



**(PLEASE KEEP THIS SHEET FOR REFERENCE)**

**Tableland Services, Inc.**  
 Community Action Partnership for Somerset County  
**Early Childhood Education Department**  
 535 East Main Street ~ Somerset, PA 15501  
 Phone 800.452.0148 / 814.445.9628 ~ FAX 814.445.8924

Early Childhood  
 Education Department  
 Tableland Services, Inc.



Dear Parent/Guardian,

Thank you for your interest in the Tableland Early Childhood Education Department (ECED) programs.

We serve pregnant women, infants, and toddlers in our **Early Head Start program**. Expectant moms and babies/toddlers receive weekly home visits and have two playdates a month.

We serve preschoolers up to kindergarten age in **Head Start** and **Pre-K Counts** classrooms throughout the county. The classrooms operate as full-days, four or five days a week. Most classrooms are located in school district buildings and we follow their school calendar. Transportation is available in some areas. Meals and snacks are provided.

**Pre-K Counts, Head Start and Early Head Start** applicants must meet income guidelines for a twelve-month period. **Head Start** and **Early Head Start** families are automatically eligible if they receive cash assistance. Foster and homeless children are automatically eligible. SSI monthly benefits must be verified and included in the family's total income for the year. We also offer services through our **Family Center** for families who are over the income guidelines. All families can qualify, as there are no income requirements or guidelines.

<b>FOR EXAMPLE</b>	<b>Early Head Start Prenatal – age 3</b>	<b>Head Start Age 3 &amp; 4</b>	<b>Pre K Counts Age 3 &amp; 4</b>	<b>Family Center Prenatal - age 5</b>
Families of 4 people	Up to \$34,060	Up to \$34,060	Up to \$78,600	No income eligibility requirements

To apply for **Pre-K Counts, Head Start or Early Head Start** ~

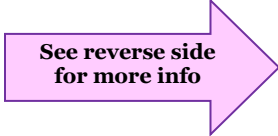
1. Please **submit this application** within 2 weeks of receiving it or as soon as possible **with a copy of your 2019 income tax form (1040) or a twelve-month gross proof of income from the date of the application**. Review the last sheet of this application to make sure you have provided all income your family receives. The application cannot be processed until the proof of income is verified.
2. **Provide proof of birth date, such as a birth certificate or doctor's record report** when completing your application. The application also cannot be processed without proof of birth date.

Completion of this application **does not** automatically enroll your child in the program. This is only the first step of the process.

After your application is received, a selection process which includes a rating scale occurs. Those applicants with the highest points are enrolled first. The remainder of those eligible are placed on a waiting list to be enrolled when an opening becomes available.

After we receive your completed application, you will be informed by phone or mail about the status. Please keep us informed if you have an address or phone number change. If you need help in completing this application or have questions, please call our office at the above phone number.

Respectfully,  
 Anne Garrison, ECED Director



Tableland Early Childhood Education Department  
Family Service Department  
535 E. Main St  
Somerset, PA 15501

**Initial Application Deadline for selection is  
May 8, 2020**

Applications are accepted year-round.

### ***Parent/Guardian's Check List***

I have enclosed:

- a copy of my total income for 2019 or the past 12 months
  - a copy of child support for 2019 if applicable
  - proof of my child's birthdate/birth certificate
  - the last 4 digits of my food stamp number if applicable
  - working emergency phone numbers on the bottom of the application
- 
- I have signed both parent/guardian areas of the application.

Admission is open to all regardless of race, color, national origin, sex, age, or disability.



Tableland ECE Department  
Enrollment Application  
535 East Main Street  
Somerset, PA 15501  
814-445-9628 or 800-452-0148  
Fax: 814-445-8924

Early Childhood  
Education Department  
Tableland Services, Inc.



OFFICE USE SCHOOL YEAR(S) \_\_\_\_\_

HS PRE-K EHS Points: \_\_\_\_\_ % \_\_\_\_\_

- Proof of birthdate
- Additional info needed
- Interview conducted: PHONE or IN-PERSON

Date Application Received \_\_\_\_\_ Date Complete \_\_\_\_\_

RECRUITER: \_\_\_\_\_

### Child Information

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_ M \_\_\_\_\_

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

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 \_\_\_\_ High School Grad or GED \_\_\_\_ Some College or Certification \_\_\_\_ College 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 \_\_\_\_ High School Grad or GED \_\_\_\_ Some College or Certification \_\_\_\_ College Degree

Circle Employment Status: Full-time Part-time Unemployed Retired Disabled Student Occupation: \_\_\_\_\_

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

### Primary Address of Family

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Home/Cell -Texting Allowed? Yes / No Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell -Texting Allowed? Yes / No

Specific Location (directions to your child's home): \_\_\_\_\_

### Household Information

List other children in household first & last name:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other information**

Does your child have a documented disability, a special need/concern, a delay, is being or has been seen by a specialist (doctor, therapist, etc.) for any reason?

Doctor/Specialist	Therapist	IU-08	Early Intervention	Easter Seals	TSS/BSC
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Was this a "high risk" pregnancy or any problems at birth? (mom or child) If yes, explain				Yes	No
Was the child premature?				Yes	No
Did the child have a low birth weight?				Yes	No
Is the child being raised by someone other than natural parent?				Yes	No
Are there documented postpartum/depression issues?				Yes	No
Is this your first child?				Yes	No
Was the child referred to our program? If yes, by whom: _____				Yes	No
Is this child currently enrolled in Early Head Start?				Yes	No
Is this a foster child?				Yes	No
Is a natural parent in jail/prison?				Yes	No
Do you have 3 or more children under age of 5				Yes	No
<b>Please circle yes to anything that applies to your family within the past year</b>					
Cash Assistance				Yes	
Food Stamps: (last 4 digits) _____				Yes	
Medical Assistance				Yes	
Receiving services from CYS				Yes	
Receiving WIC				Yes	
Substance/Drug Abuse				Yes	
IEP/IFSP				Yes	
Homeless				Yes	
SSI				Yes	
Military deployment				Yes	
Domestic violence				Yes	
Teen mother				Yes	
Loss of employment				Yes	
Bankruptcy				Yes	
Death of an immediate family member				Yes	
Major illness or accident				Yes	
<b>Head Start /Pre-K Children only</b>					
In what school district do you currently reside:					
If my child is enrolled: <b>(Limited transportation offered) check those that apply</b>					
<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. Where & When					

How did you hear about our program? \_\_\_\_\_

**If parents do not live together is there a legal custody order (signed by a judge) in place? YES NO**  
**If yes, provide a copy.**

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Early Childhood Education Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Admission is open to all regardless of race, color, national origin, sex, age, or disability.

### Income Verification

**Source of income: Check those that apply to your family situation in 2019 or prior 12 months. Submit proof of your checked "yes" boxes for the total gross amount. Applications cannot be processed without your income verification.**

Child's Name: \_\_\_\_\_ # of people in family: \_\_\_\_\_ # of people in household \_\_\_\_\_

<b>Check all that apply &amp; fill in amount</b>		<b>Totals</b>	
Yes	No	1040 Federal income tax for 2019 <small>(circle one) Filed Jointly Filed Single</small>	Total gross amount for yr. \$ _____
Yes	No	W-2 forms for all employment in 2019 <small>(if income tax form not available)</small>	Father's gross earnings \$ _____ Mother's gross earnings \$ _____
Yes	No	Supplemental Security Income (SSI)	For whom _____ \$ _____ Monthly Amt.
Yes	No	Cash Assistance	For whom _____ What months _____ \$ _____ Amount.
Yes	No	Foster child care rate	\$ _____ For whom _____ Daily rate
Yes	No	Social Security	For whom _____ \$ _____ Monthly Amt.
Yes	No	Social Security Disability (SSD)	For whom _____ \$ _____ Monthly Amt.
Yes	No	Child Support Received	For whom _____ \$ _____ Monthly Amt.
Yes	No	Wages/paystubs	Total gross amount for 12 months \$ _____
Yes	No	Pension	\$ _____ For whom _____ Monthly Amount
Yes	No	Workman's Compensation	\$ _____ Weekly/yearly amount _____ When to when
Yes	No	Unemployment Compensation	For whom _____ \$ _____ Monthly Amt.
Yes	No	Veterans Benefits	For whom _____ \$ _____ Monthly Amt.
Yes	No	Military Benefits	For whom _____ \$ _____ Monthly Amt.
Yes	No	Any Grants/Scholarship for Continuing Education <small>(amount of post high school training money for 2019)</small>	\$ _____
Yes	No	Any other source of income <small>(trust fund, settlement, rental property, winnings, interest on bank account etc.)</small>	\$ _____
Yes	No	Do you pay Child Support Proof needed	For whom _____ \$ _____ Monthly Amt.

**This total gross income for 2019 or a 12 month period is \$ \_\_\_\_\_**

This income was earned from: (month/yr) \_\_\_\_\_ to \_\_\_\_\_ (month/yr)

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's or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verifying Early Childhood Education Staff's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_