

PreK Application and Checklist

Dear Parents,

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, 2024 and cannot be 5 years of age before September 1, 2024.

All applications need to be submitted by April 12, 2024. At that time we will review all applications and will notify you of your status. 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 for both Income Eligible and Tuition Paid Spots:

- 2023 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
- Pre-K Transportation Form

We do offer Tuition paid spots if you are over the income guidelines

- \$25 per day per one child for 180 days of instruction
- \$40 per day for two children for 180 days of instruction
- Breakfast provided and lunch available for district cost
- Transportation provided

HUNTINGDON AREA SCHOOL DISTRICT 2024 PA Pre-K Counts Enrollment Form

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

Last Name (Child)	First Name (Child)	Middle Initial
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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 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	Primary Language
<input type="checkbox"/> Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Spanish
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child	(Select)
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

Role	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

List Household Members below for determination of family size (required):

	Name and Relationship to Child	Age
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)
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other _____	<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"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

Student Information (Please check all that Applies)	
<input type="checkbox"/>	Child is fully potty trained.
<input type="checkbox"/>	Child is Eligible for Kindergarten in the fall of 2025-2026 school year (turns 5 by September 1, 2025).
<input type="checkbox"/>	Child receives or qualifies for services through the Intermediate Unit (IU). If so, what services? _____
<input type="checkbox"/>	Child has an Individualized Education Plan (IEP) or : 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"/>	Child has an Flexible Instruction Plan(FIP) or Individualized Family Service Plan (IFSP) Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<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"/>	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"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
Family Information (Please check all that Applies)	
<input type="checkbox"/>	Education Level of Guardian: Does not have a high school diploma or GED or post-secondary degree.
<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.

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)

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
Each Additional	+\$5,380	+\$16,140 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

Pre-K 2024-2025 Transportation Information

Student Name: _____

Address: _____

Child lives with: _____Mother _____Father _____Both _____Other _____

Parent/Guardian #1

Parent/Guardian #2

Name: _____ Name: _____

Address: _____ Address: _____

Cell Number: _____ Work Number: _____ Cell Number: _____ Work Number: _____

Home Number: _____ Home Number: _____

Morning transportation for my child: (please check and complete)

- I will drop my child off at Southside every morning
- My child will ride the bus from my home address every day.
- My child will ride the bus from daycare or a sitter

Name and address of daycare or sitter:

After school transportation for my child: (please check and complete)

- I will pick my child up from Southside every day
- My child will ride the bus to my home address every day.
- My child will ride the bus to daycare or a sitter after school

Name and address of daycare or sitter:

First and last names of any elementary siblings already riding HASD bus: _____

Siblings current bus number? _____

Important Notice for Parents: It is District policy that an adult/caretaker (18 YEARS OLD) must be visible for the bus driver to drop off your child. If no adult/caretaker is present at the time of drop off, the child will be taken back to the school district. You will be notified that your child has been taken back to the school district and it will be your responsibility to pick up your child.

If your bus contractor requires your child to ride in a safety seat you will be responsible for getting on the bus and latching your child into the seat and out of the seat.

In addition, we will guarantee transportation of your child to and from your residence (bus stop). We will make every effort to accommodate requests for your child to be transported to and/or from a caregiver at a location other than your residence. Please be advised that requests to transport a child to and/or from a caregiver must be arranged on a consistent basis. Furthermore, if at any time the bus is overcrowded arrangements for caregivers may be terminated.

If your child normally rides a bus, a note is required on days you plan to pick up your child from school!

Name of Parent/Guardian - Please Print _____

Signature of Parent/Guardian: _____ Date _____