

# 2019 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed:         /      /       
MM    DD    YY

|                          |                           |                       |
|--------------------------|---------------------------|-----------------------|
| <b>Last Name (Child)</b> | <b>First Name (Child)</b> | <b>Middle Initial</b> |
|--------------------------|---------------------------|-----------------------|

|                                     |                    |                      |  |
|-------------------------------------|--------------------|----------------------|--|
| <b>Street Address</b>               |                    | <b>County</b>        |  |
| <b>City</b>                         | <b>State</b><br>PA | <b>Zip Code</b>      |  |
| <b>School District of Residence</b> |                    |                      |  |
| <b>Home Phone</b>                   | <b>Work Phone</b>  | <b>Email Address</b> |  |

|                              |                                      |                                   |
|------------------------------|--------------------------------------|-----------------------------------|
| <b>Child's Date of Birth</b> | <b>Age</b><br>2      3      4      5 | <b>Gender</b><br>Male      Female |
|------------------------------|--------------------------------------|-----------------------------------|

|                             |                            |
|-----------------------------|----------------------------|
| <b>Race (optional)</b>      |                            |
| Black or African American   | American Indian or Alaskan |
| Asian                       | White                      |
| Native Hawaiian or Pacific  | Other                      |
| Not Applicable              |                            |
| <b>Ethnicity (optional)</b> | <b>Primary Language</b>    |
| Hispanic                    | English                    |
| Non-Hispanic                | Spanish                    |
| Not Applicable              | Other                      |
|                             | _____                      |
|                             | (please specify)           |

|                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| <b>Last Name (Legal Guardian)</b> | <b>First Name (Legal Guardian)</b> | <b>Gender</b><br>Male      Female |
|-----------------------------------|------------------------------------|-----------------------------------|

|                              |                  |
|------------------------------|------------------|
| <b>Relationship to Child</b> | <b>(Select)</b>  |
| Father                       | Biological       |
| Mother                       | Foster           |
| Guardian                     | Adoptive         |
| Other                        | Other            |
| _____                        | _____            |
| (please specify)             | (please specify) |

|                    |                                 |
|--------------------|---------------------------------|
| <b>Role</b>        |                                 |
| Primary Guardian   | Legal Guardian                  |
| Secondary Guardian | Other _____<br>(please specify) |

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

|   |                     |                   |
|---|---------------------|-------------------|
| <b>Household Income</b> (required) check box: |                     |                   |
| 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                             | \$35,001-\$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 |                   |

**2019 Federal Poverty Level Guidelines**

| <b>300%</b>            |                 |                |               |
|------------------------|-----------------|----------------|---------------|
| <b>Family Size</b>     | <b>Annual</b>   | <b>Monthly</b> | <b>Weekly</b> |
| <b>1</b>               | \$37,470        | \$3,123        | \$721         |
| <b>2</b>               | \$50,730        | \$4,228        | \$976         |
| <b>3</b>               | \$63,990        | \$5,333        | \$1,231       |
| <b>4</b>               | \$77,250        | \$6,438        | \$1,486       |
| <b>5</b>               | \$90,510        | \$7,543        | \$1,741       |
| <b>6</b>               | \$103,770       | \$8,648        | \$1,996       |
| <b>7</b>               | \$117,030       | \$9,753        | \$2,251       |
| <b>8</b>               | \$130,290       | \$10,858       | \$2,506       |
| <b>Each Additional</b> | <b>\$13,260</b> | <b>\$1,105</b> | <b>\$255</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).

