



## GREATER VALLEY YMCA PRE-K COUNTS 2022/2023 APPLICATION

Please check the location you are applying for:

- Forks Education Center** 1350 Sullivan Trail, Easton, PA 18040 (610) 250-7193 ext. 452  
 **Bethlehem YMCA** 430 E. Broad Street, Bethlehem, PA 18018 (610) 867-7588 ext. 504  
 **Allentown YMCA** 425 S. 15<sup>th</sup> St, Allentown, PA 18102 (610) 351-9622 ext. 802

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 / /		Age 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
**Foster children are family size of 1**					
<b>Primary Language</b>			<b>Family Type</b>		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)			<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child living with Relative <input type="checkbox"/> Other _____ (Please specify)		
<b>Primary Classroom: Forks</b>			<b>Has this child's sibling attended our Pre-K Counts Program?</b>		
<input type="checkbox"/> 3 year old classroom (8:45 am-3:15 pm) <input type="checkbox"/> 4 year old classroom (8:45 am-3:15 pm)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Primary Classroom: Bethlehem</b>			<b>Primary Classroom: Allentown</b>		
<input type="checkbox"/> 3 year old classroom (8:30 am-3:30 pm) <input type="checkbox"/> 4 year old classroom (8:30 am-3:30 pm)			<input type="checkbox"/> 3 year old classroom (8:30 am-3:30 pm) <input type="checkbox"/> 4 year old classroom (8:30 am-3:30 pm)		
Street Address			County		
City		State (must be PA resident) <b>PA</b>		Zip Code	
Parent's Email Address				School District	
Parent/Legal Guardian Name					
Home Phone		Cell Phone		Work/Other Phone	
<b>PKC Eligibility Results</b>			<b>Notes:</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Ineligible <input type="checkbox"/> Pending- missing documents <input type="checkbox"/> Accepted to start 22-23 School Year <input type="checkbox"/> Waiting List <small>(waitlist is shared with all 3 sites)</small> <input type="checkbox"/> Hold for 23-24 School Year <input type="checkbox"/> Hold for 24-25 School Year					
<b>Date Received</b>		<b>Date Reviewed</b>		<b>Reviewer's Signature</b>	

**Extended Care Options for Forks Education Center****Weekly Fees**

(Extended care options based on availability)

- AM Extended Care 6:30 am-8:45 am \$42/week
- PM Extended Care 3:15 pm-6:30 pm \$62/week
- Holiday Care 6:30 am-6:30 pm (cannot exceed 10hrs/day) \$31.50/week

\*There is a \$50 registration fee for extended care

**Extended Care Options for Bethlehem and Allentown YMCA**

\*Allentown YMCA opens 6am

(Extended care options based on availability)

- AM Extended Care 6:30 am-8:30 am \$40/week
- PM Extended Care 3:30 pm-6:00 pm \$60/week
- Holiday Care 6:30 am-6:00 pm (cannot exceed 10hrs/day) \$31/week

\*There is a \$50 registration fee for extended care

\*\*\*Holiday Care covers any day that Pre-K Counts is not in session (In-service days, snow days, winter break)\*\*\*

**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.****List Household Members below for determination of family size (required):**

	<i>Relationship to Child</i>	<i>Age</i>
<b>1</b>	ENROLLING CHILD	
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		

**2021 Federal Poverty Level Guidelines**

<b>Family Size</b>	<b>100% (Head Start Eligible)</b>	<b>300% (Pre-K Counts Eligible)</b>
<b>1</b>	\$12,880	\$38,640
<b>2</b>	\$17,420	\$52,260
<b>3</b>	\$21,960	\$65,880
<b>4</b>	\$26,500	\$79,500
<b>5</b>	\$31,040	\$93,120
<b>6</b>	\$35,580	\$106,740
<b>7</b>	\$40,120	\$120,360
<b>8</b>	\$44,660	\$133,980
<b>Each Additional</b>	+\$4,540	+\$13,620

- Family income: is at or below 300% of federal poverty level** (Required Risk factor). Consider all sources of income. See above for income chart relative to family size. (Must be verified prior to enrollment) \*\*\***Must submit 3 recent pay stubs, 1040, or proof of any other income provided through the state.** (Below 100% qualifies for Head Start)

**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 agri-related 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. **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/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name – Please Print

**Head Start Eligible families (100% of FPL or below)**

**Check if not applicable**

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for local Head Start location \_\_\_\_\_
- Application and/or assistance with referral
- Brochure or website with information about Head Start

My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

**Parent/Guardian Signature**

**Date**

-----**FOR OFFICE USE ONLY**-----

**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

\_\_\_\_\_  
Staff Verification Signature 1      Date

**EOE/EOP**