

BARBER NATIONAL INSTITUTE

PRE-K COUNTS 2017-2018 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 IN HOME		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 to your child & family)

- ☐ 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 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 to your child and family:

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

NUMBER PEOPLE IN MY FAMILY _____ My FAMILY ANNUAL INCOME is \$ _____

Annual 2017 Poverty Guidelines for the 48 Contiguous States							
Household/ Family Size	100%	150%	185%	200%	250%	275%	300%
1	12,060	18,090	22,311	24,120	30,150	33,165	36,180
2	16,240	24,360	30,044	32,480	40,600	44,660	48,720
3	20,420	30,630	37,777	40,840	51,050	56,155	61,260
4	24,600	36,900	45,510	49,200	61,500	67,650	73,800
5	28,780	43,170	53,243	57,560	71,950	79,145	86,340
6	32,960	49,440	60,976	65,920	82,400	90,640	98,880
7	37,140	55,710	68,709	74,280	92,850	102,135	111,420
8	41,320	61,980	76,442	82,640	103,300	113,630	123,960
9	45,500	68,250	84,175	91,000	113,750	125,125	136,500
10	49,680	74,520	91,908	99,360	124,200	136,620	149,040
11	53,860	80,790	99,641	107,720	134,650	148,115	161,580
12	58,040	87,060	107,374	116,080	145,100	159,610	174,120

SPECIAL FAMILY CONSIDERATIONS – select all that apply:

- ☐ Parents currently separated/divorced
- ☐ Single Parent Family
- ☐ Teen Parent now or at time of this child's birth
- ☐ Documented special needs of parent/guardian caring for this child
(visual/hearing impairment, physical or intellectual disabilities, mental health concerns)
- ☐ Domestic Violence Issues in the home
- ☐ Child being raised by an adult other than parent(s) Foster child/Kinship _____
- ☐ Parent/ Guardian has not completed High School
- ☐ Family is Currently or was recently Homeless
- ☐ Dominant language at home is non-English – language spoken is _____
- ☐ Parent Incarcerated
- ☐ Recent death of relative in the home or one who provided care for this child
- ☐ 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 AND income eligible
- ☐ Family able to transport
- ☐ OTHER risk factors or concern -please describe _____