

BARBER NATIONAL INSTITUTE

PRE-K COUNTS 2015-2016 ELIGIBILITY for ENROLLMENT FORM

This information is confidential and will not be used for purposes other than enrollment and required reporting.

Last Name (Child)	First Name (Child)	Middle Initial (Child)
Date of Birth	Age	
/ /	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
PRIMARY LANGUAGE		FAMILY TYPE
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)		<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ (Please specify)
Street Address		County
City	State	Zip Code
Home Telephone:		School District

Child Eligibility Information (Check all that apply)

- ☐ Family income is below 300% of federal poverty level. Please see income guidelines on back - REQUIRED
- ☐ Family is eligible for Head Start.(less than 130% see back of form) _____
- ☐ Disability or developmental delay **and** participation in one of the Early Intervention programs.
Specify which: _____
- ☐ English Language Learner – *Primary language spoken in the home is* : _____
- ☐ Currently receiving CCIS funding for the child
- ☐ Other risk factors – please complete risk checklist on back.

To the best of my knowledge, the information is accurate. I understand that this form is used to determine my child's eligibility for Pre K Counts and that I will be asked to verify income upon an offer of enrollment.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name – Please Print: _____

Staff facilitating registration: _____

PRE-K RISK FACTORS and INFORMATION

Check all that apply

AGE OF CHILD

- ☐ 4 years as of September 1st
- ☐ 3 years as of September 1st

DOCUMENTED SPECIAL NEEDS OF CHILD

- ☐ 1 area of delay
- ☐ 2 or more areas of delay
- ☐ Risk factors due to child's health/medical status

INCOME: The Pre-K Guidelines allow for annual income up to 300% of the Federal Poverty Guidelines

- ☐ Below 130% of the Federal Poverty Level – also eligible for HEADSTART
- ☐ Annual Income between 133% - 250%
- ☐ Annual Income between 250 - 300%
- ☐ Annual Income over 300%

NUMBER IN MY FAMILY _____

My FAMILY ANNUAL INCOME is \$ _____

2015 Federal Poverty Level Guidelines

Household Size	100%	133%	150%	200%	250%	300%
1	\$11,770	\$15,654	\$17,655	\$23,540	\$29,425	\$35,310
2	15,930	\$21,187	\$23,895	\$31,860	\$39,825	\$47,790
3	20,090	\$26,720	\$30,135	\$40,180	\$50,225	\$60,270
4	24,250	\$32,253	\$36,375	\$48,500	\$60,625	\$72,750
5	28,410	\$37,785	\$42,615	\$56,820	\$71,025	\$85,230
6	32,570	\$43,318	\$48,855	\$65,140	\$81,425	\$97,710
7	36,730	\$48,851	\$55,095	\$76,460	\$91,825	\$110,190
8	40,890	\$54,384	\$61,335	\$81,780	\$102,225	\$122,670
For each additional person, add	\$4,160	\$5,534	\$6,240	\$8,320	\$10,400	\$12,480

SPECIAL FAMILY CONSIDERATIONS – select all that apply:

- ☐ Parents currently separated/divorced
- ☐ Documented special needs of parent in the home
(visual/hearing impairment, physical disabilities, mental retardation or mental health concerns)
- ☐ Domestic Violence Issues in the home
- ☐ Child being raised by an adult other than parent(s)
- ☐ Parent/ Guardian has not completed High School
- ☐ Family is Currently or recently Homeless
- ☐ Foster Child
- ☐ Single Parent Family
- ☐ Teen Parent now or at time of birth
- ☐ Dominant language at home is non-English – language spoken is _____
- ☐ Family able to transport
- ☐ Parent Incarcerated
- ☐ Currently enrolled and having difficulty in another early learning environment
- ☐ Employee of the Barber National Institute AND Income eligible
- ☐ Sibling(s) currently attending Barber National Institute
- ☐ Recent death of relative in the home or one who provided care for this child
- ☐ OTHER please describe _____