



## PA PRE-K COUNTS APPLICATION 2024-2025

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

Mifflin County Pre-Kindergarten Collaborative is pleased to offer Pre-K Counts—a state funded program—serving qualified families for 180 school days with preschool for school readiness. Please complete the following questions and submit for review and eligibility verification to one of the agencies listed below:

- **Belleville Mennonite Preschool:** offering full and part-day Pre-K Counts for 3 & 4 year olds, 4105 Back Mountain Rd., Belleville, PA 717-935-2184
- **Hide-n-Seek Christian Day Care:** offering full-day Pre-K Counts for 3 & 4 year olds, 227 Washington Ave., Lewistown, PA 717-248-7837
- **Panda Preschool and Daycare:** offering full-day Pre K Counts for 3 & 4 year olds, 101 N. Beech Street, Burnham, PA 717-242-1481
- **St. Johns Christian Day Care & Preschool:** offering full-day Per-K Counts for 3 & 4 year olds, 3597 W. Main Street, Belleville, PA 717-935-2959

Date form Completed: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Last Name (Child)	First Name (Child)	Middle Initial

Child's Date of Birth	Age	Household (Family) size
/ /	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Primary Language	Family Type
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child living with Relative <input type="checkbox"/> Other _____ (Please specify)

Street Address (Child)		County	
City	State <b>PA</b>	Zip Code	
Home Telephone:	Work Phone:	Email Address:	

**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

**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 end of document for income chart relative to family size. (Must be verified prior to enrollment)

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

- 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.
- Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services
- Education level of guardian:** does not have a high school diploma or GED or post-secondary degree.
- 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.
- 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 the lack of alternative 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 spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Incarcerated Parent:** A child for whom one of the child's parents is currently in prison

**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.

**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.

**Teen mother:** A child whose mother was under the age of 18 when the child was born

Are you interested in half days or full days of Pre-K? \_\_\_\_\_

Preferred location: \_\_\_\_\_

How did you hear about Pre-K Counts? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Other information you feel we may need to know about your child or you situation that could put your child at risk for success in school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You will be asked to provide written documentation to verify your income if you receive a slot with Pre-K Counts.**

The information you have provided will be evaluated and applicants will be ranked according to the needs assessment criteria pre-determined by Pre-K Counts guidelines.

A member of the 'Mifflin County Pre-Kindergarten Collaborative' will then contact you with information regarding your eligibility and or selection into the program. For those who have qualified for the program a visit and orientation will be scheduled to explain the program and paperwork necessary to start your child on the road to school readiness. We will attempt to place you at the location of your choose. However, if spaces are unavailable at that location, we will offer you the option of attending at one of the other locations.

My signature below indicates that I understand the guidelines outlined above, and that I have answered all questions honestly and to the best of my ability. My signature also indicates that I give permission for appropriate information to be shared with the holders of the grant in order to complete the terms within the grant relative to statistics and tracking of Early Childhood practices.

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 – Please Print

**Income Verification**

**2024 Federal Poverty Level Guidelines Based On Annual Income**

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,060	\$45,180
2	\$20,440	\$61,320
3	\$25,820	\$77,460
4	\$31,200	\$93,600
5	\$36,580	\$109,740
6	\$41,960	\$125,880
7	\$47,340	\$142,020
8	\$52,720	\$158,160
<b>Each Additional</b>	<b>+\$5,380</b>	<b>+\$16,140 for each additional family member</b>

**Actual Annual Verified Gross Household (Family) Income:**      \$ \_\_\_\_\_

\*Attach copies of documents used to verify income prior to enrollment

**Family Size (per PKC guidelines):** \_\_\_\_\_

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors Signature**

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

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**For Head Start Eligible families (100% of FPL or below)**

**Check if not applicable**

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location \_\_\_\_\_
- Application and/or assistance with referral
- Brochure or website with information about Head Start

My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

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

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

\_\_\_\_\_  
**Staff Signature**

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