



# GREATER VALLEY YMCA PRE-K COUNTS 2020/2021 APPLICATION

Please check the location you are applying for:

- Forks Education Center** 1350 Sullivan Trail, Easton, PA 18040 (610) 250-7193 ext. 451  
Julie Novick (Site Director); julienovick@gv-ymca.org
- Bethlehem Branch** 430 E. Broad Street, Bethlehem, PA 18018 (610) 867-7588 ext. 504  
Julie Kase (Childcare Director); juliekase@gv-ymca.org
- Allentown Branch** 425 S. 15<sup>th</sup> St, Allentown, PA 18102 (610) 351-9622 ext. 812  
Tami Unger (Childcare Director); tamiunger@gv-ymca.org

**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> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)			<b>Family Type</b> <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> <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)			<b>Has this child's sibling attended our Pre-K Counts Program?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Primary Classroom: Bethlehem</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)			<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)		
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> <input type="checkbox"/> Approved <input type="checkbox"/> Ineligible <input type="checkbox"/> Pending- missing documents <input type="checkbox"/> Accepted to start 20-21 School Year <input type="checkbox"/> Waiting List (waitlist is shared with all 3 sites) <input type="checkbox"/> Hold for 21-22 School Year <input type="checkbox"/> Hold for 22-23 School Year			<b>Notes:</b>		
<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 \$39/week
- PM Extended Care 3:15 pm-6:30 pm \$58/week
- Holiday Care 6:30 am-6:30 pm (cannot exceed 10hrs/day) \$28/week

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

**Extended Care Options for Bethlehem and Allentown Branches** \*Allentown opens 6am

(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 \$57/week
- Holiday Care 6:30 am-6:00 pm (cannot exceed 10hrs/day) \$29/week

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

\*\*\*Holiday Care covers any day that Pre-K Counts is not in session but site is open; does not include early dismissal\*\*\*

**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

The 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	100% of Poverty Qualifies for Head Start	200% of Poverty	300% of Poverty
1	\$ 12,760	\$ 25,520	\$ 38,280
2	\$ 17,240	\$ 34,480	\$ 51,720
3	\$ 21,720	\$ 43,440	\$ 65,160
4	\$ 26,200	\$ 52,400	\$ 78,600

**Household Income** (required) check box: 2020 guidelines

- Less than \$5,000    \$5,001 - \$10,000    \$10,001 - \$15,000    \$15,001 - \$20,000
- \$20,001 - \$25,000    \$25,001 - \$30,000    \$30,001 - \$35,000    \$35,001 - \$40,000
- \$40,001 - \$45,000    \$45,001 - \$50,000    \$50,001 - \$60,000    \$60,001 - \$70,000
- \$70,001 - \$100,000    More than \$100,000

**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

-----**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