2025-26 PA Pre-K Counts Enrollment Form

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

| Jate | Form Completed:MM | / <u>DD</u> / | YY | | | | | | |
|------|--|---------------|--------------|----------|-------------------------|----------|-----------------|-------------------|------------------------|
| Leg | al Last Name (Child) | | Legal Fir | st Na | ame (C | hild) | | | Middle Initial |
| Stre | et Address | | | Co | ounty | | | | |
| City | , | | | St PA | ate | | Zip Code | | |
| Sch | ool District of Residence | | | | | | | | |
| Hon | ne Phone | Work Phor | ne | | | Email A | Address | | |
| Chil | d's Date of Birth | Age at s | tart of prog | ram | year | | Ger | nder | |
| | | | 3 🗆 4 | □ 5 | | | ☐ Male | | Female |
| | e (optional) | | | | | | | | |
| | Black or African American Asian Native Hawaiian or Pacific Isl Not Applicable | ander | | | Amer White Other | : | an or Alaskan N | Native | |
| Eth | nicity <i>(optional)</i> | | | Prin | nary La | inguage | | | |
| | Hispanic | | | | Englis | sh | | | |
| | Non-Hispanic | | | | Span | | | | |
| | Not Applicable | | | | Other | • | (please spe | ecify) | |
| | | | | | | | (piodoo opt | | |
| Nan | ne of Parent or Guardian com | pleting this | application | n | | | ☐ Ma | Gen eale [| der □ Female |
| | | | | | | | | | |
| Rela | ationship to Child Father | | | (Sel | l ect) Biolog | nical | | | |
| | Mother | | | | Foste | | | | |
| | Guardian | | | | Adop | | | | |
| | Other | | | | Other | | | | |
| | (please speci | fy) | | | | | (please sp | ecify) | _ |
| | | | | | | | | | |
| Role | | | | _ | | | | | |
| | Primary Guardian | | | | Legal Other | Guardiai | n | | |
| | Secondary Guardian | | | | Other | | (please spe | ecify) | |

| List | List Household Members below for determination of family size (required): | | | | | | | |
|---------------|---|----------------------------|---|--|--|--|--|--|
| | Relationship to Child | | Age | | | | | |
| 1 | ENROLLING CHILD | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| Note Pre-k | 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. | | | | | | | |
| Emn | loyment Status of parent/guardian | Employment | t Status of 2 nd parent/guardian (if applicable) | | | | | |
| Emp | loyment Status of parent/guardian Employed Full-Time | | ed Full-Time | | | | | |
| | Employed Part-Time | , , | ed Part-Time | | | | | |
| | Unemployed | ☐ Unempl | ☐ Unemployed | | | | | |
| | Other | ☐ Other _ | | | | | | |
| | | | | | | | | |
| Hous | sehold Income Sources (Must check all that a | apply): | | | | | | |
| | <u>_</u> · | ☐ Unemployment | ☐ Worker's ☐ TANF Cash | | | | | |
| □ Se | ocial Security | Compensation Child Support | Compensation payments ☐ Alimony ☐ Other | | | | | |

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

| Risk Factor | Definition |
|---|---|
| Preschooler with an Individualized Education Program (IEP)- | Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency. |
| Migratory (Non- Immigrant) Seasonal Student | Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or fisher within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work, including agrirelated businesses such as meat or vegetable processing, or work in nurseries such as Christmas and evergreen tree farming. |
| English Language Learner | Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner: 1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school). |
| Homeless | If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the National Center for Homeless Education. If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason? Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.) Is the family living in a motel, hotel, or campground? Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings? Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings? Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing? |
| Child in or Part of Family in Child Welfare System | Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services. |
| Child's Family or Living Structure | Defined as a child with a single parent, divorced parents, or with relatives as guardians. |
| Child Receiving Behavioral Supports | Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required. |
| Teen Parent | Defined as a mother or father who was under the age of 18 when the child was born. |
| Incarcerated Parent | Defined as a child for whom one or both of the child's parents are currently incarcerated. |
| Education Level of Guardian | Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree. |

| Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP | This risk factor was added in 2024. Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. (Categorically eligible for Head Start, please refer to HS program if available.) |
|---|--|
| Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP) | Defined as a child enrolled in ITCSP and eligible to transition into PA PKC. |
| Child Lives in Geographic Area of High Poverty | Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors. |
| Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving El Services) | If a family concern is shared that is not covered by any of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI. |
| Concerns Regarding Child's Speech or Language Development (Currently Not Receiving El Services) | If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI. |
| Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving El Services) | If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI. |

| Parent/Legal Guardian Name (Print Name) Family and Program Administrator to Comple For Head Start Eligible families (100% of FPL or below) I have been informed of my child's eligibility for Head Start and giv Contact information for the following Head Start location Application and/or assistance with referral Brochure or website with information about Head Start I understand that my signature below indicates that I have to Start, and that I may choose to enroll in either the Pre-K Coboth. | Check if not applicable ren the following: been informed about my options for Head |
|--|---|
| Family and Program Administrator to Comple For Head Start Eligible families (100% of FPL or below) I have been informed of my child's eligibility for Head Start and giv Contact information for the following Head Start location | ☐ Check if not applicable |
| Family and Program Administrator to Completor Head Start Eligible families (100% of FPL or below) | ☐ Check if not applicable |
| Family and Program Administrator to Comple | - |
| | ete This Portion Together |
| Parent/Legal Guardian Name (Print Name) | |
| | |
| Parent/Legal Guardian (Signature) | Date |
| I certify that all information provided is accurate. I understand that eligibininformation may result in disqualification. | ility is subject to verification and providing false |
| Parent/Guardian Certification To the best of my knowledge, the information provided in this applicatio accurate. I understand that I may be asked to verify or give proof of information provided in this application accurate. | mation provided. |
| Intervention, to ensure proper coordination of funding and services. | |
| ☐ I understand that once an enrollment start date is confirmed, the child' shared with other OCDEL-funded programs, such as the Early Learni | |
| ☐ I understand that the PKC portion of the day will be secular (non-religion instruction during the PKC portion of the day. My program's PA Pre-K | |
| ☐ I understand that the PA Pre-K Counts (PKC) program is an education agree to ensure my child's regular attendance and to notify the program Pre-K Counts hours of operation are: | |
| ☐ I understand that my child's enrollment is contingent upon meeting the verification and prioritization based on risk factors. | eligibility criteria, including income |
| | e public school district where we live, I |
| ☐ Once my child reaches the age required to enroll in kindergarten in the understand they will no longer be eligible for PA PKC funding. | |
| | dergarten cutoff date set by the school |

By signing below, I acknowledge and agree to the following:

FOR OFFICE USE ONLY

Income Verification

2025 Federal Poverty Level Guidelines Based On Annual Income

| Family Size | 100% (Head Start Eligible) | 300% (Pre-K Counts Eligible) | |
|-----------------|--|---|--|
| 1 | \$15,650 | \$46,950 | |
| 2 | \$21,150 | \$63,450 | |
| 3 | \$26,650 | \$79,950 | |
| 4 | \$32,150 | \$96,450 | |
| 5 | \$37,650 | \$112,950 | |
| 6 | \$43,150 | \$129,450 | |
| 7 | \$48,650 | \$145,950 | |
| 8 | \$54,150 | \$162,450 | |
| Each Additional | +\$5,500 for each additional family member | +\$16,500 for each additional family member | |

Pay Frequency Calculation Guide:

| Weekly | Multiply gross weekly income by 52 | |
|--------------|------------------------------------|--|
| Bi-Weekly | Multiply gross income by 26 | |
| Semi-Monthly | Multiply gross income by 24 | |
| Monthly | Multiply gross income by 12 | |

INCOME CALCULATION GRID

| Name | Income Source | Pay Frequency | Gross Amount | Annualized Amount | |
|------|---------------|-------------------------|--------------|-------------------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| | | Total Annual Income: \$ | | | |

| | | Total Annua | l Income: | \$ |
|------|---|---------------------|------------------|------------------------------|
| Act | ual Annual Verified Gross Household (I | Family) Income: | \$ | |
| *Att | ach copies of documents used to verify income | prior to enrollment | | |
| Far | nily Size (per PKC guidelines): | | | |
| | Family income is at or below 300% of federal all sources of income. Must be verified prior to | | family size (red | uired risk factor). Consider |
| Staf | ff Verifying Income and Risk Factors Signati | ure | Dat | e |

Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)

This section helps process the PA PKC Verification Form, which documents a child's enrollment in the PA PKC Program and is submitted to the ELRC. Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

| Is this child currently receiving CCW subsidy (at any program)? | □ Yes | □ No |
|--|-------|------|
| Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)? Referral for ELRC # | □ Yes | □ No |
| Contact email or Phone number shared with family | | |
| Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back? Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information. | □ Yes | □ No |
| Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information | | |