



2022 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 : _____ (please specify)		(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <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):		
	<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"/>	<p>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.</p>
<input type="checkbox"/>	<p>Incarcerated Parent: A student for whom one of the child's parents is currently in prison.</p>
<input type="checkbox"/>	<p>Teen Mother: A student whose mother was under the age of 18 when the child was born.</p>
<input type="checkbox"/>	<p>Child Protective Services: A student who is a foster child, a kinship care child or receiving Children and Youth services.</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.</p>

<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.
<input type="checkbox"/>	Child Care Works subsidy participant: Family is currently or formerly a participant receiving Child Care Works subsidy.
<input type="checkbox"/>	Child Care Works subsidy wait list: Family is currently on the waiting list to receive Child Care Works subsidy.

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

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).

2022 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$13,590	\$40,770
2	\$18,310	\$54,930
3	\$23,030	\$69,090
4	\$27,750	\$83,250
5	\$32,470	\$97,410
6	\$37,190	\$111,570
7	\$41,910	\$125,730
8	\$46,630	\$139,890
Each Additional	+\$4,720	+\$14,160

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 1st
- ___ Washington School District – June 1st
- ___ McGuffey School District – Sep 1st
- ___ Chartiers-Houston School District - Sep 1st
- ___ Avella School District – Aug 31st
- ___ Fort Cherry School District - Sep 1st
- ___ other district (please specify) _____

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 3/10/2022