



Please Choose a Program Location

_____ Pinky Toes Childcare & Development Center

_____ Crayon Clubhouse

2020 PA Pre-K Counts Enrollment Form

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

Date Form Completed **MM** **DD** **YY**

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

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)		Primary Language	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> English	_____
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Not Applicable			(please specify)
Ethnicity (optional)			
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Non-Hispanic			
<input type="checkbox"/> Not Applicable			

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child	(Select)
<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 _____	<input type="checkbox"/> Other _____
(please specify)	(please specify)

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

Household/Family Size (required) check box:		
<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> _____

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	

2020 Federal Poverty Level Guidelines

300%			
Family Size	Annual	Monthly	Weekly
1	\$38,280	\$3,190	\$736
2	\$51,720	\$4,310	\$995
3	\$65,160	\$5,530	\$1,253
4	\$78,600	\$6,550	\$1,512
5	\$92,040	\$7,670	\$1,770
6	\$105,480	\$8,790	\$2,028
7	\$118,920	\$9,910	\$2,287
8	\$132,360	\$11,030	\$2,545
Each Additional	\$13,440	\$1,120	\$258

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).

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

Staff Signature

Date

or



Check if not applicable

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

<input type="checkbox"/>	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.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: 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; 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; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Staff Verifying Income and Risk Factors (Signature)

Date

Updated January 24, 2020



**Pinky Toes Childcare & Development Center
Crayon Clubhouse**

Application Checklist

Please submit copies of the following items with your completed application:

3-page application

2019 Federal Tax Return; 2019 W2; or 4 Consecutive Paystubs

Child Birth Certificate

Parent/Guardian Photo ID

Utility Bill

Child Health Report including certification of vision and hearing screening

Current Vaccination Record

Child Oral Health Report

Parent Acknowledgements (please initial)

1. Once a completed application packet is received, I understand enrollment is based on child need, NOT date of application. _____
2. Parents/Guardians must attend conferences. _____
3. Attendance is essential and will be monitored as per the Attendance policy. Children must attend regularly, apart from illness. _____

Parent/Guardian Name (Print)	
Parent/Guardian Signature	Date



Pre-K Counts Enrollment Prioritization

STUDENT NAME	DATE OF BIRTH
ENROLLING PARENT/GUARDIAN	DATE OF APPLICATION

AGE ELIGIBLE?	YES	NO
INCOME ELIGIBLE?	YES	NO

HEAD START ELIGIBLE?	YES	NO	REFERRED TO HS	PARENT SIGN	PKC CHOICE
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PRIORITY POINTS

CHECK IF APPLICABLE	RISK FACTORS	POINTS APPLIED
	BEHAVIORAL SUPPORT	
	CHILD PROTECTIVE SERVICES	
	PARENT EDUCATION LEVEL	
	ENGLISH LANGUAGE LEARNERS	
	CURRENT ACTIVE IEP	
	INCARCERATED PARENT	
	HOMELESS	
	MIGRANT (NON-IMMIGRANT) STUDENT	
	TEEN MOTHER	
	TOTAL POINTS	
	ADDITIONAL FACTORS	
	1 YEAR OUT FROM KINDERGARTEN	
	SIBLING ENROLLED STUDENT OF A CURRENTLY	
	TOTAL POINTS	
	OVERALL TOTAL POINTS	

SLOT OFFERED	YES	NO	ACCEPTED	YES	NO
ATTENDED OPEN HOUSE					
RETURNED DOCUMENTS					
ATTENDED WELCOM EVENT					

STAFF SIGNATURE	DATE
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