

BARBER NATIONAL INSTITUTE

PRE-K COUNTS 2018-2019 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 2018 Poverty Guidelines for the 48 Continental United States						
Household/ Family Size	100%	138%	185%	200%	250%	300%
1	\$12,140	16,753	22,459	24,280	30,350	36,420
2	\$16,460	22,715	30,451	32,920	41,150	49,380
3	\$20,780	28,676	38,443	41,560	51,950	62,340
4	\$25,100	34,638	46,435	50,200	62,750	75,300
5	\$29,420	40,600	54,427	58,840	73,550	88,260
6	\$33,740	46,561	62,419	67,480	84,350	101,220
7	\$38,060	52,523	70,411	76,120	95,150	114,180
8	\$42,380	58,484	78,403	84,760	105,950	127,140
9	\$46,700	64,446	86,395	93,400	116,750	140,100
10	\$51,020	70,408	94,387	102,040	127,550	153,060

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 _____