



2021 PA Pre-K Counts Enrollment Form

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

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

Student's First Name	Student's Last Name	Middle Initial

Student's Date of Birth	Current Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender
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Street Address (PO Box)	County Family Resides In	
City	State PA	Zip Code
School District of Residence	Email Address	
Cell Phone	Home Phone	Work Phone

Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<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)

Last Name (Legal Guardian completing this application)	First Name (Legal Guardian)	Gender
Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other : _____ <p style="text-align: center;">(please specify)</p>	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other : _____ <p style="text-align: center;">(please specify)</p>	
Role <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Other _____ <p style="text-align: right;">(please specify)</p>		

List Household Members below for determination of family size (required):		
	<i>Relationship to Child</i>	<i>Age</i>
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									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> _____	

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

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	

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

<input type="checkbox"/>	<p>Homeless: A student who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>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;</p> <p>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;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
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<input type="checkbox"/>	Single Parent/Guardian Households: Single-parent families are families with children under age 18 headed by a parent or guardian who is widowed or divorced and not remarried, or by a parent who has never married.
<input type="checkbox"/>	Incarcerated Parent: A student for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	Teen Mother: A student whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	Child Protective Services: A student who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Behavioral Supports: A student 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 student who is receiving mental health treatment.
<input type="checkbox"/>	Individualized Education Plan (IEP): A student 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 family or Early Intervention provider.
<input type="checkbox"/>	English Language Learner: A student whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<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"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.

<input type="checkbox"/>	Early Head Start-Child Care Partnership participant: Student is currently a participant or is a former participant in Early Head Start or Early Head Start-Child Care Partnership.
<input type="checkbox"/>	Infant/Toddler Contracted Slots (ITCS) participant: Student is currently a participant or is a former participant in the Infant/Toddler Contracted Slots program.

I have attached to this application proof of the household income consisting of **one** of the following:

- Paystubs for four consecutive weeks' work (2 paystubs if paid bi-weekly/bi-monthly)
- Last year's tax return
- Last year's W2
- A zero income declaration

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Staff Verifying Income and Risk Factors
(Signature)

Date

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

Or via fax to: 724.222.4793

Or in person or by mail to:

Once Upon A Time Early Learning Center

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