

# Let's get ready for Kindergarten! 2015



Erie's Public Schools will be providing a  
**Summer Kindergarten Readiness Program**

this summer at your child's Elementary School.

The program will run from Monday July 27th to Friday August 7th  
from 9:00 AM to 12:15 PM. Class size limited to 20 students.

**Your child must be registered for Kindergarten in order to attend.**

For more information and/or questions call 874-6070.

# Summer Kindergarten Readiness Program

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_ Zip \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

School for Kindergarten: \_\_\_\_\_

Completed Packet received: Date \_\_\_\_\_ Time \_\_\_\_\_

## **SKRP Enrollment Checklist**

### **Office Checklist** (Official Use)

### **Parent Checklist**

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Must be enrolled in Kindergarten                         | <input type="checkbox"/> |
| <input type="checkbox"/> | Proof of income (2 for payroll, 1 for monthly statement) | <input type="checkbox"/> |
| <input type="checkbox"/> | Pre-K Enrollee Info/application packet                   | <input type="checkbox"/> |
| <input type="checkbox"/> | Parent/Guardian Consent Form                             | <input type="checkbox"/> |

### Emergency Information

In Case of Emergency and I cannot be reached at the above number please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Please list any allergies and/or food concerns

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Let's get ready for Kindergarten! 2015



Erie's Public Schools will be providing a **Summer Kindergarten Readiness Program** at your child's Elementary School. The program will run from Monday July 27th to Friday August 7th from 9:00 AM to 12:15 PM. **Your child must be registered for Kindergarten.** Please provide the following information if you are interested. Additional information will be requested prior to enrollment. Class size will be limited to 20 students. Enrollment on a first come first served basis.

Child's home School \_\_\_\_\_

Child's name \_\_\_\_\_

Birthdate \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

My child attended preschool.

Where: \_\_\_\_\_ Please Circle **1** or **2** years

**\*\*\*Please review the 2015 SKRP Enrollment Checklist\*\*\***



**All parts of this form must be completed entirely – please complete and return with SKRP Enrollment Packet – thank you!**

Child's Name:

First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female  Male

Child's Social Security Number: \_\_\_\_\_

**Primary Race:**

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

**Secondary Race:**  
(Secondary Race value cannot be the same as Primary Race value)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Ethnicity:  Hispanic  Non-Hispanic

Mailing Address

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Guardian 1:

First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_

Relationship to Child:  Father  Mother  Grandparent  Guardian  Other: \_\_\_\_\_

**Education Status of Guardian 1:**

Up to 8<sup>th</sup> Grade

9<sup>th</sup> to 11<sup>th</sup> Grade

High School Diploma  GED  Vocational or Technical Program after High School

Some College

Associates Degree

Bachelor's Degree

Graduate/Professional School

Unknown

**Employment Status of Guardian 1:**

Employed Full-Time (30 hours/week and over)  Seasonal

Employed Part-Time (Fewer than 30 hours/week)  Student or Job Trainee

Multiple Part-Time  Unemployed

Primary Guardian 2:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Child:  Father  Mother  Grandparent  Guardian  Other: \_\_\_\_\_

Education Status of Guardian 2:

- Up to 8<sup>th</sup> Grade
- 9<sup>th</sup> to 11<sup>th</sup> Grade
- High School Diploma  GED  Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

Employment Status of Guardian 2:

- Employed Full-Time (30 hours/week and over)  Seasonal
- Employed Part-Time (Fewer than 30 hours/week)  Student or Job Trainee
- Multiple Part-Time  Unemployed

Child's Birth Weight:

- Normal (Greater than or equal to 5.8 lbs)  Very Low (Less than or equal to 3.4)
- Low (Greater than 3.4 lbs and Less than 5.8 lbs)  Unknown

Immunizations Up-to-Date:  Yes  No

What type of insurance does your Child have?  CHIP  Medical Assistance  Private Insurance

None  Unknown

Does your Child have a physician they see regularly?  Yes  No

Does your Child have a dentist they see regularly?  Yes  No

Is your Family homeless?  Yes  No

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Language spoken in the home:  English  Non-English  Multi-lingual

Household Income:  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  Unknown

Number of siblings: \_\_\_\_\_

(Include all siblings related by blood or marriage)

Including your Child, how many people live within the household? \_\_\_\_\_

Of the number above, how many people are over the age of 18? \_\_\_\_\_

How often do family members read to your Child?  At least once a day  At least once a week  
 At least once a month  Less than once a month

How many children's books are in your home?  0 – 5  5 – 10  
 11 – 20  More than 20

Is your Child Adopted?  Yes  No If Yes, Age of Adoption: \_\_\_\_\_

Birth Mother's Date of Birth: \_\_\_\_\_  Unknown

Highest level of education of Birth Mother:

- Up to 8<sup>th</sup> Grade
- 9<sup>th</sup> to 11<sup>th</sup> Grade
- High School Diploma  GED  Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

Check any community-based services the family has participated in:

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency/Crisis Intervention                           | <input type="checkbox"/> Housing Assistance          |
| <input type="checkbox"/> Transportation Assistance                               | <input type="checkbox"/> Mental Health Services      |
| <input type="checkbox"/> English as a Second Language (ESL) Training             | <input type="checkbox"/> Adult Education             |
| <input type="checkbox"/> Substance Abuse Prevention or Treatment                 | <input type="checkbox"/> Job Training                |
| <input type="checkbox"/> Child Abuse and Neglect Services                        | <input type="checkbox"/> Domestic Violence Services  |
| <input type="checkbox"/> Child Support Assistance                                | <input type="checkbox"/> Health Education            |
| <input type="checkbox"/> Assistance to Families of Incarcerated Individuals      | <input type="checkbox"/> Parenting Education         |
| <input type="checkbox"/> Assistance in Obtaining Health Insurance                | <input type="checkbox"/> Marriage Education Services |
| <input type="checkbox"/> Assistance in Identifying Health Care/Medical Providers |  |
| <input type="checkbox"/> Unknown   | <input type="checkbox"/> None                        |

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:**

**All parts of this form must be completed and returned with your child's Enrollment Application for SKRP. Also, a copy of paycheck stubs or other statement of earnings must be attached to verify income eligibility. The child's slot in the SKRP Program cannot be reserved or confirmed if any of these items are not fully completed. Thank you for your cooperation.**

**SKRP APPLICATION**

**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	Household (Family) size
/ /	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Primary Language	Family Type
<input type="checkbox"/> English	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent
<input type="checkbox"/> Spanish	<input type="checkbox"/> Foster <input type="checkbox"/> Child living with Relative
<input type="checkbox"/> Other _____ (Please specify)	<input type="checkbox"/> Other _____ (Please specify)

Street Address	County	
City	State <b>PA</b>	Zip Code
Home Telephone:	Work Phone:	Email Address:

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

- 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

**Actual Annual Verified Gross Household (Family) Income:** \_\_\_\_\_  
(Attach copies of documents used to verify income prior to enrollment)

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- Family income is **at or below 300% of federal poverty level** (Required Risk factor). Consider all sources of income. See end of document for income chart relative to family size. (Must be verified prior to enrollment)

**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.

- 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

- 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.



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**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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Verifying Income - Please Print

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:**

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See Announcement ELS/PAPKC #1 for further definitions of Risk Factors and steps to verify income.

**Federal Income Guidelines for 2015**

<http://aspe.hhs.gov/poverty/11poverty.shtml>

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

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DATES: Effective Date: Date of publication, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

The 2011 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	100% of Poverty	200% of Poverty	300% of Poverty
1	\$ 11,770	\$ 23,540	\$ 35,310
2	\$ 15,930	\$ 31,860	\$ 47,790
3	\$ 20,090	\$ 40,180	\$ 60,270
4	\$ 24,250	\$ 48,500	\$ 72,750
5	\$ 28,410	\$ 56,820	\$ 85,230
6	\$32,570	\$65,140	\$97,710
7	\$36,730	\$73,460	\$110,190
8	\$40,890	\$81,780	\$122,670
*	\$4,160	\$8,320	\$12,480

\*For families with more than 8 persons, add amount listed for each additional person.

# Summer Kindergarten Readiness Program

## Erie's Public Schools

Documentation attached to this information is confidential and will not be used for purposes other than enrollment in the Summer Kindergarten readiness Program.

### Parent/Guardian Consent Form

Child's Name: \_\_\_\_\_

Parent/ Guardian initials are requested for each item below to indicate consent.

\_\_\_\_\_ To make files accessible to those parties which are working with my child and state officials for licensing purposes.

\_\_\_\_\_ Permission to be photographed by Erie's Public Schools staff and newspaper/TV media for public display.

\_\_\_\_\_ I understand Erie's Public Schools' staff will not release my child to anyone not listed on the emergency form without confirmed parental permission.

\_\_\_\_\_ Erie's Public Schools' staff reserves the right to refuse to release children to any person who appears to be under the influence of any substance, legal or illegal, which appears to impair the judgment of that person. Erie's Public Schools will notify the proper authorities for the protection of the child.

\_\_\_\_\_ Erie's Public Schools staff may post my child's allergy and/or medication log for staff use.

If there are any legal documents pertaining to the child, such as custody papers, restraining orders or adoption papers that are necessary for Erie's Public Schools Staff, please provide a copy for our records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date