



## 2026-2027 PA Pre-K Counts Enrollment Form

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

Date Form Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

|                             |                            |                       |
|-----------------------------|----------------------------|-----------------------|
| <b>Student's First Name</b> | <b>Student's Last Name</b> | <b>Middle Initial</b> |
|                             |                            |                       |

|                                |                                                                                                                         |               |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Student's Date of Birth</b> | <b>Age at start of program year</b><br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <b>Gender</b> |
|                                |                                                                                                                         |               |

|                                     |                                 |                   |
|-------------------------------------|---------------------------------|-------------------|
| <b>Street Address</b>               | <b>County Family Resides In</b> |                   |
|                                     |                                 |                   |
| <b>City</b>                         | <b>State</b><br>PA              | <b>Zip Code</b>   |
|                                     |                                 |                   |
| <b>School District of Residence</b> | <b>Email Address</b>            |                   |
|                                     |                                 |                   |
| <b>Cell Phone</b>                   | <b>Home Phone</b>               | <b>Work Phone</b> |
|                                     |                                 |                   |

### **Race (optional)**

- ☐ Black or African American  
☐ Asian  
☐ Native Hawaiian or Pacific  
☐ Not Applicable

- ☐ American Indian or Alaskan  
☐ White  
☐ Other

### **Ethnicity (optional)**

- ☐ Hispanic  
☐ Non-Hispanic  
☐ Not Applicable

### **Primary Language**

- ☐ English  
☐ Spanish  
☐ Other

\_\_\_\_\_ (please specify)



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

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

**Eligibility Risk Factor Criterion** *(Please check all that apply):*

|                          |                                                                           |                                                                                                                                                                                                                               |
|--------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Child's Family or Living Structure                                        | Defined as a child with a single parent, divorced parents, or with relatives as guardians.                                                                                                                                    |
| <input type="checkbox"/> | Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP | Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. <b>(Categorically eligible for Head Start, please refer to HS program if available.)</b>                               |
| <input type="checkbox"/> | Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP)         | Defined as a child enrolled in ITCSP and eligible to transition into PA PKC.                                                                                                                                                  |
| <input type="checkbox"/> | Child Care Works Subsidy Participant                                      | Defined as a child currently or formerly a participant in the Child Care Works Subsidy program through the Early Learning Resource Center.                                                                                    |
| <input type="checkbox"/> | Child Care Works Subsidy Waiting List                                     | Family is on the waiting list to receive Child Care Works Subsidy through the Early Learning Resource Center.                                                                                                                 |
| <input type="checkbox"/> | Preschooler with an Individualized Education Program (IEP)                | Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency. |
| <input type="checkbox"/> | Education Level of Guardian                                               | Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.                                                                              |

|                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Child in or Part of Family in Child Welfare System                                                                  | Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | English Language Learner                                                                                            | Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner: 1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | Child Lives in Geographic Area of High Poverty                                                                      | Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Homeless                                                                                                            | <p>If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the <a href="#">National Center for Homeless Education</a>.</p> <ul style="list-style-type: none"> <li>• If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason?</li> <li>• Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.)</li> <li>• Is the family living in a motel, hotel, or campground?</li> <li>• Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings?</li> <li>• Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings?</li> <li>• Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing?</li> <li>• Has the child been abandoned, in a hospital, or awaiting foster care placement?</li> </ul> |
| <input type="checkbox"/> | Child Receiving Behavioral Supports                                                                                 | Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | Teen Parent                                                                                                         | Defined as a mother or father who was under the age of 18 when the child was born.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | Incarcerated Parent                                                                                                 | Defined as a child for whom one or both of the child's parents are currently incarcerated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services) | If a family concern is shared that is not covered by any of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                          |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services)               | If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving EI Services) | If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | Migratory (Non-Immigrant) Seasonal Student                                                                    | Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or 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, or work in nurseries such as Christmas and evergreen tree farming. |
| <input type="checkbox"/> | Early Head Start-Child Care Partnership participant                                                           | Defined as a child who is currently a participant or is a former participant in Early Head Start or Early Head Start-Child Care Partnership.                                                                                                                                                                                                                                                                                              |

## Family Assurances

By signing this application, I acknowledge and agree to the following:

☐ I understand that my child's eligibility for Pennsylvania Pre-K Counts (PA PKC) is subject to the program's **two-year participation limit**. My child must be at least three years old by the kindergarten cutoff date set by the school district where we live to assure compliance with receiving only two-years of PKC programming.

☐ Once my child reaches the **age required to enroll in kindergarten** in the public school district where we live, I understand they will no longer be eligible for PA PKC funding.

☐ I understand that my child's **enrollment is contingent** upon meeting the eligibility criteria, including income verification and prioritization based on risk factors.

☐ I understand that the PA Pre-K Counts (PKC) program is an educational program with **attendance requirements**. I agree to ensure my child's regular attendance and to notify the program in case of absences. My program's PA Pre-K Counts typical hours of operation are: Monday-Friday 8:15am-2:45pm.

☐ I understand that the PKC portion of the day will be secular (non-religious) in nature and will not include religious instruction during the PKC portion of the day. My program's PA Pre-K Counts typical hours of operation are: Monday-Friday 8:15am-2:45pm.

☐ I understand that once an enrollment start date is confirmed, the child's PA Pre-K Counts enrollment status may be shared with other OCDEL-funded programs, such as the Early Learning Resource Center (ELRC) or Early Intervention, to ensure proper coordination of funding and services.

**To the best of my knowledge, the information provided in this application is accurate. I understand that I may be asked to verify or give proof of information provided.**

**I certify that all information provided is accurate. I understand that eligibility is subject to verification and providing false information may result in disqualification.**

---

**Parent/Guardian** (Signature)

---

**Date**

---

**Parent/Guardian Name** (Print Name)

---

**Do you have questions or concerns? Please call us at 724.222.6180**

**Send application and proof of income to:**

- By email to: [office@ridethedragonbus.com](mailto:office@ridethedragonbus.com)
- Or via fax to: **724.222.4793**
- Or in person or by mail to:

**Once Upon A Time Early Learning Center  
925 Henderson Avenue  
Washington, PA 15301**