

# 2020 PA Pre-K Counts Enrollment 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<br>PA | Zip Code      |  |
| School District of Residence |             |               |  |
| Home Phone                   | Work Phone  | Email Address |  |

|                       |  |   |
|-----------------------|--|---|
| Child's Date of Birth | Age<br><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------------------|--|---|

|  |  |
|--|--|
| <b>Race (optional)</b>   |  |
| <input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian or Pacific<br><input type="checkbox"/> Not Applicable | <input type="checkbox"/> American Indian or Alaskan<br><input type="checkbox"/> White<br><input type="checkbox"/> Other  |
| <b>Ethnicity (optional)</b>  | <b>Primary Language</b>  |
| <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Not Applicable  | <input type="checkbox"/> English<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Other<br><div style="text-align: right; margin-top: 5px;">_____</div> <div style="text-align: right; margin-top: 5px;">(please specify)</div> |

|                            |                             |   |
|----------------------------|-----------------------------|---|
| Last Name (Legal Guardian) | First Name (Legal Guardian) | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|----------------------------|-----------------------------|---|

|   |  |
|---|--|
| <b>Relationship to Child</b><br><input type="checkbox"/> Father<br><input type="checkbox"/> Mother<br><input type="checkbox"/> Guardian<br><input type="checkbox"/> Other<br><div style="text-align: right; margin-top: 5px;">_____</div> <div style="text-align: right; margin-top: 5px;">(please specify)</div> | <b>(Select)</b><br><input type="checkbox"/> Biological<br><input type="checkbox"/> Foster<br><input type="checkbox"/> Adoptive<br><input type="checkbox"/> Other<br><div style="text-align: right; margin-top: 5px;">_____</div> <div style="text-align: right; margin-top: 5px;">(please specify)</div> |
|---|--|

|   |   |
|---|---|
| <b>Role</b>                                 |   |
| <input type="checkbox"/> Primary Guardian   | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Secondary Guardian | <input type="checkbox"/> Other _____    |
| (please specify)                            |   |

|  |                            |                                |
|--|----------------------------|--------------------------------|
| <b>Household/Family Size</b> (required) check box: |                            |                                |
| <input type="checkbox"/> 1                         | <input type="checkbox"/> 4 | <input type="checkbox"/> 7     |
| <input type="checkbox"/> 2                         | <input type="checkbox"/> 5 | <input type="checkbox"/> 8     |
| <input type="checkbox"/> 3                         | <input type="checkbox"/> 6 | <input type="checkbox"/> _____ |

|   |  |  |
|---|--|--|
| <b>Household Income</b> (required) check box: |  |  |
| <input type="checkbox"/> Less Than \$5,000    | <input type="checkbox"/> \$5,001-\$10,000    | <input type="checkbox"/> \$10,001-\$15,000 |
| <input type="checkbox"/> \$15,001-\$20,000    | <input type="checkbox"/> \$20,001-\$25,000   | <input type="checkbox"/> \$25,001-\$30,000 |
| <input type="checkbox"/> \$30,001-\$35,000    | <input type="checkbox"/> \$35,001-\$40,000   | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$45,001-\$50,000    | <input type="checkbox"/> \$50,001-\$60,000   | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$70,001-\$100,000   | <input type="checkbox"/> More Than \$100,000 |  |

**2020 Federal Poverty Level Guidelines**

| <b>300%</b>            |                 |                |               |
|------------------------|-----------------|----------------|---------------|
| <b>Family Size</b>     | <b>Annual</b>   | <b>Monthly</b> | <b>Weekly</b> |
| <b>1</b>               | \$38,280        | \$3,190        | \$736         |
| <b>2</b>               | \$51,720        | \$4,310        | \$995         |
| <b>3</b>               | \$65,160        | \$5,530        | \$1,253       |
| <b>4</b>               | \$78,600        | \$6,550        | \$1,512       |
| <b>5</b>               | \$92,040        | \$7,670        | \$1,770       |
| <b>6</b>               | \$105,480       | \$8,790        | \$2,028       |
| <b>7</b>               | \$118,920       | \$9,910        | \$2,287       |
| <b>8</b>               | \$132,360       | \$11,030       | \$2,545       |
| <b>Each Additional</b> | <b>\$13,440</b> | <b>\$1,120</b> | <b>\$258</b>  |

**Actual Annual Verified Gross Household (Family) Income:** \$ \_\_\_\_\_

\*Attach copies of documents used to verify income prior to enrollment

Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

