



## 2024-2025 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>Current Age</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Gender</b>
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<b>Street Address</b>	<b>County Family Resides In</b>	
<b>City</b>	<b>State</b> 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>

<b>Race (optional)</b>	
<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	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____
	(please specify)

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

<b>List Household Members below for determination of family size (required):</b>		
	<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.

<b>Determined Family Size</b> <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"/> ____
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<p><b>Employment Status of parent/guardian</b></p> <p><input type="checkbox"/> Employed Full-Time</p> <p><input type="checkbox"/> Employed Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Employment Status of 2<sup>nd</sup> parent/guardian (if applicable)</b></p> <p><input type="checkbox"/> Employed Full-Time</p> <p><input type="checkbox"/> Employed Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>
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<p><b>Household Income Sources</b> <i>(Must check all that apply):</i></p>					
<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment	<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	

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

<input type="checkbox"/>	<p><b>Homeless:</b> 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>
<input type="checkbox"/>	<p><b>Single Parent/Guardian Households:</b> 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.</p>
<input type="checkbox"/>	<p><b>Incarcerated Parent:</b> A student for whom one of the child's parents is currently in prison.</p>
<input type="checkbox"/>	<p><b>Teen Mother:</b> A student whose mother was under the age of 18 when the child was born.</p>
<input type="checkbox"/>	<p><b>Child Protective Services:</b> A student who is a foster child, a kinship care child or receiving Children and Youth services.</p>

<input type="checkbox"/>	<p><b>Behavioral Supports:</b> 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. Additional verification beyond the interview is required.</p>
<input type="checkbox"/>	<p><b>Individualized Education Plan (IEP):</b> 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.</p>
<input type="checkbox"/>	<p><b>English Language Learner:</b> A student whose first language is not English and who is in the process of learning English is considered an English Language Learner.</p>
<input type="checkbox"/>	<p><b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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.</p>
<input type="checkbox"/>	<p><b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.</p>
<input type="checkbox"/>	<p><b>Early Head Start-Child Care Partnership participant:</b> Student is currently a participant or is a former participant in Early Head Start or Early Head Start-Child Care Partnership.</p>
<input type="checkbox"/>	<p><b>Infant/Toddler Contracted Slots (ITCS) participant:</b> Student is currently a participant or is a former participant in the Infant/Toddler Contracted Slots program.</p>
<input type="checkbox"/>	<p><b>Child Care Works subsidy participant:</b> Family is currently or formerly a participant receiving Child Care Works subsidy.</p>
<input type="checkbox"/>	<p><b>Child Care Works subsidy wait list:</b> Family is currently on the waiting list to receive Child Care Works subsidy.</p>

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.**

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**Parent/Guardian** (Signature)

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**Date**

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

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**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**

# This page will be completed by center staff.

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

**Annual Verified Gross Household (Family) Income:**

\$ \_\_\_\_\_

Family Size (per PKC guidelines) \_\_\_\_\_

Student is a resident of Pennsylvania

Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

## 2024 Federal Poverty Level Guidelines

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
<b>Each Additional</b>	<b>+\$5,380</b>	<b>+\$16,140</b>

Student meets the age-eligibility guidelines (turns 3 or 4 before the Kindergarten cut off-age of the school district they reside in)

Kindergarten cut off dates:

- \_\_\_ Trinity School District - Sep 1<sup>st</sup>      \_\_\_ Washington School District – June 1<sup>st</sup>  
\_\_\_ McGuffey School District – Sep 1<sup>st</sup>    \_\_\_ Chartiers-Houston School District - Sep 1<sup>st</sup>  
\_\_\_ other district (please specify) \_\_\_\_\_

\_\_\_\_\_  
**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: Blueprints, 1-877-814-0788 x 400

Application and/or assistance with referral: <https://www.childplus.net/apply/en-us/D89A2037AB326DDBFA442C3286149BE6/6DF7CC49EB91AE76C0330B8AB035FFAD>

Brochure or website with information about Head Start: <https://myblueprints.org/services/mind/head-start-early-head-start-pre-k-counts/>

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**

Document last revised 2/9/2024