

# 2017 PA Pre-K Counts Enrollment Form

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

Date Form Completed: \_\_\_\_\_

<b>Last Name (Child)</b>	<b>First Name (Child)</b>	<b>Middle Initial</b>
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<b>Street Address</b>	<b>County</b>	
<b>City</b>	<b>State</b> PA	<b>Zip Code</b>
<b>School District of Residence</b>		
<b>Home Phone</b>	<b>Work Phone</b>	<b>Email Address</b>

<b>Child's Date of Birth</b>	<b>Age</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<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)</b>	<b>First Name (Legal Guardian)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b>	<b>(Select)</b>
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

**Household (Family) Size**

1       2       3       4       5       6       7       8       \_\_\_\_\_

**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

**2017 Federal Poverty Level Guidelines**

300%			
Family Size	Annual	Monthly	Weekly
1	\$36,180	\$3,015	\$696
2	\$48,720	\$4,060	\$937
3	\$61,260	\$5,105	\$1,178
4	\$73,800	\$6,150	\$1,419
5	\$86,340	\$7,195	\$1,660
6	\$98,880	\$8,240	\$1,901
7	\$111,420	\$9,285	\$2,142
8	\$123,960	\$10,330	\$2,383
<b>Each Add'l</b>	<b>\$12,540</b>	<b>\$1,045</b>	<b>\$241</b>

**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).

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

<input type="checkbox"/>	<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.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<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.
<input type="checkbox"/>	<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.
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.

<input type="checkbox"/>	<p><b>Homeless:</b> A child 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>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>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.</p>

**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**

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors (Print Name)**