



For Pre-K Counts

The Huntingdon Area School District is currently taking applications for the 2021-2022 School Year for our Pre-K Counts Classroom. Children must be 3 years of age on or before September 1, 2021.

The Pre-K Counts classroom is located at Southside Elementary School. Children attend Monday through Friday during the normal school day and follow the Huntingdon School Districts Calendar. Transportation is provided for all Pre-K students that live in the Huntingdon Area School District.

If interested, applications are located on the Huntingdon Area School District web page at www.huntsd.org or contact the Southside Office to have a form emailed/mailed/or sent home with your HASD Student. Income eligibility requirements do apply. Please see the below guidelines.

If you are over the 300% poverty Guideline, but are interested in a tuition paid pre-school, please call the Southside office at (814)627-1100 immediately. At this time we are collecting data to see if another PreK may be feasible.

2021 Income Guidelines

Family Size	100% of the Poverty Guidelines	300% of the Poverty Guideline
1	\$12,880	\$38,640
2	\$17,420	\$52,260
3	\$21,960	\$65,880
4	\$26,500	\$79,500
5	\$31,040	\$93,120
6	\$35,580	\$106,740
7	\$40,120	\$120,360
8	\$44,660	\$133,980
9	\$49,200	\$147,600
10	\$53,740	\$161,220

HUNTINGDON AREA SCHOOL DISTRICT

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

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

Fred E. Foster
Superintendent

Theresa L. Montgomery
Federal Program Coordinator/Southside Principal

Faith M. Swanson
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. Please complete an application to find out if your child is eligible. 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 your local program listed on the contact sheet. 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:

- ☐ 2020 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, income tax form, 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, 2021), including vision, hearing, and dental screenings.
 - ☐ Pre- K Transportation Form
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2021 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$12,880	\$38,640
2	\$17,420	\$52,260
3	\$21,960	\$65,880
4	\$26,500	\$79,500
5	\$31,040	\$93,120
6	\$35,580	\$106,740
7	\$40,120	\$120,360
8	\$44,660	\$133,980

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2021 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
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Street Address		County	
City		State PA	Zip Code
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
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Race (optional) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not Applicable </div> <div> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other </div> </div>	
Ethnicity (optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>

Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian _____ <div style="text-align: right;">(please specify)</div>	Family Type <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Child Living with Relative <input type="checkbox"/> Other _____
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List Household Members below for determination of family size (required):

	Relationship to Child	Age
1	ENROLLING CHILD: _____	
2		
3		
4		
5		
6		
7		
8		

CPer 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.

USING THE CHART ABOVE DETERMINED FAMILY SIZE IS _____.

Employment Status of parent/guardian

- ☐ Employed Full-Time
☐ Employed Part-Time
☐ Unemployed
☐ Other _____

Employment Status of 2nd parent/guardian (if applicable)

- ☐ Employed Full-Time
☐ Employed Part-Time
☐ Unemployed
☐ Other _____

- | | | |
|---|--|--|
| <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 | |

Actual Annual Verified Gross Household (Family) Income: _____ .

****Attach copies of documents used to verify income.**

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"/> SSI | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Other |

Other Child Eligibility Risk 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"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have 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: 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.

The Pre-K Counts program has made a commitment to avoid enrolling children who are already enrolled in a Head Start program or who are eligible to participate in Head Start.

Has your child participated in the Head Start Program? _____ Yes _____ No

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. I give permission for Huntingdon Area School District to provide this information to the Pennsylvania Department of Education as required for PA Pre-K Counts program reporting.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)