





Once Alpon Time Sparles Center
LEARNING CO

Date Form Complete	d: <u>mm</u>	/	DD D	/	YY
Student's First Name	Stud	ent's Last N	lame		Middle Initial
Student's Date of Birt	h Age at	start of prog	gram 5	year	Gender
Street Address		County Fa	ımily F	Reside	es In
City		<b>State</b> PA		Zip C	ode
School District of Residence		Email Add	lress		
Cell Phone	Home Pho	one	Work	Phon	e
Race (optional)  Black or African A  Asian  Native Hawaiian  Not Applicable		Am   Wh   Oth	iite	n Indi	an or Alaskan
Ethnicity (optional)  Hispanic  Non-Hispanic  Not Applicable			glish anish		ease specify)

	ime (Legal Guardian	First Name (Legal			Gender
complet	ling this application)	Guardian)			
Polatio	nahin ta Studant		<b>/</b> 2010.01	IN	
Fat	<b>nship to Student</b> her	ner		l) logical	Foster
	ardian			optive	
	ner:		=	ner:	
	(please specify	y)			se specify)
Role					
□ Prim	nary Guardian		☐ Leg	gal Guardiar	٦
□ Sec	ondary Guardian		□ Oth	ner	
				(pled	ase specify)
List Househ	old Members below for determine	ation of fa	mily size /re	equired):	
	tionship to Child				Age
1 ENR	OLLING CHILD				
2					
3					
4					
5					
6					
7					
8					
<ul> <li>Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:</li> <li>Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)</li> <li>A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>					
Chinayivai	iid 110-10 COOHIS.				
Determ	nined Family Size				
		$\Box$	5 🗆	6	□ 8 □

Employment St parent/guardic  Employed I Employed I Unemployed Other	<b>in</b> Full-Time Part-Time		r <b>ent/gua</b> i Employe	•	ble)
Household In	come Sources (	Must cl	heck all	that apply):	
☐ Employment	□ Self-Employment	•	oloyment ensation	☐ Worker's Compensation	□ TANF Cash payments
☐ Social Security	□ SSI	□ Child S	upport	☐ Alimony	□ Other

## Eligibility Risk Factor Criterion (Please check all that apply):

Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP	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 Care Works Subsidy Participant	Defined as a child currently or formerly a participant in the Child Care Works Subsidy program through the Early Learning Resource Center.
Child Care Works Subsidy Waiting List	Family is on the waiting list to receive Child Care Works Subsidy through the Early Learning Resource Center.
Preschooler with an Individualized Education Program (IEP)	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
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.

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.
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).
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.
Homeless	<ul> <li>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.</li> <li>If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason?</li> <li>Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.)</li> <li>Is the family living in a motel, hotel, or campground?</li> <li>Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings?</li> <li>Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings?</li> <li>Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing?</li> <li>Has the child been abandoned, in a hospital, or awaiting foster care placement?</li> </ul>
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.
Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving El 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 El for evaluation, the program should share information on El.

Concerns Regarding Child's Speech or Language Development (Currently Not Receiving El 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 El for evaluation, the program should share information on El.
Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving El 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 El for evaluation, the program should share information on El.
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.
Early Head Start- Child Care Partnership participant	Defined as a child who is currently a participant or is a former participant in Early Head Start or Early Head Start-Child Care Partnership.

## **Family Assurances**

By signing this application, 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.

$\square$ Once my child reaches the ${\sf age}$ ${\sf required}$ to ${\sf enroll}$ in ${\sf kindergarten}$ in the public
school district where we live, I understand they will no longer be eligible for PA PKC
funding.

$\sqsupset$ I understand that my child's $ extbf{enrollment is contingent}$ upon meeting the eligibilit
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 <b>attendance requirements</b> . 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 typical hours of operation are: Monday-Friday 8:15am-3:15pm.			
☐ 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 typical hours of operation are: Monday-Friday 8:15am-3:15pm.			
To the best of my knowledge, the information provided in this application 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/Guardian (Signature)  Date			
Parent/Guardian Name (Print Name)			
Do you have questions or concerns? Please call us at 724.222.6180			
Send application and proof of income to:			
By email to: office@ridethedragonbus.com			
Or via fax to: 724.222.4793			
Or in person or by mail to: Once Upon A Time Early Learning Center 925 Henderson Avenue Washington, PA 15301			

## FOR OFFICE USE ONLY

#### 2025 Federal Poverty Level Guidelines

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	+\$16,500

### 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**

INCOME CALCULATION OND					
Name	Income Source	Pay	Gross	Annualized	
		Frequency	Amount	Amount	
1.					
2.					
3.					
4.					
		Total Annual Income: \$		<b> \$</b>	

Actual Annual Verified Gross Household (Family) Income\$Attach copies of documents used to verify income prior to enrollment.
Family Size (per PKC guidelines)
Student is a resident of Pennsylvania
Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See <b>Federal Poverty Level Guidelines</b> relative to family size (must be verified prior to enrollment).
Student meets the age-eligibility guidelines (turns 3 or 4 before the Kindergarten cut off-age of the school district they reside in)
Kindergarten cut off dates:  Trinity School District - Sep 1 <sup>st</sup> Washington School District - August 1 <sup>st</sup> McGuffey School District - Sep 1 <sup>st</sup> Chartiers-Houston School District - August 3 <sup>st</sup> other district (please specify)
Staff Verifying Income and Risk Factors (Signature)  Date

# <u>Family and Program Administrator to Complete this Portion Together</u> If Applicable

Trippii di Die	
For Head Start Eligible families (100% of FPL or below)	☐ Check if not applicable
I have been informed of my child's eligibility for H	ead Start and given the following:
☐ Contact information for the following Head \$1 0788 x 400	tart location: Blueprints, 1-877-814-
☐ Application and/or assistance with referral: <a href="https://doi.org/10.2016/nc.2016/14.2016/">https://doi.org/10.2016/nc.</a>	CC49EB91AE76C0330B8AB035FFAD
□ Brochure or website with inform <a href="https://myblueprints.org/services/mind/head-star">https://myblueprints.org/services/mind/head-star</a>	nation about Head Start: <u>t-early-head-start-pre-k-counts/</u>
□ I understand that my signature below indicate my options for Head Start, and that I may choose program or Head Start if eligible for both.	
Parent/Guardian Signature D	ate
Staff Signature D	ate
Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed	))
This section helps process the PA PKC Verification Form enrollment in the PA PKC Program and is submitted to families seeking wraparound services receive referrals to notification of the PKC enrollment start date.	the ELRC. Additionally, it ensures
Is this child currently receiving CCW subsidy (at an	y program)? □ Yes □ No
Is the family interested in receiving ELRC contact in determine eligibility for CCW wraparound care (a	t any
program)? Referral for ELRC #724-836-4580 Contact phone number shared with family	□ Yes □ No
Has the CCW enrollment been cross-checked with	n PA PKC?
PA PKC Verification Form submitted to the appropre verify enrollment with Child Care Works (CCW).	oriate ELRC to