

# 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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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other
<b>Ethnicity (optional)</b>	<b>Primary Language</b>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 5px;">(please specify)</div>

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 5px;">(please specify)</div>	<b>(Select)</b> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 5px;">(please specify)</div>
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<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____
(please specify)	

<b>Household/Family Size</b> (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"/> _____

<b>Household Income</b> (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**

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

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):**

<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"/>	<b>Homeless:</b> 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"/>	<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.
<input type="checkbox"/>	<b>Teen Mother:</b> 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** \_\_\_\_\_

**DERRY AREA SCHOOL DISTRICT  
STUDENT ACCOUNTING AND REGISTRATION FORM 101  
FOR Pre-K Counts**

**Student Name:** \_\_\_\_\_  
*Last* *First* *Middle*

**Mailing Address:** \_\_\_\_\_  
*Street* *City* *Zip Code*

**Resident of:**  Derry Borough  Derry Township  New Alexandria Borough

Home Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

Father's email address: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
*County* *City* *State*

Do you have a birth certificate for this child? \_\_\_\_\_ If yes, please present with this form.

Was/Is this student:

- Born outside of US? Initial US Entry Date: \_\_\_\_\_ (*Date student first entered US*)
- Born outside of PA? Initial State Entry Date: \_\_\_\_\_ (*Date student first entered PA*)
- Migrant

Are you currently experiencing any form of homelessness upon your enrollment due to a hardship, examples: fire, eviction, domestic abuse? Living arrangements that are doubled up, in a shelter, in a motel, in a car, living with another family? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnicity:**  American Indian/Alaskan Native  Black (Non-Hispanic)  Hispanic  White (Non-Hispanic)  
 Multi-Racial  Asian  Native Hawaiian or Pacific Islander  Other \_\_\_\_\_

**Preschool Information:**

Has your child attended any Preschool: \_\_\_\_\_

Has your child attended any Daycare: \_\_\_\_\_

**Special Services:**

Is this child in need of special schooling? \_\_\_\_\_ Please explain \_\_\_\_\_

\*Does this child receive special education services?  Learning Support  Speech  Hearing  
 Other \_\_\_\_\_

Has or does your child receive any mental health or therapeutic support services?  Yes  No  
If yes, please list the agency \_\_\_\_\_ Date of last appointment: \_\_\_\_\_

\*Does this child receive Gifted services?  Yes  No

*(over, please)*

**Parent/Guardian Information:**

Father's Name: \_\_\_\_\_

Mother's **CURRENT** Name: \_\_\_\_\_

Mother's **MAIDEN** Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

**Child is living with:** Please print name(s) below (complete all that apply):

- Father \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Mother \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Stepfather \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Stepmother \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Foster Parents \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Other (relationship) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Is there a court order involving this child?**    Yes    No   If yes, please present it with this form.

*Other children living at home:*

First Name	Last Name	Relationship	Sex	Date of Birth	Grade

\_\_\_\_\_  
**Please Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Date** \_\_\_\_\_

**\*\*\*PLEASE DO NOT WRITE BELOW THIS LINE – COMPLETED BY SCHOOL OFFICIALS ONLY\*\*\***

Student Identification No: \_\_\_\_\_

PA Secure ID: \_\_\_\_\_  
*(From other PA school if applicable)*

Entry Date: \_\_\_\_\_

Entry Code: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Withdrawal Code: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_ 1305 \_\_\_\_\_ 1306

Bus Number \_\_\_\_\_

County Westmoreland

Bus Stop \_\_\_\_\_

County Code 65