



Boyertown Area School District

To enable all students to succeed in a changing world!



Dear Parent,

Thank you for being interested in the Pre-K Counts Program offered by the Boyertown Area School District. Complete an application to find out if your child is eligible.

We need:

- ✓ Completed application
- ✓ Copy of your child's birth certificate
- ✓ Copies of your 2017 W-2 Form(s) and/or 2017 tax return, or other income such as Child Support, SSI, Cash Assistance, pay check stubs, etc.
- ✓ Immunization Record
- ✓ Copy of current physical

The Pre-K classrooms are designed for children who are between age 4 (by 8/27) and the entry age for kindergarten. We also use a point system that is calculated from the risk factors on the back of the application and we consider the children with higher risk factors first. We maintain a waiting list for unexpected openings so enrollments are accepted year-round. Please submit your application before the Friday, Aug 17th to be considered for placement in the fall.

You can mail the forms or drop them off at the locations listed below.

Mail the forms in the self-addressed envelope to:

Pre-K Counts Program
Boyertown Area School District
Education Center
911 Montgomery Ave
Boyertown, PA 19512

OR

Drop the forms off at the below location:

- Boyertown Education Center (address above)

We will tell you if your child is income eligible. If your child is selected, we will schedule an enrollment meeting. If you have questions, please contact our Enrollment Specialist:

- Boyertown School District residents call 610-473-5430
- Or email at prekcountsreferrals@boyertownasd.org

Sincerely,

Boyertown Pre-K Counts Program



2018 PA Pre-K Counts Application

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed:	Completed by:	Relationship to Child:
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Child's Information:

Last Name	First Name	Middle Initial
Street Address <input type="checkbox"/> Check if same as below		County
City	State	Zip Code
School District of Residence		
Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race (optional) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other _____ (please specify)	Ethnicity (optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)

Parent/Legal Guardian Information:

Last Name	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		County
City	State	Zip Code
School District of Residence		
Home Phone:	Work Phone:	Email Address:
Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	Select: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Step Parent <input type="checkbox"/> Other _____ (please specify)	Role: <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____ (please specify)

Household (family) size (required): 1 2 3 4 5 6 Other: _____ (Please Specify)

List all adults in the home: _____

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	

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

<input type="checkbox"/>	Behavioral Supports: 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"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: 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"/>	Homeless: 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"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	Individualized Education Plan (IEP): 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"/>	Migrant (Non-Immigrant)/Seasonal Student: 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"/>	Teen Mother: 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

Staff Verifying Income and Risk Factors (Print Name)

For Office Use Only:	
Actual Annual Verified Gross Household (Family) Income: (Attach copies of documents used to verify income prior to enrollment) \$ _____	
<input type="checkbox"/>	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).

2018 Federal Poverty Level Guidelines

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

Early Childhood Outcome ID Number: _____