

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 School Year _____
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.

Applicant

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: _____ HS Diploma _____ GED _____ Some College or Training

_____ Training Certificate _____ Associate Degree _____ Bachelor's Degree _____ 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: _____ HS Diploma _____ GED _____ Some College or Training

_____ Training Certificate _____ Associate Degree _____ Bachelor's Degree _____ 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 or Cell -Texting Allowed? Y / N Email: _____

Secondary Phone _____ Home or 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

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 | Is the child that of a current Tableland Early Childhood Department staff member |
| 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 our Early Head Start home visiting program |
| Yes | No | Do you have 3 or more children under the age of 5 |
| Yes | No | Do you receive WIC |
| Yes | No | If parents do not live together, is there a legal custody order in place? (<i>a copy must be provided</i>) |

| Life Changes In The Past 12 Months | | |
|------------------------------------|----|---|
| 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) <i>check those that apply</i> | |
| <input type="checkbox"/> | I have no transportation |
| <input type="checkbox"/> | I can transport to and from the center if needed |
| <input type="checkbox"/> | I can meet the bus at a designated stop for pick up/drop off. |
| <input type="checkbox"/> | He/she will also attend a day care or sitter. Location: _____ |

★ How did you hear about our program?

Parent/Guardian Signature _____ Date _____

ECED Staff Signature _____ Date _____

Eligibility Verification

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

Check those that apply to your family situation in **2024** or prior 12 months.

Submit documentation of your checked "YES" boxes.

| CIRCLE ALL THAT APPLY | | | TOTAL AMOUNT | |
|-----------------------------|----|--|------------------------|-----------------------|
| Yes | No | Homeless <i>Individuals who lack a fixed, regular, and adequate nighttime residence.</i> | | |
| Yes | No | Foster Care | | |
| Yes | No | Food Stamps (SNAP) | \$ | |
| Yes | No | Supplemental Security Income (SSI) | \$ | |
| Yes | No | Cash Assistance (TANF) | \$ | |
| Yes | No | 1040 Federal Income Tax <i>(circle one)</i> filed jointly / filed single | \$ | |
| Yes | No | Business Income (Schedule C on 1040) | \$ | |
| Yes | No | W-2 Forms | Father/Guardian \$ | Mother/Guardian \$ |
| Yes | No | Unemployment Compensation | \$ | |
| Yes | No | Pension/Annuity | \$ | |
| Yes | No | Military Benefits <i>(excluding special pay & housing allowance)</i> | \$ | |
| Yes | No | Monetary Gift/Stipend <i>(exceeding threshold for taxable income)</i> | \$ | |
| Yes | No | Social Security / Social Security Disability / Survivor Benefits <i>(circle one)</i> | \$ | |
| Yes | No | Other Sources of Income (lottery winnings, rental property, workman's compensation, etc.) | \$ | |
| Yes | No | Child Support/Alimony | \$ | |
| Yes | No | Do You Pay Child Support? <i>(PK deduction only)</i> | \$ | |
| Office use only HS OI | | More than 30% of total gross income is spent on housing costs | Reduction Amount \$ | |

Total gross income for 2024 or a 12-month period \$ _____

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 _____

ECED Staff Signature _____ Date _____