2024-25 PA Pre-K Counts Enrollment Form

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

Date Form Completed: _____ / _____ / _____

Last Year Form Completed: _____ / _____ / _____

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

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

Child's Date of Birth	Age ☐ 2 ☐ 3 ☐ 4 ☐ 5	Gender ☐ Male ☐ Female

Race *(optional)*

☐ Black or African American   ☐ American Indian or Alaskan Native

☐ Asian   ☐ White

☐ Native Hawaiian or Pacific Islander   ☐ Other

☐ Not Applicable

Ethnicity *(optional)*

☐ Hispanic

☐ Non-Hispanic

☐ Not Applicable

Primary Language Used

☐ English

☐ Spanish

☐ Other   _____

(please specify)

Name of Parent or Guardian completing this application	Gender ☐ Male ☐ Female

Relationship to Child	(Select)
☐ Father	☐ Biological
☐ Mother	☐ Foster
☐ Guardian	☐ Adoptive
☐ Other _____ (please specify)	☐ Other _____ (please specify)

Role

☐ Primary Guardian   ☐ Legal Guardian

☐ Secondary Guardian   ☐ Other

_____
(please specify)

List Household Members below for determination of family size *(required)*:

	Person Name- Relationship to Child	*Age of Person*
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 2nd parent/guardian (if applicable)**
☐ Employed Full-Time	☐ Employed Full-Time
☐ Employed Part-Time	☐ Employed Part-Time
☐ Unemployed	☐ Unemployed
☐ Other _____	☐ Other _____

Household Income Sources *(Must check all that apply):*

☐ Employment	☐ Self-Employment	☐ Unemployment Compensation	☐ Worker's Compensation	☐ TANF Cash payments
☐ Social Security	☐ SSI	☐ Child Support	☐ Alimony	☐ Other

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

☐	**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.
☐	**Education Level of Guardian:** Does not have high school diploma or GED or post-secondary degree.
☐	**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.
☐	**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.
☐	**Incarcerated Parent:** A child for whom one of the child's parents is currently in prison.
☐	**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.
☐	**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.

Complete the following questions below to the best of your ability.

My child is potty trained?   ☐ Yes   ☐ No   Explain:

My child needs help with?

I would like to learn more about _____ to help my child learn and grow.

I understand, if my child gets enrolled into the program, I will be required to participate in conferences, parent meetings, family nights, and classroom participation throughout the child's time in the program.
          ☐ Yes   ☐ No

I understand the importance of the Pre-K Counts program is to encourage and support my child's love for learning and prepare them for the elementary school setting?   ☐ Yes   ☐ No

I understand that the Pre-K Counts program has an attendance requirement and daily attendance Monday-Friday is important for my child to succeed?   ☐ Yes   ☐ No

Are there any challenges or difficulties that could affect your compliance with any of the above questions? Please explain as much as you wish?

And additional information pertaining to your child's enrollment into the program you would like to share?

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. **Include 1099 or W-2 for all household members that have income before submitting application. You can also email documentation to: Amanda Flory amanda@diamondstreet.org**

_____   _____
Parent/Guardian (Signature)   **Date**

_____
Parent/Guardian Name (Print Name)

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**

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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**