

PHLpreK Enrollment Confirmation

The family identified in this document has a child enrolled in the PHLpreK Program. This document will confirm the possible need for wrap-around care during the PHLpreK program year for the family who meets the subsidized child care eligibility requirements.

It is very important that the boxed area is **COMPLETELY FILLED OUT** by the PHLpreK provider. The hours must be defined as either AM or PM (e.g. 7:30AM – 3:30PM)

PHLpreK Child Care Program

Program Name: _____

Program Address: _____

City: **Philadelphia**, State: **PA** Zip Code: _____ Email: _____

Contact Person: _____ Phone: (____)-_____

When will your **PHLpreK** program begin for this year: **Begin Date:** ____/____/____

When will your **PHLpreK** program end for this year: **End Date:** ____/____/____

Parent/Child Information:

Parent's Name: _____

Child's Name: _____ Child's date of birth: _____

Parent's Address: _____ City **Philadelphia** Zip Code _____

PHLpreK Program Schedule (specific to the child listed above):

Date child enrolled with PHLpreK at your location: **Child started on:** ____/____/____

Enter the Child's daily PHLpreK schedule: **From:** _____ AM / PM **To:** _____ AM / PM

This form provides verification from the PHLpreK program to the ELRC agency that this child is enrolled in the above-named PHLpreK program. I affirm that all information I have given on this form is true, correct and complete to the best of my ability, knowledge and belief.

If the above-named child is withdrawn from my PHLpreK program before our program end date, I will notify the ELRC agency in writing by email confirmation at eligibility@caringpeoplealliance.org or by phone at 215-382-4762 immediately.

X _____
Provider Signature Title/Position Date

PARENT AUTHORIZATION TO RELEASE THIS INFORMATION

The parent: _____ authorizes and request the PHLpreK program to disclose to the ELRC agency all information contained in this form to verify my child's enrollment in PHLpreK and the Child Care Works Program.

X _____
Parent Signature Please Print Name Date



EARLY LEARNING RESOURCE CENTER



OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

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Email: eligibility@caringpeoplealliance.org