2026-27 PA Pre-K Counts Enrollment Form

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

Date Form Completed:		/		/			Child's SSN		-				
	MM		DD		YY		Last 5 digits	#	-	#	#	#	#

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

Ethnicity *(optional)*

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Not Applicable

Primary Language

- ☐ English
- ☐ Spanish
- ☐ Other _____ (please specify)

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

Relationship to Child

- ☐ Father
- ☐ Mother
- ☐ Guardian
- ☐ Other _____ (please specify)

(Select)

- ☐ Biological
- ☐ Foster
- ☐ Adoptive
- ☐ Other _____ (please specify)

Role

- ☐ Primary Guardian
- ☐ Secondary Guardian
- ☐ Legal Guardian
- ☐ Other

(please specify)

List Household Members below for determination of family size *(required)*:		
	Relationship to Child	*Age*
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

Enrollment Priority Criteria *(Must check all that apply): These indicators help us learn more about your family and understand what supports may be helpful. Your answers also help us determine enrollment priority so we can serve families with the greatest need first. Every family's situation is unique, and all information is kept confidential.*

	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. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
☐	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?
☐	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) Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services) 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 of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI regardless of enrollment.

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:

_____

☐ I understand that once an enrollment start date is confirmed, the child's PA Pre-K Counts enrollment status may be shared with other OCDEL-funded programs, such as the Early Learning Resource Center (ELRC) or Early Intervention, to ensure proper coordination of funding and services.

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

FOR OFFICE USE ONLY

Income Verification

2026 Federal Poverty Level Guidelines Based On Annual Income

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	$15,960	$47,880
2	$21,640	$64,920
3	$27,320	$81,960
4	$33,000	$99,000
5	$38,680	$116,040
6	$44,360	$133,080
7	$50,040	$150,120
8	$55,720	$167,160
Each Additional	+$5,680 for each additional family member	+$17,040 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**

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 #_____ Contact email or Phone number shared with family _____	☐ Yes ☐ No
Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back? **Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information**	☐ Yes ☐ No

Enrollment Outcomes: This section documents outreach, communication, and waitlist activity related to a child's application.

☐ Child enrolled – Date: _____ ☐ Child placed on waitlist – Date: _____

☐ Family declined placement – Date: _____ ☐ Unable to contact family after documented attempts

Documented Family Communication

Date	Communication Method	Purpose of Contact	Staff Initials
	☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter	☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____	
	☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter	☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____	
	☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter	☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____	
	☐ Phone ☐ Text ☐ Email ☐ In Person ☐ Letter	☐ Application status ☐ Waitlist update ☐ Slot availability ☐ Other: _____	

☐ **Family was informed of waitlist status and next steps**

☐ **Family was informed they will be contacted when a slot becomes available**