



Early Connections supports the success of young children and their families through leadership, advocacy, and quality programs in early care and education.

Dear Parent,

Thank you for your interest in Early Connections' Pre-K Counts Program (PKC), a Free Pennsylvania high-quality Pre-Kindergarten program, for children between the ages of 3 and younger than Kindergarten entry age.

**To qualify for the Pre-K Counts program, children and families must meet the following eligibility requirements:**

- 1. Your child must be at least 3 years of age on or before the Kindergarten (KD) age cut-off for your home school district, and must be younger than your home district's Kindergarten entry age.

KD cut-off dates for some local school districts:

Erie City: Aug 31 <sup>st</sup>	Millcreek: Sept 1 <sup>st</sup>	Iroquois: Sept 1 <sup>st</sup>	Harborcreek: May 31 <sup>st</sup>	North East: May 31 <sup>st</sup>	Union City: Aug 29 <sup>th</sup>	Wattsburg: Aug 31 <sup>st</sup>	Ft LeBoeuf: June 1st	Corry: Sept 1st
------------------------------------	------------------------------------	-----------------------------------	--------------------------------------	-------------------------------------	-------------------------------------	------------------------------------	-------------------------	--------------------

- 2. Your total annual household income may not exceed 300% of the 2023 Federal Poverty levels listed on the PKC application. (Ex: a family of 4 can earn up to \$90,000) Proof of household income is required.

**Please submit copies of the items listed below with your application: *Please send only copies.***

- 1. According to program regulations, total annual household income (earned and unearned) is required to establish eligibility. Acceptable proof of income includes:

- **Earned income:** 2022 W-2 forms, 2022 tax return (only first 2 pages), 4-6 pay stubs, or a written employer statement of anticipated earnings. If self-employed: tax returns, business records or other documents establishing profit from self-employment.
- **Unearned income:** copy of current benefit check, award letter stating amount of a grant or benefit such as monthly amount of social security benefits, SSI, unemployment compensation, TANF, or a bank statement, court order or other report that establishes the amount of unearned income.
- **Child Support:** documentation from the PA Dept of Human Services or local Domestic Relations office verifying the amount of support received or paid by the family.

- 2. Child's Birth Certificate or other proof of birth

- 3. Photo ID (parent/guardian) or other proof of residency (gas, electric, water or cable bill, or lease agreement,)

- 4. Return the completed application to the location of your choice in person or by mail.

- City Center, 704 State Street, Erie PA 16501; phone 814-456-4576
- Harbor Homes, 1841 E 18<sup>th</sup> Street, Erie PA 16510; phone 814-899-3310
- North East, 50 E Division Street, Erie PA 16428; phone 814-315-2915
- Union City, 16380 Rt 8, Union City, PA 16438; phone 814-438-7016

The 1<sup>st</sup> round of applications will close June 30<sup>th</sup>, 2023. Applications are reviewed for criteria such as age, income, and prioritization factors. This is NOT a first come, first serve process. Applications received after June 30<sup>th</sup> will be considered for remaining open slots.

Note: The Pre-K Counts program is funded by a grant through the Department of Education. All programs are rebidding this year, and all spots are contingent upon the receipt of the grant award and funding for the 2023-2024 school year.

If you have any questions or would like more information please contact your preferred location at the number listed above.

Thank you!

# 2023 PA Pre-K Counts Enrollment Form

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

Date Form Completed:      /      /       
MM DD YY

**EC LOCATION:**  
**CC HH JH NE UC**

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	<b>Age</b>				<b>Gender</b>	
	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**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	

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

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

<p><b>Relationship to Child</b></p> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	<p><b>(Select)</b></p> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
---	--

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

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

	<i>Relationship to Child</i>	<i>Age</i>
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 =**

<p><b>Employment Status of parent/guardian</b></p> <p><input type="checkbox"/> Employed Full-Time</p> <p><input type="checkbox"/> Employed Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Employment Status of 2<sup>nd</sup> parent/guardian (if applicable)</b></p> <p><input type="checkbox"/> Employed Full-Time</p> <p><input type="checkbox"/> Employed Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>
---	--

**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

**Verification of Income:** The period of time counted for income verification is the 12 months immediately before the month in which the application is submitted or the child is enrolled, or for the calendar year immediately before the calendar year in which the application is made.

**Acceptable income verification documents:** **Earned income:** W-2 forms, tax return, pay stubs, or a written employer statement of anticipated earnings. **Self-employment:** tax returns, business records or other documents establishing profit from self-employment. **Unearned income:** copy of current benefit check, award letter stating amount of a grant or benefit such as monthly amount of social security benefits, a bank statement, a court order or other report that establishes the amount of unearned income. **Child Support:** documentation from the PA Dept of Human Services or local Domestic Relations office verifying the amount of support received or paid by the family.

**Other Child Eligibility Enrollment Prioritization Criterion** (Must check all that apply):

<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. <b><u>Additional verification beyond the interview is required.</u></b>
<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>Individualized Education Plan (IEP):</b> A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. <u>Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.</u> IEP start date (month/year) _____
<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.
<input type="checkbox"/>	<b>Family Structure (circle):</b> Single Parent, Divorced Parent, Two Parent household, Relatives as Guardians

- 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.
- I understand that completion of this application does not guarantee acceptance into the Pre-K Counts program. The number of spots available in any given year is determined by state funding.
- Families are accepted on a 'need' basis and not from the date the application was submitted. Families who qualify financially and also have secondary prioritization factors will be given priority consideration for the program.
- In the event that I am not chosen for the Pre-K Counts program at Early Connections; I give permission to share my contact information with other Pre-K Counts/Head Start programs in the area.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print Name)

**FOR OFFICE USE ONLY**

**Income Verification**

**2023 Federal Poverty Level Guidelines**

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
2	\$19,720	\$59,160
3	\$24,860	\$74,580
4	\$30,000	\$90,000
5	\$35,140	\$105,420
6	\$40,280	\$120,840
7	\$45,420	\$136,260
8	\$50,560	\$151,680
Each Additional	+\$5,140	+\$15,420

**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 Prioritization 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**

Child is transitioning from Infant/Toddler Contracted Slots funding?    Yes            No	PKC Classroom Assignment:	Indicate session: FT or PT <i>If PT - AM or PM</i>
Enrolling in Wrap Care? Yes or No	Wrap Care Classroom & # days/hrs per wk	Wrap Care Funding Source: