



**GREATER SUSQUEHANNA VALLEY YMCA
PRE-K COUNTS 2020/2021 APPLICATION**



This information is confidential to the PA Pre-K Counts program. Date form completed: _____

Last Name (Child)		First Name (Child)		Middle Initial	
Child's Date of Birth / /		Age 2 _____ 3 _____ 4 _____ 5 _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Foster children are family size of 1					
Primary Language			Family Type		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)			<input type="checkbox"/> One Paren <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ (Please specify)		
Race (optional)				Has this child's sibling attended our Pre-K Counts Program?	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other		<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native Hawaiian or pacific <input type="checkbox"/> Not applicable		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Ethnicity (optional)					
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not -Applicable					
Street Address			County		
City			State PA		
Parent's Email Address		School District		Zip Code	
Parent/Legal Guardian Name					
Home Phone		Cell phone		Work/Other Phone	
PKC Eligibility Results				Notes:	
<input type="checkbox"/> Approved <input type="checkbox"/> Ineligible <input type="checkbox"/> Pending-missing documents					
<input type="checkbox"/> Accepted to start 20-21 School Year <input type="checkbox"/> Waiting List <small>(waitlist is shared with all 3 sites)</small>					
<input type="checkbox"/> Hold for 21-22 School Year <input type="checkbox"/> Hold for 22-23 School Year					
Date Received		Date Reviewed		Reviewers Signature	

Extended Care Options		Fees	
<small>(Extended care options based on availability)</small>			
<input type="checkbox"/> AM Extended Care	6:30 am-8:00 am	Member \$25/week	Non-Member \$30/week
<input type="checkbox"/> PM Extended Care	2:00 pm-5:30 pm	\$54/week	\$59.00/week
<input type="checkbox"/> Holiday Care	6:30 am-5:30 pm (cannot exceed 10hrs/day)	\$18.50/day	\$20/day
Holiday Care covers any day that Pre-K Counts is not in session (In-service days, snow days, winter break) ***Full weeks off will pay regular daycare rates. Please ask about financial assistance.			

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Household Members

Please list parents/guardians and children up to age 18 living at the address listed above. Please include relationship and age/birthday **including the child for whom you are applying.**

Parents/Guardians/Children	Relationship	Age/Birthday	Ethnic Background

The 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	100% of Poverty Qualifies for Head Start	200% of Poverty	300% of Poverty
1	\$ 12,760	\$ 25,520	\$ 38,280
2	\$ 17,240	\$ 34,480	\$ 51,720
3	\$ 21,720	\$ 43,440	\$ 65,160
4	\$ 26,200	\$ 52,400	\$ 78,600

Household Income (required) check box: 2020 guidelines

- Less than \$5,000
 \$5,001 - \$10,000
 \$10,001 - \$15,000
 \$15,001 - \$20,000
 \$20,001 - \$25,000
 \$25,001 - \$30,000
 \$30,001 - \$35,000
 \$35,000-\$40,000
 \$40,001 - \$45,000
 \$45,001 - \$50,000
 \$50,001 - \$60,000
 \$60,001 - \$70,000
 \$70,001 - \$100,000
 More than \$100,000

Family income: is at or below 300% of federal poverty level (Required Risk factor). Consider all sources of income. See above for income chart relative to family size. (Must be verified prior to enrollment) *****Must submit 3 recent pay stubs, 1040, or proof of any other income provided through the state.** (Below 100% qualifies for Head Start)

Information from this application may be shared with other Head Start or Pre-K counts programs. Initials _____ .

Other Child Eligibility Risk Factor Criterion (Must check all that apply)

- 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 Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services
- Education level of guardian:** Does not have a 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.
- 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.
- 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 the lack of alternative 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;
 - C. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Incarcerated Parent:** A child for whom one of the child's parents is currently in prison
- Migrant (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 was under the age of 18 when the child was born

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. **Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (100% of FPL or below) has been informed of their eligibility for HS.**

Parent/Guardian Signature

Date

Parent/Guardian Name – Please Print

Actual Annual Verified Gross Household (Family) Income: _____
(Attach copies of documents used to verify income prior to enrollment)

Family Size: _____

Staff Verification Signature 1 Date

Staff Verification Signature 1 Date