**2019 PA Pre-K Counts Enrollment Form**

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

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| --- | --- | --- | --- | --- | --- |
| **Date Form Completed:** |  | / |  | / |  |
|  | **MM** |  | **DD** |  | **YY** |

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| --- | --- | --- |
| **Last Name (Child)** | **First Name (Child)** | **Middle Initial** |
|  |  |  |

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| --- | --- | --- | --- | --- |
| **Street Address** | | **County** | | |
|  | |  | | |
| **City** | | **State** | | **Zip Code** |
|  | | PA | |  |
| **School District of Residence** | | | | |
|  | | | | |
| **Home Phone** | **Work Phone** | | **Email Address** | |
|  |  | |  | |

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| **Child’s Date of Birth** | **Age** | | | | | | | | **Gender** | | | |
|  |  | 2 |  | 3 |  | 4 |  | 5 |  | Male |  | Female |

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| --- | --- | --- | --- | --- | --- |
| **Race *(optional)*** | | | | | |
|  | Black or African American |  | American Indian or Alaskan | | |
|  | Asian |  | White | | |
|  | Native Hawaiian or Pacific |  | Other | | |
|  | Not Applicable | | | | |
|  | | | | | |
| **Ethnicity *(optional)*** | | **Primary Language** | | | |
|  | Hispanic |  | English | | |
|  | Non-Hispanic |  | Spanish | | |
|  | Not Applicable |  | Other |  |  |
|  | |  | | (please specify) | |

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| **Last Name (Legal Guardian)** | **First Name (Legal Guardian)** | **Gender** | | | |
|  |  |  | Male |  | Female |

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| **Relationship to Child** | | | | **(Select)** | | | |
|  | Father | | |  | Biological | | |
|  | Mother | | |  | Foster | | |
|  | Guardian | | |  | Adoptive | | |
|  | Other |  |  |  | Other |  |  |
|  | | (please specify) | |  | | (please specify) | |

|  |  |  |  |  |  |
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| **Role** | | | | | |
|  | Primary Guardian |  | Legal Guardian | | |
|  | Secondary Guardian |  | Other |  |  |
|  | | | | (please specify) | |

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| **Household/Family Size** *(required)* check box: | | | | | | |
|  | 1 |  | 4 |  | 7 | |
|  | 2 |  | 5 |  | 8 | |
|  | 3 |  | 6 |  |  |  |
|  | | | | | | |

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| **Household Income** *(required)* check box: | | | | | |
|  | Less Than $5,000 |  | $5,001-$10,000 |  | $10,001-$15,000 |
|  | $15,001-$20,000 |  | $20,001-$25,000 |  | $25,001-$30,000 |
|  | $30,001-$35,000 |  | $35,001-$40,000 |  | $40,001-$45,000 |
|  | $45,001-$50,000 |  | $50,001-$60,000 |  | $60,001-$70,000 |
|  | $70,001-$100,000 |  | More Than $100,000 | | |
|  | | | | | |

**2019 Federal Poverty Level Guidelines**

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| --- | --- | --- | --- |
| **300%** | | | |
| **Family Size** | **Annual** | **Monthly** | **Weekly** |
| **1** | $37,470 | $3,123 | $721 |
| **2** | $50,730 | $4,228 | $976 |
| **3** | $63,990 | $5,333 | $1,231 |
| **4** | $77,250 | $6,438 | $1,486 |
| **5** | $90,510 | $7,543 | $1,741 |
| **6** | $103,770 | $8,648 | $1,996 |
| **7** | $117,030 | $9,753 | $2,251 |
| **8** | $130,290 | $10,858 | $2,506 |
| **Each Additional** | **$13,260** | **$1,105** | **$255** |

|  |  |  |
| --- | --- | --- |
| **Actual Annual Verified Gross Household (Family) Income:** | $ |  |
| \*Attach copies of documents used to verify income prior to enrollment | | |

|  |  |
| --- | --- |
|  | 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). |

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| Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible **(100% of FPL or below)** has been informed of their eligibility for Head Start. | | | | |
|  |  |  |  | |
| **Parent Signature** | | **Date** | | |
|  |  |  | or |  |
| **Staff Signature** | | **Date** | Check if not applicable |

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

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|  | **Behavioral Supports:** 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. |
|  | **Child Protective Services:** 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. |
|  | **English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner. |
|  | **Individualized Education Plan (IEP):** 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. |
|  | **Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:   1. 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; 2. 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; 3. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings. |
|  | **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. |
|  | **Teen Mother:** A child whose mother was under the age of 18 when the child was born. |

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) | **Date** |
|  |  |
| **Parent/Guardian Name** (Print Name) |
|  |  |
| **Staff Verifying Income and Risk Factors** (Signature) | **Date** |

Updated June 19, 2019