

2024-25 PA Pre-K Counts Enrollment Form

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

Date Form Completed: ___ / ___ / ___
MM DD YY

| | | |
|-------------------|--------------------|----------------|
| Last Name (Child) | First Name (Child) | Middle Initial |
|-------------------|--------------------|----------------|

| | | |
|------------------------------|-------------|---------------|
| Street Address | County | |
| City | State PA | Zip Code |
| School District of Residence | | |
| Home Phone | Work Phone | Email Address |

| | | |
|-----------------------|--|---|
| Child's Date of Birth | Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------------------|--|---|

| | |
|--|--|
| Race (optional) | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Not Applicable | |
| Ethnicity (optional) | |
| <input type="checkbox"/> Hispanic | Primary Language |
| <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> English |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Spanish |
| | <input type="checkbox"/> Other _____ (please specify) |

| | |
|--|---|
| Name of Parent or Guardian completing this application | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|---|

| | |
|--|--|
| Relationship to Child | (Select) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Biological |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Adoptive |
| <input type="checkbox"/> Other _____ (please specify) | <input type="checkbox"/> Other _____ (please specify) |

| | |
|---|--|
| Role | |
| <input type="checkbox"/> Primary Guardian | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Secondary Guardian | <input type="checkbox"/> Other _____ (please specify) |

| List Household Members below for determination of family size (required): | | |
|---|-----------------------|-----|
| | Relationship to Child | Age |
| 1 | ENROLLING CHILD | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

DETERMINED FAMILY SIZE =

| Employment Status of parent/guardian | Employment Status of 2 nd parent/guardian (if applicable) |
|---|--|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Employed Full-Time |
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Part-Time |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| Household Income Sources (Must check all that apply): | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> TANF Cash payments |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Other |

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services. |
| <input type="checkbox"/> | Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Incarcerated Parent: A child for whom one of the child's parents is currently in prison. |
| <input type="checkbox"/> | 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 lack of alternate 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 places, abandoned buildings, substandard housing, bus or train stations, or similar settings. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Teen Mother: A child whose mother was under the age of 18 when the child was born. |

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

FOR OFFICE USE ONLY

Income Verification

2024 Federal Poverty Level Guidelines Based On Annual Income

| Family Size | 100% (Head Start Eligible) | 300% (Pre-K Counts Eligible) |
|------------------------|-----------------------------------|---|
| 1 | \$15,060 | \$45,180 |
| 2 | \$20,440 | \$61,320 |
| 3 | \$25,820 | \$77,460 |
| 4 | \$31,200 | \$93,600 |
| 5 | \$36,580 | \$109,740 |
| 6 | \$41,960 | \$125,880 |
| 7 | \$47,340 | \$142,020 |
| 8 | \$52,720 | \$158,160 |
| Each Additional | +\$5,380 | +\$16,140 for each additional family member |

Actual Annual Verified Gross Household (Family) Income: \$ _____

*Attach copies of documents used to verify income prior to enrollment

Family Size (per PKC guidelines): _____

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

Staff Verifying Income and Risk Factors Signature **Date**

For Head Start Eligible families (100% of FPL or below) **Check if not applicable**

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location _____
- Application and/or assistance with referral
- Brochure or website with information about Head Start

My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

Parent/Guardian Signature **Date**

Staff Signature **Date**