

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



Somerset Area School District
105 New Centerville Road
Somerset, PA 15501
Phone 814.445.6677
Fax 814.445.1821

OFFICE USE ONLY

EHS HS PRE-K

Points _____ % _____

Interview conducted:

Phone In-Person / Proof of Birth

Received _____ 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

(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? Yes / No Email: _____

Phone _____ Home/Cell -Texting Allowed? Yes / No

Household Information

List other children in household (first and last name)

Name _____ Birthdate _____ Sex: M / F (circle) natural step foster grandchild other

Name _____ Birthdate _____ Sex: M / F (circle) natural step foster grandchild other

Name _____ Birthdate _____ Sex: M / F (circle) natural step foster grandchild other

Name _____ Birthdate _____ Sex: M / F (circle) natural step foster grandchild other

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? (<i>speech, mental health, etc.</i>) 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, 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?

Parent/Guardian Signature _____ 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 for the total gross amount.** 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** _____