# Pre-K Counts Bucks County

## Overview

Bucks County has six Pre-K Counts grants from the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by September 1st) to enroll in an approved high quality, pre-school program at no cost to the family.

Included in this packet is the Bucks County Pre-K Counts application for the 2026-2027 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 $99,000 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 in Bucks County, complete the application in its entirety. If you are completing the application electronically, please print and then sign the application before submitting it. Families may submit the Pre-K Counts application and all supporting documents to the school district or other contacts listed below.

## Local Pre-K Counts Contacts

**Bristol Township School District**
Amy Coleman
5 Blue Lake Road
Levittown, PA 19057
267-599-2015
amy.coleman@bristoltwpsd.org
https://www.bristoltwpsd.org/
community/pre_k_counts

**Palisades School District**
c/o LifeSpan School & Day Care
Kimberly Day
2460 John Fries Highway
Quakertown, PA 18951
215-536-4417 ext. 2024
kday@lq.org
https://lifespanchildcare.org/
centers/pre-k-counts/

**Refuge Childcare Academy** Angela Cary
1230 Plymouth Avenue
Bristol, PA 19007
215-781-9698
rcaorg@yahoo.com
https://www.refugechildcare.org/

**Bucks County Intermediate Unit**
Katelyn Plunkett
705 N. Shady Retreat Road
Doylestown, PA 18901
215-348-2940 ext. 1228
kplunkett@bucksiu.org
https://www.bucksiu.org/child-
student-services/pre-k-counts

**Pennsbury School District**
Village Park
75 Unity Drive
Levittown, PA 19054
215-428-4100 ext. 20815
https://www.pennsburysd.org/
departments/student_services/
pre-k_counts

**United Way of Bucks County**
Kristi Moreno
413 Hood Boulevard
Fairless Hills, PA 19030
215-949-1660 ext. 108
Kristim@uwbucks.org
https://www.uwbucks.org/
prek-education-get-help/

**Neshaminy School District**
Lauren Steflik
2250 Langhorne-Yardley Road
Langhorne, PA 19047
215-809-6515
https://www.neshaminy.org/
parents/preschool_services/pre-
_k_counts

**Quakertown School District**
c/o LifeSpan School & Day Care
Kimberly Day
2460 John Fries Highway
Quakertown, PA 18951
215-536-4417 ext. 2024
kday@lq.org
https://lifespanchildcare.org/
centers/pre-k-counts/

## Application Checklist

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

_____ Proof of Income: 2025 Tax return, 1040, W-2, 4 paystubs, letter from employer, self-employment documentation 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.**

_____ Proof of Child's age: Birth Certificate, Passport, Child's Immunization record from the child's pediatrician

_____ Parent/Guardian Photo ID

_____ Pre-K Counts Application (all pages must be completed)

_____ Proof of Residency: Lease/Deed or Mortgage Coupon, plus one additional (utility bill, car insurance, cell phone bill, etc.)

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 September 1, 2025, 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)**

**2026 Federal Poverty Guidelines**

| Household Size | 100% | 200% | 300% |
|---|---|---|---|
| 1 | $15,960 | 31,920 | 47,880 |
| 2 | $21,640 | 43,280 | 64,920 |
| 3 | $27,320 | 54,640 | 81,960 |
| 4 | $33,000 | 66,000 | 99,000 |
| 5 | $38,680 | 77,360 | 116,040 |
| 6 | $44,360 | 88,720 | 133,080 |
| 7 | $50,040 | 100,080 | 150,120 |
| 8 | $55,720 | 111,440 | 167,160 |

U.S. Department of Health & Human Services: https://aspe.hhs.gov/poverty-guidelines

**All documents from the checklist above must be included with your application. We will not review or accept any application without all supporting documents.**

# 2026-27 PA Pre-K Counts Enrollment Form

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

| Date Form Completed: | | / | | / | | | Child's SSN | | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MM | | DD | | YY | | Last 5 digits | # | - | | # | # | # | # |

| Legal Last Name (Child) | Legal First Name (Child) | Middle Initial |
|---|---|---|
| | | |

| Street Address | | County |
|---|---|---|
| **City** | **State** PA | **Zip Code** |
| **School District of Residence** | | |
| **Home Phone** | **Work Phone** | **Email Address** |

| Child's Date of Birth | Age at start of program year | Gender |
|---|---|---|
| | ☐ 3  ☐ 4  ☐ 5 | ☐ Male   ☐ Female |

**Race** *(optional)*

☐ Black or African American          ☐ American Indian or Alaskan Native
☐ Asian                              ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Other
☐ Not Applicable

**Ethnicity** *(optional)*          **Primary Language**

☐ Hispanic                          ☐ English
☐ Non-Hispanic                      ☐ Spanish
☐ Not Applicable                    ☐ Other _____

(please specify)

| Name of Parent or Guardian completing this application | Gender |
|---|---|
| | ☐ Male   ☐ Female |

**Relationship to Child**          **(Select)**

☐ Father                            ☐ Biological
☐ Mother                            ☐ Foster
☐ Guardian                          ☐ Adoptive
☐ Other _____             ☐ Other _____

(please specify)                    (please specify)

**Role**

☐ Primary Guardian                  ☐ Legal Guardian
☐ Secondary Guardian                ☐ Other

|  | (please specify) |
|---|---|

| | List Household Members below for determination of family size *(required)*: | |
|---|---|---|
| | *Relationship to Child* | *Age and Birthdate* |
| 1 | ENROLLING CHILD | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:
- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. *If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.*

Note: A family size value of one (1) with an income of $0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

**DETERMINED FAMILY SIZE =**

| **Employment Status of parent/guardian** | **Employment Status of 2nd parent/guardian (if applicable)** |
|---|---|
| ☐ Employed Full-Time | ☐ Employed Full-Time |
| ☐ Employed Part-Time | ☐ Employed Part-Time |
| ☐ Unemployed | ☐ Unemployed |
| ☐ Other _____ | ☐ Other _____ |

**Household Income Sources** *(Must check all that apply)*:

| ☐ Employment | ☐ Self-Employment | ☐ Unemployment Compensation | ☐ Worker's Compensation | ☐ TANF Cash payments |
|---|---|---|---|---|
| ☐ Social Security | ☐ SSI | ☐ Child Support | ☐ Alimony | ☐ Other |

***Enrollment Priority Criteria*** *(Must check all that apply): These indicators help us learn more about your family and understand what supports may be helpful. Your answers also help us determine enrollment priority so we can serve families with the greatest need first. Every family's situation is unique, and all information is kept confidential.*

| | Risk Factor | Definition |
|---|---|---|
| ☐ | Preschooler with an Individualized Education Program (IEP)- | Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency. |
| ☐ | Migratory (Non-Immigrant) Seasonal Student | Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or 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, or work in nurseries such as Christmas and evergreen tree farming. |
| ☐ | English Language Learner | Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner:<br>1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school). |
| ☐ | Homeless | If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the National Center for Homeless Education.<br>- If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason?<br>- Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.)<br>- Is the family living in a motel, hotel, or campground?<br>- Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings?<br>- Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings?<br>- Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing? |
| ☐ | Child in or Part of Family in Child Welfare System | Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services. |
| ☐ | Child's Family or Living Structure | Defined as a child with a single parent, divorced parents, or with relatives as guardians. |
| ☐ | Child Receiving Behavioral Supports | Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required. |
| ☐ | Teen Parent | Defined as a mother or father who was under the age of 18 when the child was born. |
| ☐ | Incarcerated Parent | Defined as a child for whom one or both of the child's parents are currently incarcerated. |
| ☐ | Education Level of Guardian | Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree. |

| | | | |
|---|---|---|---|
| ☐ | Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP | This risk factor was added in 2024. Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. **(Categorically eligible for Head Start, please refer to HS program if available.)** |
| ☐ | Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP) | Defined as a child enrolled in ITCSP and eligible to transition into PA PKC. |
| ☐ | Child Lives in Geographic Area of High Poverty | Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors. |
| ☐ | Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services) Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services) Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving EI Services) | If a family concern is shared that is not covered by any of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI regardless of enrollment. |

**Family Assurances**

By signing below, I acknowledge and agree to the following:

☐ I understand that my child's eligibility for Pennsylvania Pre-K Counts (PA PKC) is subject to the program's two-year participation limit. My child must be at least three years old by the kindergarten cutoff date set by the school district where we live to assure compliance with receiving only two-years of PKC programming.

☐ Once my child reaches the age required to enroll in kindergarten in the public school district where we live, I understand they will no longer be eligible for PA PKC funding.

☐ I understand that my child's enrollment is contingent upon meeting the eligibility criteria, including income verification and prioritization based on risk factors.

☐ I understand that the PA Pre-K Counts (PKC) program is an educational program with attendance requirements. I agree to ensure my child's regular attendance and to notify the program in case of absences. My program's PA Pre-K Counts hours of operation are:

_____

☐ I understand that the PKC portion of the day will be secular (non-religious) in nature and will not include religious instruction during the PKC portion of the day. My program's PA Pre-K Counts hours of operation are:

_____

☐ I understand that once an enrollment start date is confirmed, the child's PA Pre-K Counts enrollment status may be shared with other OCDEL-funded programs, such as the Early Learning Resource Center (ELRC) or Early Intervention, to ensure proper coordination of funding and services.

**Parent/Guardian Certification**

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or give proof of information provided.

I certify that all information provided is accurate. I understand that eligibility is subject to verification and providing false information may result in disqualification.

_____     _____

**Parent/Legal Guardian** (Signature)          **Date**


_____

**Parent/Legal Guardian Name** (Print Name)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

## Family and Program Administrator to Complete This Portion Together

**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
☐ I understand that my signature below indicates that I have been informed about my options for Head Start, and that I may choose to enroll in either the Pre-K Counts program or Head Start if eligible for both.


_____     _____

Parent/Legal Guardian (Signature)              Date


## FOR OFFICE USE ONLY

### Income Verification

**2026 Federal Poverty Level Guidelines Based On Annual Income**

| Family Size | 100% (Head Start Eligible) | 300% (Pre-K Counts Eligible) |
|---|---|---|
| 1 | $15,960 | $47,880 |
| 2 | $21,640 | $64,920 |
| 3 | $27,320 | $81,960 |
| 4 | $33,000 | $99,000 |
| 5 | $38,680 | $116,040 |
| 6 | $44,360 | $133,080 |
| 7 | $50,040 | $150,120 |
| 8 | $55,720 | $167,160 |
| **Each Additional** | +$5,680 for each additional family member | +$17,040 for each additional family member |

**Pay Frequency Calculation Guide:**

| Weekly | Multiply gross weekly income by 52 |
|---|---|
| Bi-Weekly | Multiply gross income by 26 |
| Semi-Monthly | Multiply gross income by 24 |
| Monthly | Multiply gross income by 12 |

**INCOME CALCULATION GRID**

| Name | Income Source | Pay Frequency | Gross Amount | Annualized Amount |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| | | | **Total Annual Income:** | **$_____** |

**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**

**Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)**

This section helps process the PA PKC Verification Form, which documents a child's enrollment in the PA PKC Program and is submitted to the ELRC. Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

| | |
|---|---|
| Is this child currently receiving CCW subsidy (at any program)? | ☐ Yes  ☐ No |
| Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)?<br><br>Referral for ELRC #_____<br><br>Contact email or Phone number shared with family _____ | ☐ Yes  ☐ No |
| Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back?<br><br>**Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information** | ☐ Yes  ☐ No |

**Enrollment Outcomes**: This section documents outreach, communication, and waitlist activity related to a child's application.

☐ Child enrolled – Date: _____       ☐ Child placed on waitlist – Date: _____

☐ Family declined placement – Date: _____ ☐ Unable to contact family after documented attempts

**Documented Family Communication**

| Date | Communication Method | Purpose of Contact | Staff Initials |
|------|----------------------|--------------------|----------------|
| | ☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter | ☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____ | |
| | ☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter | ☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____ | |
| | ☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter | ☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____ | |
| | ☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter | ☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____ | |

☐ **Family was informed of waitlist status and next steps**

☐ **Family was informed they will be contacted when a slot becomes available**