

APPLICATION FOR HEAD START AND PRE-K COUNTS

We are thrilled that you are interested in applying for our Early Learning Programs. Each program provides quality early childhood education services to families living within certain income thresholds at NO COST to you!

Your application is being considered for two (2) different programs:

- Head Start is a federally funded preschool program that offers educational, health, and social support services for families living in MONTGOMERY COUNTY, PA, and falling within 100% of the federal poverty guidelines.
- Pre-K Counts is a Pennsylvania state funded preschool program that focuses on providing quality education services for families living in the state of Pennsylvania and falling within 300% of the federal poverty guidelines. Your child must be at least 3 years old by the start of the current SY to be considered for enrollment.
- Both programs provide additional services to children with disabilities.

Special considerations are given to children whose families are experiencing hardships such as:

- Housing instability
- Receiving PA TANF/CASH assistance/SNAP Benefits/Supplemental Security Income for someone in the home
- Child is in Foster/Kinship care

In order to process your application, we need the following information:

- At least ONE birth record for the child. This could be:
 - Birth Record/Certificate
 - Hospital Record
 - Hospital Certificate
 - Certificate of Indian Blood (If applicable)
- At least ONE proof of residency. Acceptable examples include:
 - Mortgage bill/letter
 - Rental Agreement
 - Notarized Letter from Landlord/Owner
 - Utility Bill (electric, water, sewage, etc.)
- Proof of Income for EVERY adult in the home. Examples include:
 - Last Year's Income Tax Form 1040, 1040EZ, or 1040A
 - Last Year's W-2s for every place of employment
 - One month's worth of most recent paystubs (2 = bi-weekly, 4 = weekly)
 - Employer Verification Form: Please let us know if you need this
 - Court approved Child Support documentation
 - Unemployment Compensation letter: Dated within the past 12 months
 - Letter of employment termination on company letterhead
 - Social Security Benefits Award Letter Dated within the past 12 months
- Proof of Special Consideration Status (if applicable):
 - Proof of Supplemental Security Income Award Letter dated within the past 12 months
 - Proof of TANF/Cash Assistance/SNAP Award Letter dated within the past 12 months
 - Proof of Foster/Kinship Care
 - Proof of SNAP benefits
 - If you are housing instable, please inform the Enrollment Specialist
- Child's health documents (REQUIRED for enrollment):
 - Immunization Records
 - Physical Exam Records
 - Dental Exam Records
 - IEP and/or Behavior/Treatment Plans (if applicable)
- Additional Documents that are REQUIRED if applicable:
 - Custody Orders or Agreements
 - Protection From Abuse orders

Once we receive all of your documents, our Enrollment Specialist will verify all of the information. You will be required to complete this verification meeting via phone, email, or in-person. Once the application has been fully processed and approved by our leadership team, your child will be WAITLISTED. The waitlist is fluid and changes with each new application. If a seat is available, and your child is next on the waitlist, then you will receive a phone call and email informing you of your child’s enrollment.

Please understand that completing an application does NOT guarantee enrollment in our programs. Slots are very limited and there is a high need across our county. Pre-K Counts applicants MUST be at least 3 years of age by the start of the school year to be considered eligible for enrollment.

If you need any assistance with the application process or have additional questions, please reach out to our Enrollment Specialist, Adriana Navarro at (484)808-5271 or at anavarro@mciu.org.

PLEASE READ AND SIGN

Eligibility for Head Start and Pre-K Counts follows the annual federal poverty level guidelines. These guidelines are updated annually, starting in January of each respective year. Each column represents the maximum income amount allowed in each program, based on family size.

2023 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$14,580	\$43,740
2	\$19,720	\$59,160
3	\$24,860	\$74,580
4	\$30,000	\$90,000
5	\$35,140	\$105,420
6	\$40,280	\$120,840
7	\$45,420	\$136,260
8	\$50,560	\$151,680
Each Additional	+\$5,140	+\$15,420

I understand that Head Start and Pre-K Counts have different income requirements. Based on my income, I have been informed that my child is potentially eligible for Head Start/Pre-K Counts and provided the following information (Please check off all that apply):

- Location and contact information for the Head Start classrooms.
- Additional assistance with any referrals for the application.
- Brochure or website information about the Head Start Program.

Parent Signature: _____ Date: _____

*All Pre-K Counts programs are currently in rebid and grant/enrollment decisions are based on the RFA application process. Decisions for enrollment will be made once programs receive their award status.



**EARLY LEARNING PROGRAMS APPLICATION
2023-2024 PROGRAM YEAR
PLEASE ANSWER ALL QUESTIONS**

Location Preference (Please check all that apply):

<input type="checkbox"/> Abington SD*	<input type="checkbox"/> Ambler	<input type="checkbox"/> Cheltenham SD*
<input type="checkbox"/> Early Learning Academy (West Norristown)*		<input type="checkbox"/> Hancock Elementary
<input type="checkbox"/> North Penn SD*	<input type="checkbox"/> Methacton SD*	<input type="checkbox"/> Perkiomen Valley SD*
<input type="checkbox"/> Pottstown	<input type="checkbox"/> Souderton Area SD*	<input type="checkbox"/> Upper Dublin SD*
<input type="checkbox"/> Upper Merion SD*		

Locations marked by an asterisk (*) offer a PreK Counts classroom.

How did you hear about us?

SECTION 1: APPLICANT INFORMATION

CHILD's Name:		Today's Date:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	School District:
Street Address:			
City:	State:	Zip:	
Mailing Address (if different):			
CHILD's Ethnicity (Please check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			
CHILD's Race (Please check ALL that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify):	
What is the primary language used in your HOME?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please specify):	
What language does your CHILD speak most often?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please specify):	
What language did your CHILD learn first?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please specify):	
My CHILD's ENGLISH language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
Are there custody orders in place for the CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process			
If "Yes" a copy of the CHILD's custody orders are required to process the application.			

SECTION 2: PARENT/GUARDIAN INFORMATION			
PRIMARY Parent/Guardian Name:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Highest Education Level:
Cell Phone:		E-mail:	
Employment Status (Please check one):		Employer Name/Address:	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Work Phone:	
<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Unemployed		
Currently enrolled in Educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY Parent/Guardian Ethnicity (Please check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			
PRIMARY Parent/Guardian Race (Please check ALL that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify):	
PRIMARY Parent/Guardian HOME language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
PRIMARY Parent/Guardian ENGLISH language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
Will you need interpretive services to participate in one-on-one meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested in English as a Second Language (ESL) classes? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECONDARY Parent/Guardian Name:		<input type="checkbox"/> No SECONDARY Parent/Guardian	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Highest Education Level:
Street Address (if different):			
Cell Phone:		E-mail:	
Employment Status (Please check one):		Employer Name/Address:	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Work Phone:	
<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Unemployed		
Currently enrolled in Educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECONDARY Parent/Guardian Ethnicity (Please check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic or Latino			
SECONDARY Parent/Guardian Race (Please check ALL that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify):	
SECONDARY Parent/Guardian HOME language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
SECONDARY Parent/Guardian ENGLISH language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None

SECTION 4: DISABILITIES

Has your child been diagnosed with a disability or mental health/behavioral disorder?

- Yes (please provide a copy of the IFSP/IEP/Behavior Intervention Plan)
 No

If "Yes" please provide your child's service coordinator/case manager name:

Do you have any concerns about your child's development?

- Yes – Please explain:
 No

SECTION 5: HEALTH AND NUTRITION INFORMATION

What kind of insurance do you use for your CHILD's medical/dental care (check at least one)?

- | | |
|---|--|
| <input type="checkbox"/> Medicaid/Medical Assistance (MA) | <input type="checkbox"/> CHIP (Children's Health Insurance Program) |
| <input type="checkbox"/> State-only funded insurance (medically indigent): help from providers, not insurance companies | <input type="checkbox"/> TriCare or Military Health Insurance Program |
| <input type="checkbox"/> Private Insurance (employer provided) | <input type="checkbox"/> Indian Health Services |
| | <input type="checkbox"/> I do not currently have health insurance for my CHILD |

CHILD's Primary Care Provider (PCP)/Clinic Information Does not have a PCP
 Clinic Name and Address:

Does your CHILD have a diagnosed medical condition such as asthma, seizures, diabetes, environmental allergies (not food allergies), etc.?

- Yes – provide medical documentation
 No

CHILD's Dental Care Provider Information Does not have a Dentist/has not seen a Dentist
 Clinic Name and Address:

Did your CHILD receive a lead test at 2 yrs. old?

- Yes (provide copy of results)
 No
 Unsure

Is your CHILD toilet trained?

- Yes
 No, Wears Pull-ups – Size:
 No, Wears Diapers – Size:

We provide free meals for your child while enrolled in our program, including breakfast, lunch, and snack. Outside foods are not allowed. Please provide additional information about your child's nutritional needs:

Does your CHILD have food allergies or diet needs (including milk)?

- Yes – please explain:
 No

Does your CHILD have food restrictions due to religious/personal beliefs?

- Yes – please explain:
 No

"Within the past twelve (12) months, we were worried whether our food would run out before we got money to buy more."

- Often True Sometimes True Never True

"Within the past twelve (12) months, the food we bought just didn't last, and we didn't have money to get more."

- Often True Sometimes True Never True

