



**Pre-K Counts Application
Central PA Partnership for Early Education**

Please select the program(s) you are interested in having your child attend:

___ Bennett Family Center ___ Daybridge Child Development Center

___ St. Paul's Christian Preschool ___ Bellefonte YMCA

Do you currently have a child enrolled in any of these programs? ___ Yes ___ No

Do you need before and/or after school care? ___ Yes ___ No

Date: _____

Child Information:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: Female Male

Primary Language: _____

Is your Child multi-lingual? Yes No If yes, please list languages: _____

Does your Child have an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP)?

Yes No

Does your Child receive services for any of the following (check all that apply):

speech language occupational therapy physical therapy developmental delay

psychiatric disorders autism spectrum behavioral concerns other _____

Other Child Eligibility Risk Factors (Please check all that apply):

Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services

Education level of parent/guardian: does not have a high school diploma or GED or post-secondary degree

Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: 1.) 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 alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; 2.) Children who have a primary nighttime residence that is a public or private accommodation for human beings; 3.) Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Incarcerated Parent: A child for whom one of the child's parents is currently in prison

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.

Teen mother: A child whose mother was under the age of 18 when the child was born

Parent/Guardian 1 Information:

Date of Birth:

First: _____ MI: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

School District of Residence: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Does the Child live with this Parent/Guardian: Full-time Part-time Not at all

Native Language: _____

Is this Parent/Guardian multi-lingual? Yes No If yes, please list languages _____

Parent/Guardian 2 Information:

First: _____ MI: _____ Last: _____

Date of Birth:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

School District of Residence: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Does the Child live with this Parent/Guardian: Full-time Part-time Not at all

Native Language: _____

Is this Parent/Guardian multi-lingual? Yes No If yes, please list languages _____

Family Information:

Including your Child, how many people live within the household? _____

- Household Income: Less than \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000
 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000
 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000
 \$45,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$70,000
 \$70,001 - \$100,000 More than \$100,000 Unknown

Prior to enrollment, annual family income must be verified and must be at or below 300% of poverty level (based on 2017 Federal Poverty Level Guidelines).

Family size	300% of Poverty
1	\$ 36,180
2	\$ 48,720
3	\$ 61,260
4	\$ 73,800
5	\$ 86,340

For families with more than 5 persons, add \$12,540 for each additional person.

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Parent Signature: _____ Date: _____

Office use only: _____ Comments: _____
Date received: _____

