# 2024-2025 PA Pre-K Counts Enrollment Form

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

Date	Form Completed:	/		/									
	ММ		D	Y	Υ								
Las	t Name (Child)			Fir	rst Na	me (	Child	)				Mi	ddle Initial
Stre	eet Address					С	ounty	/					
City	,						tate			Zip	Code		
0-1-	and District of Desidence					P	A						
Scn	ool District of Residence												
Hon	ne Phone	Work	Pho	ne					Email	Addre	ess		
Chil	d's Date of Birth	Aç	je					•		Ger	nder		
			2		3		4		5		Male		Female
Rac	e (optional)	•											
	Black or African American						Am	eric	an Indi	an or	Alaskan Na	ative	
	Asian						Wh	ite					
	Native Hawaiian or Pacific Isla	nder					Oth	er					
	Not Applicable												
Ethi	nicity (optional)					Pri			guage	!			
	Hispanic							glish					
	Non-Hispanic						Spa	anis	h				
	Not Applicable						Oth	er					
										(p	lease spec	cify)	
Nan	ne of Parent or Guardian com	pletin	g this	app	licatio	on				Ger	nder		
											Male		Female
Rela	ationship to Child					(Se	lect)						
	Father						Bio	logi	cal				
	Mother						Fos	ster					
	Guardian						Ad	optiv	ve				
	Other						Oth	ner		_			
	(please specif	<b>y</b> )								(p	olease spec	cify)	

Role	•						
	Primary Guardian			Legal	l Guardian		
	Secondary Guardian			Other	r		
						(please spec	cify)
List I	Household Members below for dete	ermination o	f family s	size (re	equired):		
	Relationship to Child					Age	е
1	ENROLLING CHILD						
2							
3							
4							
5							
6							
7							
8							
Note: Pre-k	PKC Statute, Regulations, and Guidan Parent of the child (biological or a A biological, adoptive, unrelated of age and not emancipated. A child who is 18 years of age or educational development program and who is wholly or partially depocaretaker. Others supported by the income of program. If counted toward familiary counted for eligibility purposes: A family size value of one (1) with an Counts.  ERMINED FAMILY SIZE =	adoptive moth or foster child older but und m, or a post-s endent on the of the parent( hily size, any s.	ner or fath I or stepch der 22 yea econdary e income (s) or gual applicab	ner, ste hild of the ars of a progra of the rdian(s	pmother or the parent of age who is e am leading parent or ca s) of the chil ome of the	stepfather, ca or caretaker w enrolled in high to a degree, d aretaker or sp ld enrolling or se persons m	aretaker or spouse) who is under 18 years who is under 18 years who school, a general diploma or certificate couse of the parent or a participating in the must also be
			Employ	ment	Status of 2	2 <sup>nd</sup> parent/gua	ardian /if
Emp	loyment Status of parent/guardian		applica		Olulus Ol 2	parentigue	araian (ii
	Employed Full-Time		☐ En	nploye	d Full-Time		
	Employed Part-Time		☐ En	nploye	d Part-Time	;	
	Unemployed		☐ Un	emplo	yed		
	Other	_	☐ Oti	her			
Hous	sehold Income Sources (Must check	k all that appl	y):				
□ Ei	mployment		nemploym ompensat			orker's mpensation	☐ TANF Cash payments
□ S	ocial Security	□ Ch	nild Suppo	ort	□ Alir	mony	☐ Other

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

	<b>Behavioral Supports:</b> 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.
	<b>Child Protective Services:</b> 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.
	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
	<b>Individualized Education Plan (IEP):</b> 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.
	<ul> <li>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: <ul> <li>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;</li> <li>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;</li> <li>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</li> </ul> </li> </ul>
	<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.
	Teen Mother: A child whose mother was under the age of 18 when the child was born.
	e best of my knowledge, the information provided in this application and the associated income documentation ate. I understand that I may be asked to verify or substantiate information provided.
Pare	nt/Guardian (Signature) Date
	nt/Guardian Name (Print Name)

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### FOR OFFICE USE ONLY

#### **Income Verification**

Staff Signature

#### 2021 Federal Poverty Level Guidelines

	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$12,880	\$38,640
2	\$17,420	\$52,260
3	\$21,960	\$65,880
4	\$26,500	\$79,500
5	\$31,040	\$93,120
6	\$35,580	\$106,740
7	\$40,120	\$120,360
8	\$44,660	\$133,980
Each Additional	+\$4,540	+\$13,620
- I	·	ve to family size (required risk factor). Consider
Family income is at or	below 300% of federal poverty level relative Must be verified prior to enrollment.	ve to family size (required risk factor). Consider
Family income is at or all sources of income.  Staff Verifying Income and	below 300% of federal poverty level relative Must be verified prior to enrollment.	Date
Family income is at or all sources of income.  Staff Verifying Income and  For Head Start Eligible	below 300% of federal poverty level relative Must be verified prior to enrollment.  Risk Factors Signature	Date  □ Check if not applicable
Family income is at or all sources of income.  Staff Verifying Income and  For Head Start Eligible  I have been informed of my  Contact information for the Application and/or assist	below 300% of federal poverty level relative Must be verified prior to enrollment.  I Risk Factors Signature  families (100% of FPL or below)  child's eligibility for Head Start and given the following Head Start location	Date  ☐ Check if not applicable the following:
Family income is at or all sources of income.  Staff Verifying Income and  For Head Start Eligible  I have been informed of my  Contact information for the Application and/or assist  Brochure or website with	below 300% of federal poverty level relative Must be verified prior to enrollment.  It Risk Factors Signature  families (100% of FPL or below)  child's eligibility for Head Start and given to the following Head Start location	Date  ☐ Check if not applicable the following:

Date