

Overview

Pre-K Counts grants are funded by the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by Aug. 31st) to enroll in an approved high quality, pre- school program at **no cost** to the family. All enrollment is pending PKC grant funding for the UPSD for 2023-34 school year. If funded, programs will be held at both Hereford and Marlborough Elementary schools. Program hours are 9:15 am – 3:15 pm and follows the UPSD school calendar.

Included in this packet is the Pre-K Counts application for the 2023-2024 school year. Families living in Pennsylvania with children who meet the required criteria will be considered for this five day-a-week program. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$90,000 a year and still qualify.

Families who qualify financially and also have secondary at-risk factors (for example: English as a Second Language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.

To apply for Pre-K Counts, complete the application on pages 3, 4 and 5 of this packet. If you are completing the application electronically, please print and then sign the application (on page 5) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to the contact listed below.

Contact:

Upper Perkiomen School District

c/o LifeSpan School & Day Care

Nicole Fetherman
2460 John Fries Highway
Quakertown, PA 18951
215-536-9036
prekcounts@lq.org

Application Checklist

Please submit copies of the items listed below with your application:

- 2022 Federal Income Tax Return for all adults (18 and over) residing in your household
Please include ONLY the first 2 pages of Federal Form 1040; no other tax forms are required.
- Child's Birth Certificate
- Child's Social Security Card or Number on Tax Return
- Parent/Guardian Photo ID
- Pre-K Counts Application (all 3 pages must be completed)
- Proof of Residency: Lease/Deed or Mortgage Coupon
- Three (3) additional proofs of residency (utility bills, vehicle registration, home or car ins.)

The following items are due immediately upon acceptance into the program. You may submit these forms with your application, however it is not required.

- Child's Immunization Records
- Child's Physical (completed after Jan 1, 2023), including vision, hearing, and dental screenings.

Income Eligibility

Please Note: A family is eligible for Head Start (100% of poverty or lower), Child Care Works (200% of poverty or lower), Pre-K Counts (300% of poverty or lower)

2023 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	\$14,580	29,160	43,740
2	\$19,720	39,440	59,160
3	\$24,860	49,720	74,580
4	\$30,000	60,000	90,000
5	\$35,140	70,280	105,420
6	\$40,280	80,560	120,840
7	\$45,420	90,840	136,260
8	\$50,560	101,120	151,680

Please print clearly.

SECTION 1: CHILD INFORMATION	
Child's Name _____	Today's Date _____
Ethnicity (Check One): <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	
Race (Check One): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hawaiian Pacific Islander <input type="checkbox"/> Unknown	
Child's Birth Date _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Social Security Number _____	Please submit a copy of the child's birth certificate.
<i>If you have English as a Second Language, please complete this section.</i>	
Language(s) spoken at home _____ Language(s) child speaks _____	
Special Needs/Concerns Related to the Child: _____	
<i>If the child is receiving early intervention services, please submit a copy of the child's IEP.</i>	
My local Elementary School: _____ in _____ School District.	

SECTION 2: PARENT INFORMATION	
Parent/Guardian #1: Name _____	Date of Birth _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Parent/Guardian #2: Name _____	Date of Birth _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Highest education level completed: Parent #1 _____ Parent #2 _____	

SECTION 3: HOUSEHOLD INCOME

*A copy of the **first two pages** of the **2022 federal income tax return** for **ALL adults** in the household must be submitted with this application.*

Income from all sources for all household members _____/year

Number of Adults (everyone over age 18) in the household _____ Ages _____

Number of Children in the household _____ Ages _____

Check one: I own my home I rent my home I am living with another family

FOR PROGRAM USE ONLY Income Verified by _____ Date _____

SECTION 4: ADDITIONAL CHILD INFORMATION (Required)

Are you currently enrolled in the Head Start Program? Yes No

Is your child enrolled in Child Care Works (subsidized child care)? Yes No

Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)? Yes No

Is the parent a migrant (non-immigrant) or seasonal worker? Yes No

Is your child homeless (living in a motel, shelter, in substandard housing)? Yes No

Is your child in foster care, kinship care, or receiving Child Protective services? Yes No

Does your child receive behavioral supports or been referred for behavioral supports? Yes No

Was the child's mother less than 18 years of age when he/she was born? Yes No

Is one of the child's parents incarcerated? Yes No

Does the parent have a high school diploma or GED? Yes No

Are there concerns about the child's physical development or existing medical issues? Yes No

Are there concerns about the child's speech or language development? Yes No

Are there concerns about the child's social, emotional, or behavioral development? Yes No

If there is anything else that we should know about your child or your family, please explain here:

SECTION 5: RELEASE OF INFORMATION

Child's Name _____

When necessary to the fulfillment of the Pre-K Counts grant or to enhance services provided to my child or family, I authorize release and sharing of information to:

Montgomery County Intermediate Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My local school district (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pennsylvania Department of Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When necessary for the fulfillment or enhancement of the Pre-K Counts grant, I authorize the use of photographs in which my child appears for purposes including, but not limited to, newsletters, press releases, and/or brochures.

I authorize the use of my child's photo as described above. Yes No

Parent/Guardian Signature _____ Date _____

SECTION 6: PROGRAM ASSURANCES & SIGNATURE

- Families are considered for enrollment in Pre-K Counts after the completed application and all supporting documents have been received.
- Families are accepted on a "need" basis and not from the date the application was submitted.
- Families whose children are selected for the Pre-K Counts program *must provide transportation on a daily basis to and from the pre-school to which they are assigned.*
- Families are required to attend parent/guardian conferences and at least one parent workshop.
- Attendance is essential. Except for excused absences, children must be prompt and present on a daily basis.

Please check and sign: _____

HEAD START ELIGIBLE FAMILIES:

I understand I am eligible for Head Start, and have received information, but I prefer to enroll in the Pre-K Counts program.

Parent/Guardian Signature _____ Date _____

To the best of my knowledge the information on this application is accurate.

I accept the responsibilities of a Pre-K Counts family.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____

**All documents listed on page 2 must be included with your application.
We will not review or accept any application without all supporting documents.
Please submit this application and all documents requested to the LifeSpan on Page 1.
Thank you!**