

2018 PA Pre-K Counts Enrollment Form

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

School: _____ Date: _____ Pelican ID: _____

Last Name (Child) <i>(Apellido)</i>	First Name (Child) <i>(Primer Nombre)</i>	Middle Initial <i>(Inicial)</i>
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Street Address <i>(Dirección)</i>	County Allegheny	
City Duquesne	State PA	Zip Code 15110
School District of Residence Duquesne City School District		
Home Phone <i>(Teléfono de casa)</i>	Work Phone <i>(Teléfono del trabajo)</i>	Email Address <i>(dirección de correo electrónico)</i>

Child's Date of Birth <i>(Fecha de Nacimiento)</i>	Age <i>(Edad)</i> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <i>(Genero)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race <i>(optional)</i> (Raza) <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	
Ethnicity <i>(optional)</i> (Etnia) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	Primary Language <i>(Primer Idioma)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)

Last Name (Legal Guardian) <i>(Apellido Guardian)</i>	First Name (Legal Guardian) <i>(Primer Nombre Guardian)</i>	Gender <i>(Genero)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child <i>(Relacion con el niño)</i> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	(Select) <i>(Seleccionar)</i> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
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Role <i>(Relacion con el niño)</i> <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Other _____ (please specify)
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Household (Family) Size (Tamaño de la familia)

- 1
 2
 3
 4
 5
 6
 7
 8

Household Income (required) check box: (Ingreso de los hogares)

- | | | |
|---|--|--|
| <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 | |

2018 Federal Poverty Level Guidelines (2018 Directrices Federales de Nivel de Pobreza)

300%			
Family Size	Annual	Monthly	Weekly
1	\$36,420	\$3,035	\$700
2	\$49,380	\$4,115	\$950
3	\$62,340	\$5,195	\$1,199
4	\$75,300	\$6,275	\$1,448
5	\$88,260	\$7,355	\$1,697
6	\$101,220	\$8,435	\$1,947
7	\$114,180	\$9,515	\$2,196
8	\$127,140	\$10,595	\$2,445
Each Add'l	\$12,950	\$1,080	\$249

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

Is your child currently enrolled in an early childhood program: Y N Where: _____

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)

Please list another way to contact you. Every effort will be made to contact you in August. However, if we cannot get in touch with you in August to do the registration visit, your spot in the PA Pre-K Counts program will be given to someone else. Another form of contact would be helpful. This can be a relative, neighbor, or friend that will be able to reach you if your other numbers have changed.

Por favor anote otra forma de comunicarnos con usted. Haremos todo lo posible para comunicarnos con usted en agosto. Sin embargo, si nosotros no podemos ponernos en contacto con usted en agosto para hacer la visita de registro/inscripción, su lugar en el programa de Pre-K Cuenta será otorgado a otra persona. Otra forma de contacto es muy útil. Esta puede ser algún familiar, vecino, o amigo que pueda comunicarse con usted en caso de que sus números hayan cambiado.

Contacts:

Name: _____

Relation: _____

Phone: _____

Name: _____

Relation: _____

Phone: _____