Pre-K Counts Bucks County

Overview

Bucks County has seven Pre-K Counts grants from the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by September 1st) to enroll in an approved high quality, pre-school program at no cost to the family.

Included in this packet is the Bucks County Pre-K Counts application for the 2022-2023 school year. Families living in Pennsylvania with children who meet the required criteria will be considered for this five day-a-week program. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to $83,250 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 3, 4 and 5 of this packet. If you are completing the application electronically, please print and then sign the application (on page 5) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to the school district or other contacts listed below.

Contacts

Lead Agencies by School District		Other Lead Agencies
Bristol Township School District Audrey Flojo Colletti 5 Blue Lake Road Levittown, PA 19057 267-599-2017 audrey.flojo@bristoltwpsd.org	Refuge Childcare Academy Angela Cary 1230 Plymouth Avenue Bristol, PA 19007 215-781-9698 rcaorg@yahoo.com	**Bucks County Intermediate Unit** Katrina Brooks 705 N. Shady Retreat Road Doylestown, PA 18901 215-348-2940 ext. 8800 kbrooks@bucksiu.org
Neshaminy School District Kim Johnson Pupil Services 2250 Langhorne-Yardley Road Langhorne, PA 19047 215-809-6558 kjohnson@neshaminy.org	**Pennsbury School District** Laurie Ruffing, Principal Walt Disney Elementary School 200 Lakeside Drive North Levittown, PA 19054 215-949-6868 ext. 20815 lruffing@pennsburysd.org	**United Way of Bucks County** Candi Guerrero 413 Hood Boulevard Fairless Hills, PA 19030 215-949-1660, ext. 108 candig@uwbucks.org
Quakertown School District c/o LifeSpan School & Day Care Teresa Maund 2460 John Fries Highway Quakertown, PA 18951 215-896-9917 tmaund@lq.org		

Application Checklist

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

____ 2021 Federal Income Tax Return for all adults (18 and over) residing in your household

____ Child's Birth Certificate

____ Child's Social Security Card or Number on Tax Return

____ Parent/Guardian Photo ID

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

____ Proof of Residency: Lease/Deed or Mortgage Coupon

____ Three (3) additional proofs of residency

The following items are due immediately upon acceptance into the program. You may submit these forms with your application, however it is not required.

____ Child's Immunization Records

____ Child's Physical (completed after September 1, 2021), including vision, hearing, and dental screenings.

Income Eligibility

To be eligible for Pre-K Counts, a family's annual income may not exceed 300% of poverty.

2022 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	$13,590	27,180	40,770
2	$18,310	36,620	54,930
3	$23,030	46,060	69,090
4	$27,750	55,500	83,250
5	$32,470	64,940	97,410
6	$37,190	74,380	111,570
7	$41,910	83,820	125,730
8	$46,630	93,260	139,890

U.S. Department of Health & Human Services: https://aspe.hhs.gov/poverty-guidelines

Pre-K Counts Bucks County
2022-23 APPLICATION

Please print clearly.

SECTION 1: CHILD INFORMATION

Child's Name _____ **Today's Date**_____

Ethnicity *(Check One)*: ___Non-Hispanic   ___Hispanic   ___Unknown

Race *(Check One)*:   ___Black or African American   ___American Indian or Alaskan   ___Other

___Asian   ___White or Caucasian   ___Hawaiian Pacific Islander   ___Unknown

Child's Birth Date_____   ___Male   ___Female

Child's Social Security Number_____   ==*Please submit a copy of the child's birth certificate.*==

If you have English as a Second Language, please complete this section.

Language(s) spoken at home_____**Language(s) child speaks**_____

Special Needs/Concerns Related to the Child:_____

If the child is receiving early intervention services, please submit a copy of the child's IEP.

My local Elementary School:_____**in** _____**School District.**

SECTION 2: PARENT INFORMATION

Parent/Guardian #1:   Name_____ **Date of Birth**_____

Employment Status: ___Full Time ___Part Time ___Unemployed ___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: ___Full Time ___Part Time ___Unemployed ___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

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*A copy of the **first two pages** of the **2021 federal income tax return** for ALL adults in the household must be submitted with this application.*

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: ___I own my home   ___I rent my home   ___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?	___Yes	___No
Is your child enrolled in Child Care Works (subsidized child care)?	___Yes	___No
Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)?	___Yes	___No
Is the parent a migrant (non-immigrant) or seasonal worker?	___Yes	___No
Is your child homeless (living in a motel, shelter, in substandard housing)?	___Yes	___No
Is your child in foster care, kinship care, or receiving Child Protective services?	___Yes	___No
Does your child receive behavioral supports or been referred for behavioral supports?	___Yes	___No
Was the child's mother less than 18 years of age when he/she was born?	___Yes	___No
Is one of the child's parents incarcerated?	___Yes	___No
Does the parent have a high school diploma or GED?	___Yes	___No
Are there concerns about the child's physical development or existing medical issues?	___Yes	___No
Are there concerns about the child's speech or language development?	___Yes	___No
Are there concerns about the child's social, emotional, or behavioral development?	___Yes	___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 2 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 Agencies listed on Page 1.
Thank you!