptcy

Head Start & PreK 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. Location:

If parents do not live together, is there a legal custody order in place? **Yes No** (*If yes, please provide a copy*)
How did you hear about our program?

<mark>Parent/Guardian Signature</mark> _____ Date _____

ECE Staff Signature _____ Date_____

Income Verification

Child's Name: _____   **Number in family** _____   **Number living in household** _____

Check those that apply to your family situation in 2022 or prior 12 months. **Submit proof of your checked "yes" boxes.**
Applications cannot be processed without your income verification.

		CHECK ALL THAT APPLY	TOTALS
Yes	**No**	**Foster Child Care Rate**	**daily rate** $ _____ for _____
Yes	**No**	**Food Stamps (SNAP)**	**per month** $ _____ for _____
Yes	**No**	**Supplemental Security Income (SSI)**	**per month** $ _____ for _____
Yes	**No**	**Cash Assistance (TANF)**	**per month** $ _____ for _____
If you circled **Yes** to any of the above, please submit proof of each. You **DO NOT** need to submit any other income below.			
Yes	**No**	1040 Federal Income Tax (circle one) Filed Jointly / Filed Single	Gross Amount $ _____
Yes	**No**	W-2 forms for all employment	Father's Gross Amount $ _____ Mother's Gross Amount $ _____
Yes	**No**	Social Security	per **month** or **year** $ _____ for _____
Yes	**No**	Social Security Disability (SSD)	per **month** or **year** $ _____ for _____
Yes	**No**	Child Support Received	per **month** or **year** $ _____ for _____
Yes	**No**	Wages/Paystubs	*(total for 12 month period)* $ _____ for _____
Yes	**No**	Pension	per **month** or **year** $ _____ for _____
Yes	**No**	Workman's Compensation	per **month** or **year** $ _____ for _____
Yes	**No**	Unemployment Compensation	per **month** or **year** $ _____ for _____
Yes	**No**	Veterans Benefits	per **month** or **year** $ _____ for _____
Yes	**No**	Military Benefits	per **month** or **year** $ _____ for _____
Yes	**No**	Any Grants/Scholarship for Continuing Education	$ _____ for _____
Yes	**No**	Other Sources of Income (rental property, lottery winnings, settlement, etc.)	$ _____ for _____
Yes	**No**	Do You Pay Child Support?	per **month** or **year** $ _____ for _____

Total gross income for 2022 or a 12 month period is _____

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/Guardian Signature _____ Date _____

ECE Staff Signature _____ Date _____