



GREATER VALLEY YMCAPRE-K COUNTS 2018/2019 APPLICATION

Please check the location you are applying for:

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Forks Education Center 1350 Sullivan Trail, Easton, PA 18040 (610) 250-7193	
■ Bethlehem YMCA 430 E. Broad Street, Bethlehem, PA 18018 (610) 867-7588 ext. 1	128
□ Allentown YMCA 425 15 th St, Allentown, PA 18102 (610) 434-9333 ext. 318	

This information is confidential to the PA Pre-K Counts program. Date form completed: Last Name (Child) First Name (Child) Middle Initial Child's Date of Birth Gender Household Size ☐ Male ☐ Female Primary Language **Family Type** One Parent Two Parent Foster Child living with Other Relative Other (Please specify) (Please specify) Has this child's sibling attended our Pre-K **Primary Classroom: Forks** Counts Program? 3 Year Old Classrooms 4 Year Old Classrooms 3A (8:45 am - 12:00 pm) 4A (8:45 am-3:15 pm) □ NO ☐ YES ☐ 3B (12:15 pm-3:30 pm) 4B (8:45 am-3:15 pm) 4C (8:45 am-3:15 pm) **Primary Classroom: Bethlehem Primary Classroom: Allentown** 3 year old classroom (8:30 am-3:30 pm) \square 3 year old classroom (8:30 am-3:30 pm) 4 year old classroom (8:30 am-3:30 pm) 14 year old classroom (8:30 am-3:30 pm) Street Address County City State Zip Code PΑ Parent's Email Address School District Parent/Legal Guardian Name Home Phone Cell Phone Work/Other Phone **PKC Eligibility Results** Notes: □ Approved □ Ineligible □ Pending- missing documents Accepted to start 18-19 School Year Waiting List □ Hold for 19-20 School Year □ Hold for 20-21 School Year **Date Received Date Reviewed** Reviewer's Signature

Extended Care Options	for Forks Education Center	<u> </u>	leekly Fees
(Extended care options based			<u> </u>
☐ AM Extended Care	6:30 am-8:45 am		\$38/week
☐ AM Extended Care	6:30 am-12:15 pm		\$115/week
☐ PM Extended Care	12:00 pm-3:30 pm		\$68/week
☐ PM Extended Care	12:00 pm-6:30 pm		\$124/week
☐ PM Extended Care	3:15 pm-6:30 pm		\$57/week
☐ PM Extended Care	3:30 pm-6:30 pm		\$48/week
☐ Holiday Care	6:30 am-6:30 pm (cannot exce	ed 10hrs/day)	\$29/week
*There is a \$50 registration fee			
Extended Care Options	for Bethlehem and Allento	wn YMCA	
(Extended care options based	on availability)		
☐ AM Extended Care	6:30 am-8:30 am		\$38/week
☐ PM Extended Care	3:30 pm-6:00 pm		\$48/week
☐ Holiday Care	6:30 am-6:00 pm (cannot exce	ed 10hrs/day)	\$29/week
*There is a \$50 registration fee	for extended care		
Holiday Care covers any da	y that Pre-K Counts is not in session (In-service days, snow days	, winter break)
	Household Mer	nbers	
ase list parents/quardian	s and children <u>up to age 18</u> liv	ing at the address list	ed above. Please inclu
• • •	age/birthday including the c	_	
Parents/Guardians/Childr		Age/Birthday	Ethnic Background
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Household Members			
Please list parents/guardians and children up to age 18 living at the address listed above. Please include			
relationship and age/birthday including the child for whom you are applying.			
Parents/Guardians/Children	Relationship	Age/Birthday	Ethnic Background
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The 2018 Poverty Gu Columbia	idelines for the 48	Contiguous States	and the District of
Persons in family	100% of Poverty	200% of Poverty	300% of Poverty
1	\$ 12,140	\$ 24,280	\$ 36,420
2	\$ 16,460	\$ 32,920	\$ 49,380

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3	\$ 20,780	\$ 41,560	\$ 62,340
4	\$ 25,100	\$ 50,200	\$ 75,300

Household Income	(required) check box: 20	18 guidelines
☐ Less than \$5,000	S5,001 - \$10,000	\$10,001 - \$15,000
S15,001 - \$20,000	Section 1 \$20,001 - \$25,000	Section 1 \$25,001 - \$30,000
S30,001 - \$35,000	S35,001 - \$40,000	S40,001 - \$45,000
S45,001 - \$50,000	S50,001 - \$60,000	S60,001 - \$70,000
☐ \$70,001 - \$100,000	☐ More than \$100,000	
Consider all sources of (Must be verified prior	income. See end of docur	deral poverty level (Required Risk factor) nent for income chart relative to family size lust submit 3 recent pay stubs, 1040, o the state.

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

☐ 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.
☐ Child Protective Services : A child who is a foster child, a kinship care child or receiving Children and Youth services
☐ Education level of guardian: does not have a high school diploma or GED or post-secondary degree.
☐ 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.
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.
☐ 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 the lack of alternative 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 spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
Incarcerated Parent: A child for whom one of the child's parents is currently in prison
☐ 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 agrirelated businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming. ☐ 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 - Please Print
Actual Annual Verified Gross Household (Family) Income:(Attach copies of documents used to verify income prior to enrollment)
Family Size:
Staff Verification Signature 1 Date
EOE/EOP 5/18/18 Staff Verification Signature 2 Date