

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. We also offer tuition based spots if not qualifying by income. Children must be 3 years of age on or before September 1, 2026 and cannot be 5 years of age on or before September 1, 2026.

Please turn applications in, along with the below required items as soon as possible. Spots will be filled on a first come basis.

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**:

2025 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

- \$30 per day per one child for 180 days of instruction (amount of days to be determined by start date)
- \$45 per day for two children for 180 days of instruction (amount of days to be determined by start date)
- Breakfast and snack provided and lunch provided for 26-27 school year
- Transportation provided if in HASD area

HUNTINGDON AREA SCHOOL DISTRICT

2026-27 PA Pre-K Counts Enrollment Form

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

Date Form Completed: / /
 MM DD YY

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

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 ☐ 3 ☐ 4	Gender ☐ Male ☐ Female
-----------------------	---	---

Race (optional) ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Not Applicable ☐ American Indian or Alaskan Native ☐ White ☐ Other	
Ethnicity (optional) ☐ Hispanic ☐ Non-Hispanic ☐ Not Applicable Primary Language ☐ English ☐ Spanish ☐ Other _____ (please specify)	

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

Relationship to Child ☐ Father ☐ Mother ☐ Guardian ☐ Other _____ (please specify)	(Select) ☐ Biological ☐ Foster ☐ Adoptive ☐ Other _____ (please specify)
---	--

Role ☐ Primary Guardian ☐ Secondary Guardian ☐ Legal Guardian ☐ Other _____ (please specify)	
---	--

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

A household member must live in the same house as the child applying.

	Name and Relationship to Child	Age
1	NAME OF 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**

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

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

- ☐ Employed Full-Time
☐ Employed Part-Time
☐ Unemployed
☐ 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 |

Student Information (Please check all that Applies)		
☐	Potty Trained	Child is fully potty trained NOT wearing pull-ups or diapers
☐	Kindergarten Eligibility	Child is Eligible for Kindergarten in the fall of 2027-2028 school year (turns 5 by September 1, 2027)
☐	Services Intermediate Unit	Your Child receives or qualifies for services through the Intermediate Unit (IU). If so, what services? _____
☐	Preschooler with an Individualized Education Program (IEP)	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Provide a copy of the IEP or source of documentation from the parent or the Early Intervention agency.
☐	Preschooler with a Flexible Instruction Plan (FIP) or an Individualized Family Service Plan (IFSP)	Defined as a child who has a Flexible Instruction Plan (FIP) or a child who has an Individualized Family Service Plan (IFSP). Provide a copy of the FIP or IFSP or other source of documentation from the parent or Early Intervention provider.
☐	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.
☐	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 other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
☐	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.
☐	Concerns Regarding Child's Physical Development or Existing Medical Condition (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.
☐	Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
☐	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: 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).

Family Information (Please check all that Applies)

☐	Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
☐	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. - If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason? - Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.) - Is the family living in a motel, hotel, or campground? - Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings? - Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings? - Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing? - Has the child been abandoned, in a hospital, or awaiting foster care placement?
☐	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 HeadStart program if available.)
☐	Educational Level of Guardian	Guardian does not have a high school diploma or GED or post-secondary degree
☐	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.
☐	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.
☐	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.

Pre-K 2026-2027 Transportation Information

Student Name: _____

Address: _____

Child lives with: _____ Mother _____ Father _____ Both _____ Other _____

Parent/Guardian #1

Name: _____

Address: _____

Cell Number: _____ Work Number: _____

Home Number: _____

Parent/Guardian #2

Name: _____

Address: _____

Cell Number: _____ Work Number: _____

Home Number: _____

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

- ☐ I will drop my child off at school
- ☐ 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 school each 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 a HASD bus:

_____ bus number? _____

Names of Those Permitted to get student off the bus if other than Parent/Guardian (Please read below information)

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. You will be notified that your child has been taken back to the school 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 _____

Family Assurances

By checking and 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:
_____ 9:00-3:00 _____
- ☐ 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.

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
To Be Filled Out By the Business Office

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