



## **Registration for Pre-K**

Pre-K Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print)

Parent(s) Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_ Zip \_\_\_\_\_

School for Pre-K: \_\_\_\_\_

Completed Packet received by: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_  
(Initials)

**IN ADDITION TO THE COMPLETED SCHOOL DISTRICT REGISTRATION FORMS, THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION:**

**1. PROOF OF CHILD'S AGE (acceptable documentation includes):**

- a. Original or copy of Birth Certificate
- b. Original or copy of Baptismal certificate (showing date of birth)
- c. Valid Passport
- d. Green Card

**2. IMMUNIZATIONS REQUIRED BY LAW (acceptable documentation includes):**

- a. The child's original immunization record
- b. Immunization record from former school district or medical office

**Additional Health Requirement for PreK: Physical and Dental Exams**

**3. PARENT'S PHOTO IDENTIFICATION (acceptable documentation includes):**

- a. Valid Driver's License
- b. Penn-DOT Identification Card
- c. Valid Passport
- d. Permanent Resident Card (Green Card)

**4. PROOF OF RESIDENCY – TWO REQUIRED (acceptable documentation includes):**

- a. A dated deed, lease, sales agreement, mortgage information
- b. Recent utility bill, credit card bill, property tax bill
- c. Recently dated vehicle registration or vehicle insurance card
- d. If residing with a district property owner/resident, the district property owner/resident must be present, prove their residency as stated above and sign a notarized "Multiple Occupancy Form." **BOTH PARTIES MUST HAVE A VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO ID TO FILL OUT A MULTIPLE OCCUPANCY FORM TO BE NOTARIZED IN OUR OFFICE. MULTIPLE OCCUPANCY FORM CANNOT BE COMPLETED IF EITHER PARTY HAS AN EXPIRED ID**

**5. COMPLETED PRE-K COUNTS ENROLLEE APPLICATION/INFORMATION PACKET**

**Please bring the following documents with you:**

**Proof of income for ALL wage-earners in household (Acceptable documentation includes)**

- Payroll documentation for two consecutive pay periods or
- One monthly statement of income or
- One W2 or income tax statement

# 2024-2025 PA Pre-K Counts Enrollment Form

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

\*Enrollment in the EPS pre-kindergarten program is dependent on family eligibility and risk factors. Enrollment is not determined by date of packet submission. Families will be notified in writing if they are Head Start eligible after they apply. Families will be notified of acceptance into EPS PRE-K program in late July/early August.\*

Date Form Submitted:         /      /       
                                           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"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-----------------------	--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

<b>Race (optional)</b>	
<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	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------------------------------------	-------------------------------------------------------------------------

<b>Relationship to Child</b>	<b>(Select)</b>
<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 _____	<input type="checkbox"/> Other _____

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other

List Household Members below for determination of family size (required):		
	Relationship to Child	Age
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		

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 =**

**Guardian #1:**

Education Status of Guardian 1:	Employment Status of Guardian 1:
<input type="checkbox"/> Up to 8 <sup>th</sup> Grade	<input type="checkbox"/> Employed Full-Time (30 hours/week and over)
<input type="checkbox"/> 9 <sup>th</sup> to 11 <sup>th</sup> Grade	<input type="checkbox"/> Employed Part-Time (fewer than 30 hours/week)
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Multiple Part-time
<input type="checkbox"/> Vocational or Technical Program after H.S.	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Some College	<input type="checkbox"/> Student or Job Trainee
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/>
<input type="checkbox"/> Graduate/Professional School	
<input type="checkbox"/> Unknown	

**Guardian #2:**

Education Status of Guardian 2:	Employment Status of Guardian 2:
<input type="checkbox"/> Up to 8 <sup>th</sup> Grade	<input type="checkbox"/> Employed Full-Time (30 hours/week and over)
<input type="checkbox"/> 9 <sup>th</sup> to 11 <sup>th</sup> Grade	<input type="checkbox"/> Employed Part-Time (fewer than 30 hours/week)
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Multiple Part-time
<input type="checkbox"/> Vocational or Technical Program after H.S.	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Some College	<input type="checkbox"/> Student or Job Trainee
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/>
<input type="checkbox"/> Graduate/Professional School	
<input type="checkbox"/> Unknown	

<b>Household Income Sources (Must check all that apply):</b>				
<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 Criterion/Risk Factors (Must check all that apply):** **Students with more risk factors will be prioritized for enrollment.**

<input type="checkbox"/>	<b>Behavioral Supports:</b> 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"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> 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"/>	<b>Early Intervention (E.I.) / Individualized Education Plan (IEP):</b> 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"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> 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"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

(Optional)-The toileting items below will be used to assist with lavatory/toilet-training plans.

<input type="checkbox"/>	<b>Toileting:</b> The child is potty-trained and can use a lavatory independently.
<input type="checkbox"/>	<b>Toileting:</b> The child cannot use a lavatory independently and is not toilet-trained, wears pull-ups/diapers.

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)**

**Parent/Guardian Consent Form**

Child's Name: \_\_\_\_\_

Parents/Guardian initials are required for each item below to indicate consent/agreement. I agree to allow Erie's Public Schools to (please check (x) or initial next to the items to which you give consent):

\_\_\_\_\_ Give my contact information to a partner PreK site if my child is on a waitlist. (This may provide an opportunity for your child to attend an agency based PreK program.)

\_\_\_\_\_ Make files accessible to those parties working with my child and to state officials for licensing purposes.

\_\_\_\_\_ Photograph/videotape my child for newspaper/TV media for public display.

\_\_\_\_\_ Refuse to release my child to anyone not listed on the emergency form without confirmed parental permission.

\_\_\_\_\_ Reserve the right to refuse to release children to any person who appears to be under the influence of any substance, legal or illegal, which appears to impair the judgment of that person. EPS will notify the proper authorities for the protection of the child.

\_\_\_\_\_ Post my child's allergy and/or medication log for staff use.

**If there are any legal documents pertaining to the child, such as custody papers, restraining orders or adoption papers that are necessary for Erie's Public School Staff, please provide a copy for our records.**

Please answer the following questions. This will help us to know your child better. Please add any information you feel is relevant to help us develop a more nurturing, educational environment for your child.

Any allergies/medical concerns: \_\_\_\_\_

Food concerns: \_\_\_\_\_

My child's favorite activities are: \_\_\_\_\_

My child seems to be very good at: \_\_\_\_\_

Is there any other information you would like us to know? \_\_\_\_\_

**FOR OFFICE USE ONLY**

**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**

**Head Start Eligible families (100% of FPL or below)**

Some families will qualify for Head Start. After enrollment packets are submitted, the district will send families who are eligible for Head Start letters with information on locations, program details, etc.

- I have been informed of my child's possible eligibility for Head Start.
- EPS can share family application/income/contact information with Head Start staff.

My signature below indicates that I have been informed and agree.

\_\_\_\_\_  
**Parent/Guardian Name** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**