



2025-2026 PA Pre-K Counts Enrollment Form

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

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

Student's First Name	Student's Last Name	Middle Initial

Student's Date of Birth	Age at start of program year <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender
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Street Address	County Family Resides In	
City	State PA	Zip Code
School District of Residence	Email Address	
Cell Phone	Home Phone	Work Phone

Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	
<input type="checkbox"/> Hispanic	Primary Language
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____
	(please specify)

<input type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input type="checkbox"/>	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.
<input type="checkbox"/>	Homeless	<p>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.</p> <ul style="list-style-type: none"> • 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?
<input type="checkbox"/>	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.
<input type="checkbox"/>	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.
<input type="checkbox"/>	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.
<input type="checkbox"/>	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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
- 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 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

Family and Program Administrator to Complete this Portion Together
If Applicable

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: Blueprints, 1-877-814-0788 x 400

Application and/or assistance with referral: <https://www.childplus.net/apply/en-us/D89A2037AB326DDBFA442C3286149BE6/6DF7CC49EB91AE76C0330B8AB035FFAD>

Brochure or website with information about Head Start: <https://myblueprints.org/services/mind/head-start-early-head-start-pre-k-counts/>

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/Guardian Signature

Date

Staff Signature

Date

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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the family interested in receiving ELRC contact information to determine eligibility for CCW wraparound care (at any program)? Referral for ELRC #724-836-4580 Contact phone number shared with family _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the CCW enrollment been cross-checked with PA PKC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PA PKC Verification Form submitted to the appropriate ELRC to verify enrollment with Child Care Works (CCW).	<input type="checkbox"/> Yes <input type="checkbox"/> No