

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



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 _____ 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)

Sex _____ If female, Are you pregnant: No / Yes Due Date _____

Check **Highest Education Level Completed**

_____ Did not graduate HS/Last grade completed: _____ HS Diploma _____ GED _____ Some College or Training

_____ Training Certificate _____ Associate Degree _____ Bachelor's Degree _____ Master's Degree

Select Employment Status:

Occupation _____

Adult's Name First _____ Last _____ Relationship to Child _____

Birthdate _____ Marital Status _____ Race (optional) _____ Hispanic/Latino(optional)

Sex _____ If female, Are you pregnant: No / Yes Due Date _____

Check **Highest Education Level Completed**

_____ Did not graduate HS/Last grade completed: _____ HS Diploma _____ GED _____ Some College or Training

_____ Training Certificate _____ Associate Degree _____ Bachelor's Degree _____ Master's Degree

Select Employment Status:

Occupation _____

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

Contact Information

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Texting Allowed? _____ Email: _____

Secondary Phone _____ Texting Allowed? _____

Household Information

List other children in household (first and last name)

Name _____ Birthdate _____ Sex (select)

Name _____ Birthdate _____ Sex (select)

Name _____ Birthdate _____ Sex (select)

Name _____ Birthdate _____ Sex (select)

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

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Information		
		Does your child have a documented disability, a special need/concern, and/or a delay Explain:
		Is your child being seen by a specialist
		Is your child being seen by a therapist – if so, what type of therapy (<i>speech, mental health, etc.</i>) and through what agency:
		Is your child currently receiving IU-O8 services
		Is your child currently receiving Early Intervention
		Does your child have an IEP/IFSP
		Is your child in Easter Seals
		Does your child receive IBHS (Intensive Behavioral Health Services) – if so, through what agency?

		Is this your first child
		Are there documented postpartum/depression issues
		Was this a “high risk” pregnancy or any problems at birth, explain:
		Was your child premature
		Did your child have a low birth weight

		Is the child being raised by someone other than natural parent
		Was the child referred to our program, if so, by whom:
		Do you receive medical assistance
		Is this child currently enrolled in Early Head Start
		Do you have 3 or more children under the age of 5
		Do you receive WIC

Life Changes In The Past 12 Months		
		Homeless
		Death of family member in household
		Substance/Drug Abuse
		Natural parent in jail or prison
		Domestic violence
		Child Abuse/Neglect, receiving services from CYS
		Military deployment
		Loss of home due to natural disaster
		Major illness or accident of family member in household
		Loss of steady employment
		Bankruptcy

Head Start & PreK Only
<p>In what school district do you currently reside:</p> <p>If my child is enrolled: (Limited transportation offered) check those that apply</p> <p>I have no transportation</p> <p>I can transport to and from the center if needed</p> <p>I can meet the bus at a designated stop for pick up/drop off.</p> <p>He/she will also attend a day care or sitter. Location:</p>

If parents do not live together, is there a legal custody order in place? (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 2023 or prior 12 months. **Submit proof of your checked "yes" boxes.**
Applications cannot be processed without your income verification.

		CHECK ALL THAT APPLY	TOTALS
		Foster Child Care Rate	daily rate \$ _____ for _____
		Food Stamps (SNAP)	per month \$ _____ for _____
		Supplemental Security Income (SSI)	per month \$ _____ for _____
		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.

		1040 Federal Income Tax (circle one) Filed Jointly / Filed Single	Gross Amount \$ _____
		W-2 forms for all employment	Father's Gross Amount \$ _____ Mother's Gross Amount \$ _____
		Social Security	per month or year \$ _____ for _____
		Social Security Disability (SSD)	per month or year \$ _____ for _____
		Child Support Received	per month or year \$ _____ for _____
		Wages/Paystubs	(total for 12 month period) \$ _____ for _____
		Pension	per month or year \$ _____ for _____
		Workman's Compensation	per month or year \$ _____ for _____
		Unemployment Compensation	per month or year \$ _____ for _____
		Veterans Benefits	per month or year \$ _____ for _____
		Military Benefits	per month or year \$ _____ for _____
		Any Grants/Scholarship for Continuing Education	\$ _____ for _____
		Other Sources of Income (rental property, lottery winnings, settlement, etc.)	\$ _____ for _____
		Do You Pay Child Support?	per month or year \$ _____ for _____

Total gross income for 2023 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 _____