

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: M / F Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Race (optional) \_\_\_\_\_ Hispanic/Latino (optional) Y / N

(Check) 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

Check 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 (check) 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

		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

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.**  
Applications cannot be processed without your income verification.

CHECK ALL THAT APPLY		TOTALS
	<b>Foster Child Care Rate</b>	_____ <b>daily rate</b> \$ _____ for _____
	<b>Food Stamps (SNAP)</b>	_____ <b>per month</b> \$ _____ for _____
	<b>Supplemental Security Income (SSI)</b>	_____ <b>per month</b> \$ _____ for _____
	<b>Cash Assistance (TANF)</b>	_____ <b>per month</b> \$ _____ for _____
If you circled <b>Yes</b> to any of the above, please submit proof of each. You <b>DO NOT</b> 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	_____ <b>per month or year</b> \$ _____ for _____
	Social Security Disability (SSD)	_____ <b>per month or year</b> \$ _____ for _____
	Child Support Received	_____ <b>per month or year</b> \$ _____ for _____
	Wages/Paystubs	(total for 12 month period) \$ _____ for _____
	Pension	_____ <b>per month or year</b> \$ _____ for _____
	Workman's Compensation	_____ <b>per month or year</b> \$ _____ for _____
	Unemployment Compensation	_____ <b>per month or year</b> \$ _____ for _____
	Veterans Benefits	_____ <b>per month or year</b> \$ _____ for _____
	Military Benefits	_____ <b>per month or year</b> \$ _____ for _____
	Any Grants/Scholarship for Continuing Education	\$ _____ for _____
	Other Sources of Income (rental property, lottery winnings, settlement, etc.)	\$ _____ for _____
	Do You Pay Child Support?	_____ <b>per month or year</b> \$ _____ 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** \_\_\_\_\_