

# BARBER NATIONAL INSTITUTE

## PRE-K COUNTS 2020-2021 ELIGIBILITY for ENROLLMENT FORM

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

<b>Last Name (Child)</b>	<b>First Name (Child)</b>	<b>Middle Initial (Child)</b>
<b>Date of Birth</b>	<b>Age</b>	
/ /	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>PRIMARY LANGUAGE IN HOME</b>		<b>FAMILY TYPE</b>
<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)
<b>Street Address</b>		<b>County</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone:</b>		<b>School District</b>

### 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.(100% FPL or below – see back)
- 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 is \_\_\_\_\_ My FAMILY ANNUAL INCOME is \$ \_\_\_\_\_**

**Household**

<b>/Family Size</b>	<b>50%</b>	<b>*100%*</b>	<b>150%</b>	<b>185%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>
<b>1</b>	6,380	\$12,760	19,140	23,606	25,520	31,900	38,280
<b>2</b>	8,620	\$17,240	25,860	31,894	34,480	43,100	51,720
<b>3</b>	10,860	\$21,720	32,580	40,182	43,440	54,300	65,160
<b>4</b>	13,100	\$26,200	39,300	48,470	52,400	65,500	78,600
<b>5</b>	15,340	\$30,680	46,020	56,758	61,360	76,700	92,040
<b>6</b>	17,580	\$35,160	52,740	65,046	70,320	87,900	105,480
<b>7</b>	19,820	\$39,640	59,460	73,334	79,280	99,100	118,920
<b>8</b>	22,060	\$44,120	66,180	81,622	88,240	110,300	132,360
<b>9</b>	24,300	\$48,600	72,900	89,910	97,200	121,500	145,800
<b>10</b>	26,540	\$53,080	79,620	98,198	106,160	132,700	159,240

**SPECIAL FAMILY CONSIDERATIONS – Please mark 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  
(vision/hearing sensory 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
- Health concerns of child \_\_\_\_\_
- OTHER risk factors or concern -please describe \_\_\_\_\_