



pennsylvania
PRE-K COUNTS

Pre-K Counts Bucks County

~~Family Application~~ **Overview and Family Application**

~~beginning August 2021~~ **for the school year beginning August 2021**

~~Bucks County has six Pre-K Counts grants from the Commonwealth of Pennsylvania. Those grants allow families with children (ages three and four years on or before September 1) to apply for entry in a high quality, half-day or full-day pre-school program *at no cost to the family.*~~

~~The belief is that early education will prepare children to succeed in kindergarten.~~

~~We are accepting applications for pre-school programs for the 2021-2022 school year.~~

~~Residents of Pennsylvania children who meet the required criteria will be considered for this five day-a-week program. Some of the programs are half-day and others are full-day based on the grant received. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$79,500 a year and still qualify.~~

~~Families who qualify financially and *also* have secondary at-risk factors (for example: English as a Second Language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.~~

~~To apply for Pre-K Counts in Bucks County, complete the application on pages 4, 5 and 6 of this packet. If you are completing the application electronically, please print and then sign the family application (on page 6) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to their school district representative listed on the next page. If your school district is not listed, please send your materials to United Way of Bucks County.~~

~~Thank you for your interest in the Pennsylvania Pre-K Counts program!~~



Pre-K Counts Bucks County

Contact Information

Bristol Township School District

Ms. Audrey Flojo
6401 Mill Creek Road
Levittown, PA 19057
267-599-2017
audrey.flojo@bristoltwpsd.org

Neshaminy School District

Ms. Kim Johnson
Pupil Services
2250 Langhorne-Yardley Road
Langhorne, PA 19047
215-809-6558
kjohnson@neshaminy.org

Pennsbury School District

Ms. Laurie Ruffing, Principal
Walt Disney Elementary School
200 Lakeside Drive North
Levittown, PA 19054
215-949-6868 ext. 20815
lruffing@pennsburysd.org

Quakertown School District

c/o LifeSpan School & Day Care
Ms. Robyn Jardine
2460 John Fries Highway
Quakertown, PA 18951
215-896-9917
rjardine@lq.org

All other school districts in Bucks County:

Bucks County Intermediate Unit

Ms. Joan Pfender
705 N. Shady Retreat Road
Doylestown, PA 18901
215-348-2940 ext. 8270
jpfender@bucksiu.org

United Way of Bucks County

Mrs. Candi Guerrero
413 Hood Boulevard
Fairless Hills, PA 19030
215-949-1660 ext. 108
candig@uwbucks.org



Pre-K Counts Bucks County Application Checklist

Included in this packet are all of the necessary application forms for our Pre-K Counts Program. Please complete the information and return it to your local program listed on the contact sheet.

Applications will not be reviewed until the application and all supporting documents have been received. Thank you for your cooperation in this matter.

Please submit copies of the items listed below with your application:

2020 Federal Income Tax Return for all adults (18 and over) residing in your household

Please include ONLY the first 2 pages of Federal Form 1040; no other tax forms are required.

Birth Certificate (child)

Social Security Card or Number on Tax Return (child)

Photo ID (Parent/Guardian)

Confidential Pre-K Counts Application (all 3 pages must be completed)

Proof of Residency: Lease, Deed, or Mortgage Coupon. They must be current and the child's name must be on the lease.

Three (3) additional proofs of residency such as vehicle or home owner's insurance, vehicle registration, utility bill for phone, water, electric, etc.

The following items are due immediately upon acceptance into the program:

Immunization Records

Physical (completed after September 1, 2020), including vision, hearing, and dental screenings.



Pre-K Counts Bucks County 2021-22 APPLICATION

Please print clearly.

| SECTION 1: CHILD INFORMATION | |
|---|---|
| Child's Name _____ | Today's Date _____ |
| Ethnicity (Check One): <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown | |
| Race (Check One): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hawaiian Pacific Islander <input type="checkbox"/> Unknown | |
| Child's Birth Date _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Child's Social Security Number _____ | <i>Please submit a copy of the child's birth certificate.</i> |
| <i>If you have English as a Second Language, please complete this section.</i> Language(s) spoken at home _____ Language(s) child speaks _____ | |
| Special Needs/Concerns Related to the Child: <i>If the child is receiving early intervention services, please submit a copy of the child's IEP.</i> | |
| My local Elementary School: _____ in _____ School District. | |

| SECTION 2: PARENT INFORMATION | |
|--|------------------------------|
| Parent/Guardian #1: Name _____ | Date of Birth _____ |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran) | |
| Address _____ | Apt _____ |
| City _____ State PA _____ | Zip Code _____ |
| Primary Phone Number _____ | Alternate Phone Number _____ |
| Email Address _____ | |
| Parent/Guardian #2: Name _____ | Date of Birth _____ |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran) | |
| Address _____ | Apt _____ |
| City _____ State PA _____ | Zip Code _____ |
| Primary Phone Number _____ | Alternate Phone Number _____ |
| Email Address _____ | |
| Highest education level completed: Parent #1 _____ Parent #2 _____ | |

| SECTION 3: HOUSEHOLD INCOME | |
|---|------------|
| <i>A copy of the first two pages of the 2020 federal income tax return for ALL adults in the household must be submitted with this application.</i> | |
| Income from all sources for all household members _____/year | |
| Number of Adults (everyone over age 18) in the household _____ | Ages _____ |
| Number of Children in the household _____ | Ages _____ |
| Check one: <input type="checkbox"/> I own my home <input type="checkbox"/> I rent my home <input type="checkbox"/> I am living with another family | |
| FOR PROGRAM USE ONLY Income Verified by _____ Date _____ | |

| SECTION 4: ADDITIONAL CHILD INFORMATION (Required) | |
|---|--|
| Are you currently enrolled in the Head Start Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child enrolled in Child Care Works (subsidized child care)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the parent a migrant (non-immigrant) or seasonal worker? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child homeless (living in a motel, shelter, in substandard housing)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child in foster care, kinship care, or receiving Child Protective services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child receive behavioral supports or been referred for behavioral supports? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was the child's mother less than 18 years of age when he/she was born? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is one of the child's parents incarcerated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the parent have a high school diploma or GED? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there concerns about the child's physical development or existing medical issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there concerns about the child's speech or language development? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there concerns about the child's social, emotional, or behavioral development? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If there is anything else that we should know about your child or your family, please explain here: | |
| | |

SECTION 5: RELEASE OF INFORMATION

Child's Name _____

When necessary to the fulfillment of the Pre-K Counts grant or to enhance services provided to my child or family, I authorize release and sharing of information to:

Bucks County Intermediate Unit Yes No

My local school district (_____) Yes No

Pennsylvania Department of Education Yes No

When necessary for the fulfillment or enhancement of the Pre-K Counts grant, I authorize the use of photographs in which my child appears for purposes including, but not limited to, newsletters, press releases, and/or brochures.

I authorize the use of my child's photo as described above. Yes No

Parent/Guardian Signature _____ Date _____

SECTION 6: PROGRAM ASSURANCES & SIGNATURE

- Families are considered for enrollment in Pre-K Counts after the completed application and all supporting documents have been received.
- Families are accepted on a "need" basis and not from the date the application was submitted.
- Families whose children are selected for the Pre-K Counts program *must provide transportation on a daily basis to and from the pre-school to which they are assigned.*
- Families are required to attend parent/guardian conferences and at least one parent workshop.
- Attendance is essential. Except for excused absences, children must be prompt and present on a daily basis.

Please check and sign below:

HEAD START ELIGIBLE FAMILIES:

I have been given information about Head Start but I prefer to enroll in the Pre-K Counts program.

Parent/Guardian Signature _____ Date _____

To the best of my knowledge the information on this application is accurate.

I accept the responsibilities of a Pre-K Counts family.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____

All documents listed on page 3 must be included with your application.

We will not review or accept any application without all supporting documents.

Please submit this application and all documents requested to the Lead Agency listed on Page 2.

Thank you!