

## Application Instructions

Please complete the attached **application form** and return it with **all required documentation** to your building principal, as soon as possible. **Acceptance into the program is not considered until the application and all supporting documents have been received.**

Families will be notified of accepted enrollment.

Questions about the Pre-K Counts can be directed to:  
Ms. Rosalind Fisher- Educational Director of Pre-K Counts  
412-723-1661  
rfisher@imaniadmin.org

**Please submit copies of the items listed below with your  
Pre-K Counts application:**

**Income Verification (One of the following is required):**

- \_\_\_\_\_ 2020 Federal Income Tax Return
- \_\_\_\_\_ W-2 forms, pay stubs (one which indicates year to date, or 3 separate pay stubs),  
employer's verification letter or self-employed business records
- \_\_\_\_\_ Letter or bank statement detailing social security benefit, disability  
documentation, unemployment compensation or any unearned income
- \_\_\_\_\_ Child support document from DPW
- \_\_\_\_\_ Zero income declaration letter

**Demographic Information:**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Social Security Card or Number on Tax Return (for child)
- \_\_\_\_\_ Photo ID (for Parent/Guardian)
- \_\_\_\_\_ Custody Papers (if applicable)

**Health Information:**

- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ *MOST recent* physical

# Imani Christian Academy 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>
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<b>Street Address</b>		<b>County</b>	
<b>City</b>		<b>State</b> 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> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Race (<i>optional</i>)</b>			
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Ethnicity (<i>optional</i>)</b>  <input type="checkbox"/> Hispanic  <input type="checkbox"/> Non-Hispanic  <input type="checkbox"/> Not Applicable         </td> <td style="width: 50%; vertical-align: top;"> <b>Primary Language</b>  <input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/> Other _____  <div style="text-align: right;">(please specify)</div> </td> </tr> </table>		<b>Ethnicity (<i>optional</i>)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>
<b>Ethnicity (<i>optional</i>)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>		

<b>Last Name (Legal Guardian)</b>	<b>First Name (Legal Guardian)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>	<b>(Select)</b> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right;">(please specify)</div>
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**Role**

- ☐ Primary Guardian  
☐ Secondary Guardian

- ☐ Legal Guardian  
☐ Other \_\_\_\_\_

(please specify)

**Household/Family Size** (required) check box:

- |                            |                            |                                |
|----------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7     |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8     |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> _____ |

**Household Income** (required) check box:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less Than \$5,000  | <input type="checkbox"/> \$5,001-\$10,000    | <input type="checkbox"/> \$10,001-\$15,000 |
| <input type="checkbox"/> \$15,001-\$20,000  | <input type="checkbox"/> \$20,001-\$25,000   | <input type="checkbox"/> \$25,001-\$30,000 |
| <input type="checkbox"/> \$30,001-\$35,000  | <input type="checkbox"/> \$35,001-\$40,000   | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$45,001-\$50,000  | <input type="checkbox"/> \$50,001-\$60,000   | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$70,001-\$100,000 | <input type="checkbox"/> More Than \$100,000 |  |

**2018 Federal Poverty Level Guidelines**

300%			
Family Size	Annual	Monthly	Weekly
1	\$36,420	\$3,035	\$700
2	\$49,380	\$4,115	\$950
3	\$62,340	\$5,195	\$1,199
4	\$75,300	\$6,275	\$1,448
5	\$88,260	\$7,355	\$1,697
6	\$101,220	\$8,435	\$1,947
7	\$114,180	\$9,515	\$2,196
8	\$127,140	\$10,595	\$2,445
Each Additional	\$12,960	\$1,080	\$249

**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).

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (100% of FPL or below) has been informed of their eligibility for HS.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

or

NA

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Circle if not applicable

**Other Child Eligibility Risk Factor Criterion** (*Must check all that apply*):

<input type="checkbox"/>	<b>Behavioral Supports:</b> A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	<b>Individualized Education Plan (IEP):</b> A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print Name)

\_\_\_\_\_  
Staff Verifying Income and Risk Factors (Signature)

\_\_\_\_\_  
Date