Dear Parent,

Thank you for your interest in Early Connections' Pre-K Counts Program, 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 31st	Millcreek: Sept 1st	Iroquois: Sept 1st	Harborcreek: May 31st	North East: May 31st	Union City: Aug 27th	Wattsburg: Aug 31st	Ft LeBoeuf: May 31st	Corry: Sept 1st

2. Your total annual household income may not exceed 300% of the 2025 Federal Poverty levels listed on the PKC application. (Ex: a family of 4 can earn up to $96,400) 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**: 2024 W-2 forms, 2024 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 18th 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

Please submit your Pre-K Counts application as soon as possible as the program fills up quickly. The 1st round of applications will close on June 30th. 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 30th will be considered for remaining open slots.

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

Thank you!

2025-26 PA Pre-K Counts Enrollment Form

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

Date Form Completed: _____ / _____ / _____
  MM   **DD**   **YY**

Early Connections Location: City Center
Harbor Homes   Union City   North East

Legal Last Name (Child)	Legal 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 at start of program year	Gender
	☐ 3 ☐ 4 ☐ 5	☐ Male ☐ Female

Race *(optional)*

☐ Black or African American   ☐ American Indian or Alaskan Native
☐ Asian   ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Other
☐ Not Applicable

Ethnicity *(optional)*   **Primary Language**

☐ Hispanic   ☐ English
☐ Non-Hispanic   ☐ Spanish
☐ Not Applicable   ☐ Other _____
                              (please specify)

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

Relationship to Child   **(Select)**

☐ Father   ☐ Biological
☐ Mother   ☐ Foster
☐ Guardian   ☐ Adoptive
☐ Other _____ ☐ Other _____
(please specify)   (please specify)

Role

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

	Relationship to Child	Age
	List Household Members below for determination of family size *(required)*:	
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)**
☐ Employed Full-Time	☐ Employed Full-Time
☐ Employed Part-Time	☐ Employed Part-Time
☐ Unemployed	☐ Unemployed
☐ Other _____	☐ 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

Other Child Eligibility Risk Factor Criterion *(Must check all that apply):*

Please include an approximate start date for any Risk Factor selected.

	Risk Factor	Definition
☐	Preschooler with an Individualized Education Program (IEP)	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. <u>Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency</u>. Date IEP put into place: _____
☐	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.
☐	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).
☐	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?
☐	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.
☐	Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
☐	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.
☐	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.

☐	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.
☐	Education Level of Guardian	Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.
☐	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 HS program if available.)**
☐	Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP)	Defined as a child enrolled in ITCSP and eligible to transition into PA PKC.
☐	Child Lives in Geographic Area of High Poverty	Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors.
☐	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.
☐	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.

Family Assurances

By 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:

_____

☐ 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. My program's PA Pre-K Counts hours of operation are:

_____

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

Income Verification

2025 Federal Poverty Level Guidelines Based On Annual Income

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	$15,650	$46,950
2	$21,150	$63,450
3	$26,650	$79,950
4	$32,150	$96,450
5	$37,650	$112,950
6	$43,150	$129,450
7	$48,650	$145,950
8	$54,150	$162,450
Each Additional	+$5,500 for each additional family member	+$16,500 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**

EC PKC location Child will attend (please circle):   CC   HH   UC   NE

Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)

This section helps process the PA PKC Verification Form, which documents a child's enrollment in the PA PKC Program and is submitted to the ELRC. Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

Is this child currently receiving CCW subsidy (at any program)?	☐ Yes ☐ No
Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)? Referral for ELRC #___1___ Contact email or Phone number shared with family __814-836-5898_____ Or email: info@nwirelrc.org	☐ Yes ☐ No
Has the CCW enrollment been cross-checked with PA PKC?	☐ Yes ☐ No
PA PKC Verification Form submitted to the appropriate ELRC to verify enrollment with Child Care Works (CCW).	☐ Yes ☐ No