



112 Commonwealth Drive
 Lemont Furnace, PA 15456
 Phone: 724-437-2590
 Fax: 724-430-4827

205 Beaver Valley Mall
 Monaca, PA 15061
 Phone: 724-728-2110
 Fax: 724-728-2404

A division of:



Dear Parent/Guardian:

Thank you for your interest in the PA Pre-K Counts program. Please return your completed application along with copies of the following: Please only send copies.

1. Your **annual household** income
2. Your child's birth certificate

According to program regulations, annual household income (earned and unearned) is required to establish eligibility.

The following are included in determining annual income:

- a. Most recent W-2 Form (**2016**) or Most recent tax return (**2016**) or Pay stubs (*last 30 days*)
- b. Unemployment Financial Determination Letter
- c. SSI/Social Security Financial Award Letter
- d. Child Support Information documenting (SCDU stub or court order) amount received monthly
- e. Unearned income including cash and contributions, dividends, interest, net income, net royalties and periodic receipts from estates or trusts.

Please return your completed application to the Private Industry Council / attention Pre-K Counts. Please note the gray shaded areas on the application are for agency staff only.

Fayette or Westmoreland County Classrooms:

Private Industry Council / Pre-K Counts
 112 Commonwealth Drive
 Lemont Furnace, PA 15456

Allegheny or Beaver County Classrooms:

Private Industry Council / Pre-K Counts
 205 Beaver Valley Mall
 Monaca, PA 15061

For questions call: 724-437-2590

724-728-2110 Ext. 1239

Sincerely,

Pre-K Counts Staff

PA Pre-K Counts Family Application

112 COMMONWEALTH DRIVE
 LEMONT FURNACE, PA 15456
 Phone: 724-437-2590 Fax: 724-430-4827

205 BEAVER VALLEY MALL
 MONACA, PA 15061
 PHONE: 724-728-2110 FAX: 724-728-2404

Application Date: _____

Program Year: _____

General Information - Primary Adult: (Please PRINT CLEARLY all information)

Primary Adult Last Name:		First Name:		Middle:		Suffix:	
Primary Adult Living Address				City	State	Zip	County
Primary Adult Mailing Address (if different)				City	State	Zip	Date of Birth
Phone Number	Type: Home, Work, Cell, etc.		Primary	Notes			
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

Number in Household _____ Num. in Family _____ Total Num. of Children _____

Parental Status One Two
 Primary Language at Home English Spanish Other
 Specify: _____

Family Income *Agency staff will complete shaded*

Family Member	Income Source	Amount	Per	Annual Amount	Type ¹	Desc. ²	Verif. ³	Staff Initials
				\$				
				\$				
				\$				
1. Type Codes ERN—Earned SUB—Subsidized (not from a wage)		2. Description Codes PEN—Pension SSI—SSI SS—Social Security SSD—Social Security Disability		3. Verification Codes CS—Check Stub W2—W-2 EL—Employer Letter DL—Determination Letter TR—Tax Return				

If my child's application is determined to be eligible for Head Start, I give my permission for my information (contact, income and birth certificate) to be shared with PIC's Head Start programs. Yes No

Income Notes _____

Emergency Contacts

Contact 1	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address				City	State	Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes		
Contact 2	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address				City	State	Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes		
Contact 3	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address				City	State	Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes		

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Verifying Staff Member _____ Date _____

Family Member Information

Primary/Legal Guardian Adult				
Last	First	Middle	Preferred	Gender
Birthday	Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Island <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Highest Grade Completed	Employment Status ¹	<i>(check all that apply)</i> <input type="checkbox"/> Lives with this Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent (18 yrs or younger) <input type="checkbox"/> Incarcerated Parent
		Email Address: _____		
Secondary Adult				
Last	First	Middle	Preferred	Gender
Birthday	Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Island <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Highest Grade Completed	Employment Status ¹	<i>(check all that apply)</i> <input type="checkbox"/> Lives with this Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent (18 yrs or younger) <input type="checkbox"/> Incarcerated Parent
		Email Address: _____		
Secondary Adult Living Address (if not living with applicant) City _____ State _____ Zip _____ County _____				

Other Family Members					
Adult/Child	Last	First	Birthday	Gender	Relationship
Notes					
1. Employment Status Codes: F - Full Time, P - Part Time, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed					

NOTICE: "All meals served to children under the Child Care Food Program are served at no separate charge regardless of race, color, sex, age, handicap, or national origin. There is no discrimination in admissions policy, meal service, or use of facilities. "Any complaints of discrimination should be submitted in writing within 180 days, of the incident to the Secretary of Agriculture, Washington, DC 20250."
 Information from this application will be used for ongoing reporting/monitoring and assessment on a secured web-based system that is shared with multiple agencies (i.e. OCDEL, Head Start, CCIS, Early Intervention and other divisions within the Private Industry Council of Westmoreland/Fayette Inc).

Child Information

Agency staff will complete shaded boxes

Site Applying For: (Locations subject to change)	<input type="checkbox"/> Blackhawk Intermediate, Beaver Falls <input type="checkbox"/> Connellsville Twp. Elementary, Connellsville <input type="checkbox"/> Duck Hollow Discovery Learning Center, Uniontown <input type="checkbox"/> Friendship Hill, Point Marion <input type="checkbox"/> Kooser Group Home, Hatfield Lane, Uniontown <input type="checkbox"/> Marshall Elementary, Uniontown <input type="checkbox"/> Marzolf Primary School, Shaler Area SD, Pittsburgh	<input type="checkbox"/> Masontown Elementary School, Masontown <input type="checkbox"/> Menallen Elementary School, Uniontown <input type="checkbox"/> Reserve Primary School, Shaler Area SD, Pittsburgh <input type="checkbox"/> Southmoreland Elementary, Scottdale <input type="checkbox"/> Springfield Twp. Elementary, Normalville <input type="checkbox"/> Todd Lane Elementary, Monaca <input type="checkbox"/> Wharton Elementary School, Farmington		
Last	First	Middle	Preferred	Suffix
Birthdate	Gender	Verification of Birth		
		Birth Cert. # _____ State: _____ Verified by: _____ Title: _____		
Race (<i>check all that apply</i>)		Ethnicity	English Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unspecified		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Other Language Spoken: _____ <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary	
Primary Health Coverage Source			Does this child have an active IEP or Behavior Plan?	
<input type="checkbox"/> Private <input type="checkbox"/> CHIP <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Medical Assistance			<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide.	
Health Information			Check if you have any of the following concerns regarding your child:	
Immunizations Up-to Date? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Speech <input type="checkbox"/> Behavioral <input type="checkbox"/> Developmental <input type="checkbox"/> Physical <input type="checkbox"/> Health <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____	
Does your Child have a physician they see regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please Explain (optional): _____	
Doctor Name: _____			Have you applied with Pre-K Counts or Head Start for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Year: _____	
Is your child under the care of a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, why? _____			Is this child currently or has previously participated in the following? <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Early Intervention	
Does your child use the bathroom independently? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain. _____			Is this child in childcare/preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where? _____	
Does your Child have a dentist they see regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No			School district you live in: _____	
Dentist Name: _____			Home Elementary School: _____	
Is there a custody agreement regarding this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide. _____			Agency Referral: _____	
Is this child income eligible for HS? Yes No			Primary Site: _____	

Computer: _____
 Initial & date

Verified Disability: _____
 Initial & date