

HUNTINGDON AREA SCHOOL DISTRICT

2400 Cassady Avenue, Suite 2, Huntingdon, PA 16652-2602

Phone (814) 643-4140 Fax (814) 643-6244

Jennifer Mitchell
Superintendent

Dawn Lynn
Southside Principal

Matthew Gibson
Business Manager

Pre-K Counts Application Checklist

Dear Parent,

Thank you for being interested in the Pre-K Counts Program offered by the Huntingdon Area School District. Enrollment is limited and subject to state eligibility requirements. Children must be 3 years of age before September 1, 2022 and cannot be 5 years of age before September 1, 2022. Included in this packet are all of the necessary application forms for our Pre-K Counts Program. Please complete the information and return it to Southside Elementary School. Applications will not be reviewed until the application and all supporting documents have been received. Thank you for your cooperation in this matter.

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

- ☐ 2021 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.
- ☐ Proof of Income (W-2 forms, 3-4 recent pay stubs, print-out from domestic relations, private child support letter from parent signed and dated, letter for SSI)
- ☐ Birth Certificate (child)
- ☐ Social Security Card of Child
- ☐ Photo ID (Parent/Guardian)
- ☐ Confidential Pre-K Counts Application (all 3 pages must be completed)
- ☐ Immunization Records

The following items are due immediately upon acceptance into the program:

- ☐ Physical (completed after January 1, 2022), including vision, hearing, and dental screenings.
 - ☐ Pre-K Transportation Form
-

2022 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$13,590	\$40,770
2	\$18,310	\$54,930
3	\$23,030	\$69,090
4	\$27,750	\$83,250
5	\$32,470	\$97,410
6	\$37,190	\$111,570
7	\$41,910	\$125,730
8	\$46,630	\$139,890
Each Additional	+\$4,720	+\$14,160 for each additional family member

HUNTINGDON AREA SCHOOL DISTRICT

2022-2023 PA Pre-K Counts Enrollment Form

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

Date Form Completed: ____ / ____ / ____
MM DD YY

Last Name (Child)		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 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Race (optional)</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Not Applicable</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Ethnicity (optional)</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p><input type="checkbox"/> Not Applicable</p> </div> <div style="width: 45%;"> <p>Primary Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other _____ (please specify)</p> </div> </div>				
Name of Parent or Guardian completing this application				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child		(Select)		
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>		<input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>		
<p>Role</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Primary Guardian</p> <p><input type="checkbox"/> Secondary Guardian</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Other _____ (please specify)</p> </div> </div>				

List Household Members and relationship below for determination of family size <i>(required)</i> :		
	<i>Relationship to Child</i>	<i>Age</i>
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 <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	Employment Status of 2nd parent/guardian (if applicable) <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____
--	---

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

<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF Cash payments
<input type="checkbox"/> Social Security	<input type="checkbox"/> SS	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

Other Child Eligibility 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"/>	Children Protective Services: A child who is foster child, a kinship care child or receiving Children and Youth Services.
<input type="checkbox"/>	Education Level of Guardian: Does not have a 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"/>	Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the Following: <ul style="list-style-type: none"> 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"/>	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.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	Child is fully potty trained
<input type="checkbox"/>	Eligible for Kindergarten in fall of 2023-2024 school year (turns 5 by September 1, 2023).

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 substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

FOR OFFICE USE ONLY

Income Verification

2022 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$13,590	\$40,770
2	\$18,310	\$54,930
3	\$23,030	\$69,090
4	\$27,750	\$83,250
5	\$32,470	\$97,410
6	\$37,190	\$111,570
7	\$41,910	\$125,730
8	\$46,630	\$139,890
Each Additional	+\$4,720	+\$14,160 for each additional family member

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

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