BARBER NATIONAL INSTITUTE

2025 PA Pre-K Counts Enrollment Eligibility Form

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

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

Last Name (Child)	**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** ☐ 2 ☐ 3 ☐ 4 ☐ 5	**Gender** ☐ 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 _____

List Household Members below for determination of family size *(required)*:		
	Names and 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

Based on last tax filing or current income status, list your <u>Annual Household Income</u>: $

Include earned income, child support, pensions, SSI, SNAP, assistance of the household that is child's primary residence.

Other Family Information and Risk Factors known to possibly affect a child's readiness for kindergarten

Please check all that apply:

☐	**Child receiving Behavioral Supports:** A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
☐	**Child in or part of Child Welfare Services:** A child/family who is receiving Children and Youth services; child in foster placement or kinship care.
☐	**Education Level of Guardian:** Does not have high school diploma or GED or post-secondary degree.
☐	**English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
☐	**Preschooler with Individualized Education Plan (IEP):** A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
☐	**Incarcerated Parent:** A child for whom one or both of the child's parents is currently in prison.
☐	**Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living in substandard conditions-no utilities or unsafe conditions. C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings. D. Child who has been abandoned, in a hospital, or awaiting foster care placement.
☐	**Migratory (Non-Immigrant)/Seasonal Student:** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory 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, working in nurseries such as Christmas and evergreen trees farming.
☐	**Teen Mother:** A child whose mother or father who was under the age of 18 when the child was born.
☐	**Child's Family or Living Structure:** Child with a single parent, divorced parents, or with relatives assigned as legal guardians.
☐	**Parent/guardian** caring for this child has documented **special needs** (visual/hearing impairment, physical or intellectual disabilities, mental health concerns)
☐	Child has a history of a **traumatic** or aversive childhood experience (specify)
☐	Eligible for or receiving **Public Assistance funds**: TANF, SSI, SNAP
☐	Concerns regarding the child's physical, speech language or social skills development but not receiving early intervention.
☐	**Child has existing medical condition** which may impact development **-**specify
☐	**Parent is Employee** of the Barber National Institute AND Income eligible
☐	**Sibling**(s) currently attending Barber National Institute AND family is income eligible
☐	**Other** family circumstances impacting the child: (specify)

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. 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:

Erie: 8:30 a.m. – 3:00 p.m. **Corry: 8:00 a.m. – 2:30 p.m.**

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 the information provided.

I certify that all the 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 : Child Development Centers, Erie PA

☐ 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

_____ _____

Parent/Legal Guardian Printed Name

FOR OFFICE USE ONLY

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

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.

_____ _____

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 _____	☐ 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

Barber National Institute

Pre-K Counts Enrollment Prioritization Information

Pre-K Counts is a grant-funded program designed to serve 3 and 4 year old students who may not being ready for kindergarten at age 5 due to a number of potential factors which are known to impact a child's development.

PKC is reserved for these preschool children coming from income eligible families who are earning <300% Federal Poverty Level. (see chart on the application form)

PKC is designed to prepare children for kindergarten entry by providing a comprehensive education in a high quality program.

As available slots are limited, families are asked to complete the PKC Eligibility Verification Application and indicate all possible, listed factors present in their family which apply to them/their child.

Each item on the known factors list has a set numeric value. The total value of the identified factors is calculated and used as a guide by the program director to determine which applying family is most in need of available slot(s). Consideration is also given to families who are not eligible for other publicly funded preschool opportunities.

Once an opening is offered to a family, they will be asked to accept/decline within the week. If a family declines at the time of offer, the application will be held for future re-consideration or until the child ages out of PKC. If all Pre-K Counts funded slots are filled at the time of application, the parent will be told so at the time of call and asked if they would still wish to submit an Eligibility Verification Application for consideration in future.

When a child is placed on our 'Interested in future opening' list, we will also ask the family if they would like assistance in locating another PKC provider or alternate child care program. BNI PKC will provide referral name/number and/or, at parent request, make a call on their behalf to locate an opening with another provider that is geographically convenient for the family.

Families are invited to call any time to check on the status of available openings.

Rev: 3-17-25

HEAD START

FREE PRESCHOOL FOR AGES 3 - 5

- FULL-DAY CARE MONDAY - FRIDAY
- DAILY BREAKFAST, LUNCH AND SNACK
- EDUCATIONAL & NURTURING ENVIRONMENTS
- POTTY TRAINING IF NEEDED
- TRANSPORTATION AT SELECT LOCATIONS
- FAMILY ENGAGEMENT SPECIALISTS

AUTOMATIC QUALIFIERS

FAMILIES THAT RECEIVE FOOD STAMPS, TANF OR SSI, ARE FOSTERING A CHILD, OR ARE EXPERIENCING HOMELESSNESS AUTOMATICALLY QUALIFY!

ENROLL YOUR CHILD TODAY!

CDCENTERS.ORG | 814-480-9472

ERIE, MILLCREEK & LAKE CITY LOCATIONS!

Child Development CENTERS COME GROW WITH US!