



PA PRE-K COUNTS APPLICATION

This information is confidential to the PA Pre-K Counts program.



Date form Completed: _____

Last Name (Child)		First Name (Child)		Middle Initial
Last Name (Parent)		First Name (Parent)		Middle Initial
Child's Date of Birth	Child's Social Security Number	Household (Family) size	Child's Gender	
/ /				

Primary Language		Family Type		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)		<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child living with Relative <input type="checkbox"/> Other _____ (Please specify)		
		Does your family receive funding from CCIS?		
		No	Yes	If Yes, provide Case Number

Street Address		County	
City		State PA	Zip Code
Home Telephone:	Cell Phone Number:	Email Address:	

School District Of Residence		Classroom Site Requested:	
Parent's School / Business	School/Business Address	School/Business Phone Number:	

For Clerical Purposes only: will not affect services offered:

Ethnicity: Please check one		Hispanic	Non-Hispanic	
Race information: Please check one:		Caucasian	African American	American/American
Asian/Pacific Islander	Chicano/Latino	Multi-racial	Alaskan	Other:

Household Income (required) check box:

<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$25,001 - \$30,000
<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$45,000
<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$60,000	<input type="checkbox"/> \$60,001 - \$70,000
<input type="checkbox"/> \$70,001 - \$100,000	<input type="checkbox"/> More than \$100,000	

Actual Annual Verified Gross Household (Family) Income: _____
(Attach copies of documents used to verify income prior to enrollment)

Child Eligibility Risk Factor Criterion (Must check all that apply)

Family income is at or below 300% of federal poverty level (Required Risk factor). Consider all sources of income. See end of document for income chart relative to family size. (Must be verified prior to enrollment)

Education level of guardian: does not have a high school diploma or GED or post-secondary degree.

Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.

Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services

County Assistance: Receives SNAP benefits, Medicaid, or Temporary Assistance for Needy families (TANF).

English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.

Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:

- A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- C. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Incarcerated Parent: A child for whom one of the child's parents is currently in prison.

Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.

- Migrant (non-immigrant)/Seasonal Student.** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
- Teen mother:** A child whose mother was under the age of 18 when the child was born
- Single parent/ Alternative Custody:** A child in a family in which the parents are divorced or separated and/or the child spends time with parent/guardian at more than one household.
- Returning PKC Student:** A child who was previously enrolled in the Pre-K Counts program at Meadville Children’s Center.
- Sibling of current PKC Student:** A brother or sister of a current PKC student.
- No Previous Early Childhood Education Experience:** A child who has never been enrolled in an early childhood program.

Before- and After-School Care (Wrap Care)

_____ My child will need before-school or after-school care if he/she is accepted to this program. I understand that this requires separate registration at Meadville Children’s Center.

_____ My child will not need before-school or after-school care.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. I am giving permission for the PA Pre K Counts program to provide this information to the Pennsylvania Department of Education to meet required reporting for the program.

I understand that completion of this application does not guarantee my acceptance into the Pre K Counts program. In the event that I am not chosen for the Pre K Counts program at the location I specified:(please check one)

_____ I give my permission to share my information with other Pre K Counts/Head Start programs in the vicinity of the program requested, OR

_____ I do not give my permission to share my information with other Pre K Counts/Head Start programs with in the vicinity of the program I requested.

Parent/Guardian Signature

Date

Parent/Guardian Name - Please Print

Staff Verifying Income and Risk Factors Signature

Date

Staff Verifying Income - Please Print

