



# Pre-K Counts in Bucks County

## Overview and Family Application for the school year beginning August 2017

**PENDING COMMONWEALTH APPROVAL OF FUNDING**

Bucks County has seven 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 2017-2018 school year.

Residents of Pennsylvania 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 \$73,800 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 application (on page 5 and 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!**



## **Bucks County Pre-K Counts Contact Information**

### **Bristol Township School District**

Mrs. Michele Anderson  
6401 Mill Creek Road  
Levittown, PA 19057  
267 599 2017  
michele.anderson@bristoltwpsd.org

### **Morrisville School District**

Ms. Patricia Miiller  
Grandview Elementary School  
80 Grandview Avenue  
Morrisville, PA 19067  
215 736 2681 x3  
pmiiller@earthlink.net

### **Neshaminy School District**

Dr. Christine McKee  
Pupil Personnel Services  
2001 Old Lincoln Highway  
Langhorne, PA 19047  
215 809 6558  
cmckee@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. Nicole Fetherman  
2460 John Fries Hwy  
Quakertown PA 18951  
215-536-4417  
nfetherman@lq.org

### **All other school districts in Bucks County:**

Mrs. Candi Guerrero  
United Way of Bucks County  
413 Hood Boulevard  
Fairless Hills, PA 19030  
215 949 1660 x108  
candig@uwbucks.org



## Bucks County Pre-K Counts Application Checklist

Included in this packet are all of the necessary registration 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:

\_\_\_\_\_ 2016 Federal Income Tax Return for all adults (18 and over) residing in your household

\_\_\_\_\_ 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/home owner's insurance, vehicle registration, utility bill, bank statement, etc.

The following items are due immediately upon acceptance into the program. You are encouraged to submit these forms with your registration, however it is not required.\*

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Physical (completed after September 1, 2016), including vision, hearing, and dental screenings.

**\*Please Note: Students may not begin the program until all health records are submitted and reviewed\***

*Please print clearly.*

SECTION 1: Child Information			
Child's Name _____		Today's date _____	
<b>Ethnicity (Check One):</b>	Non-Hispanic	Hispanic	Other
<b>Race (Check One):</b>	African American	American India	Asian
	Caucasian	Native Hawaiian	Other
Child's Date of Birth _____		Male	Female
Child's Social Security Number _____		<b>Please submit a copy of the child's birth certificate.</b>	
<i>If you also 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 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 _____	
<b>Employment Status (Check One):</b>	Full time	Part time	Unemployed
Address _____		Apt. _____	
City _____		State: PA	Zip Code _____
Primary Phone Number _____		Alternate Phone Number _____	
Email Address _____			
Parent/Guardian #2: Name _____		Date of Birth _____	
<b>Employment Status (Check One):</b>	Full time	Part time	Unemployed
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

**A copy of the first two pages of your 2016 federal income tax return for ALL adults in the household MUST be submitted with this application.**

Amount of income from all sources for all household members = _____	
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	

### SECTION 4: Program Assurances & Signature

- Families are considered after the completed application and all supporting documents have been received.
- Families are enrolled on the basis of need 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 illness, children must be prompt and present on a daily basis.
- The parent must complete the information on the next page of this application.

**Please check below:**

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 _____
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Parent/Guardian Name (Printed) \_\_\_\_\_

<b>FOR PROGRAM USE ONLY</b> Verification of Income _____	Date _____
<i>Staff Signature</i>	

**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: Additional Child Information (Required)**

Are you currently enrolled in a Head Start Supplemental Assistance Program? Yes No

Is your child enrolled in the Federal Head Start Program? Yes No

Is your child enrolled in Child Care Works (subsidized child care)? Yes No

Is your family part of the Child Welfare System? Yes No

Does your child have behavioral supports or receive mental health treatment? Yes No

Is your child in foster care, kinship care, or receiving Child Protective service? Yes No

Is one of the child's parents incarcerated? Yes No

Is your child homeless (living in a motel, shelter, in substandard housing)? Yes No

Is the parent a migrant/seasonal worker in agricultural/fishing businesses? Yes No

Was the child's mother less than 18 years of age when he/she was born? Yes No

Does the parent have a high school diploma, GED? Yes No

Does the parent have post-secondary training? Yes No

**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!***