Checklist for registering for Pre-K

Pre-K Student Name: _____D.O.B. _____Age: _____
(Please print)

Parent(s) Name: _____

Parent Address: _____ Zip _____

School for Pre-K: _____

Completed Packet received by: _____Date _____ Time: _____
(Initials)

Office Checklist (Official Use) | **Parent Checklist**

- ☐ **Completed Erie School District Registration packet** ☐

  Please bring with you the following documents:

  - ☐ **Proof of Child's Age** (Any one of the following) ☐
    - Original or copy of Birth Certificate
    - Original or copy of Baptismal Certificate (Showing date of birth)
    - Valid Passport
    - Prior school record indicating date of birth
  - ☐ **Proof of Residency**-Two forms required ☐

    (Acceptable documentation includes one from each group)

    Group One:
    - Valid driver's License
    - Penn-Dot Identification Card
    - Valid Passport

    Group Two:
    - A dated deed, lease, sales agreement, mortgage information
    - Recent utility bill, credit card bill, property tax bill
    - Vehicle registration
    - If residing with a district property owner/resident, the district property owner/resident must be present, prove their residency as stated above and sign a notarized 'Multiple Occupancy Form' **Both parties must have a valid driver's license or photo ID to fill out a multiple occupancy form to be notarized in our office.**
  - ☐ **Immunizations required by law** (Acceptable documentation includes) ☐
    - The child's original immunization record
    - Immunization record from former school district or medical office
  - ☐ **Physical** ☐
  - ☐ **Dental** ☐

- ☐ **Completed Pre-K Counts Enrollee Application/Information packet** ☐

  Please bring with you the following documents:

  - ☐ **Proof of income** (Acceptable documentation includes) ☐
    - Two consecutive week's payroll
    - One monthly statement of income
    - One W2 or income tax statement
  - ☐ **Child's Social Security Card** ☐
  - ☐ **Transportation Request ONLY for Boys and Girls Club Student** ☐

Pre-K Counts Enrollee Application/Information

All parts of this form must be completed entirely – please complete and return with school District Registration Packet – thank you!

Documentation attached to this information is confidential and will not be used for purposes other than enrollment in the Pre-K Program.

Child's Demographic Information:

First: _____ MI: ___ Last: _____

Date of Birth: _____ Gender: Female ☐ Male ☐

Child's Social Security Number: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Primary Race:
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

English is child's first language: ☐ Yes ☐ No

Language spoken in the home:
☐ English ☐ Non-English _____
(Please specify)

☐ Multi-lingual_____
(Please specify)

Primary Guardian 1:

First: _____ MI: ___ Last: _____

Relationship to Child: ☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other: _____

Family Type:

One Parent Two Parent Foster Child Living with Relative

Other _____
(Please specify)

Phone Number: _____

Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

School District of Residence: _____

Education Status of Guardian 1:
- ☐ Up to 8th Grade
- ☐ 9th to 11th 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)
- ☐ Employed Part-Time (Fewer than 30 hours/week)
- ☐ Multiple Part-Time
- ☐ Seasonal
- ☐ Student or Job Trainee
- ☐ Unemployed

Primary Guardian 2:

First: _____ MI: ___ Last: _____

Relationship to Child: ☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other: _____

Education Status of Guardian 2:

- ☐ Up to 8th Grade
- ☐ 9th to 11th 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)
- ☐ Employed Part-Time (Fewer than 30 hours/week)
- ☐ Multiple Part-Time
- ☐ Seasonal
- ☐ Student or Job Trainee
- ☐ Unemployed

Highest level of education of Birth Mother if not primary or secondary guardian:

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

Risk Factors

☐ Family income is **at or below 300% of federal poverty level** (Required Risk factor). Consider all sources of income. See next page 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.

☐ **Migrant/Seasonal Student (non-immigrant).** 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 agricultural-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.

Household Income (required) check box:
Two consecutive pay stubs for each working family member part of the household or proof of any other monthly income or W2

☐ 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

2016 Federal Poverty level Guidelines

300%			
Family Size	**Annual**	**Monthly**	**Weekly**
1	$35,640	$2,970	$685
2	$48,060	$4,005	$924
3	$60,480	$5,040	$1,163
4	$72,900	$6,075	$1,402
5	$85,320	$7,110	$1,641
6	$97,740	$8,145	$1,880
7	$110,190	$9,183	$2,119
8	$122,670	$10,223	$2,359
Each Add'l	**$12,480**	**$1,040**	**$240**

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

Parent/Guardian Consent Form

Child's Name: _____

Parent/ Guardian initials are **required** 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.

____ My contact information may be given to a partner Pre-K site if my child is on a waitlist. (This may open up an opportunity for your child to attend a Pre-K.)

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.

Please answer the following questions. This will help us to know your child better. Please add any information you feel is relevant to help us develop a more nurturing, educational environment for your child.

Who lives at home with your child? (i.e. siblings, grandparents, cousins) _____

How does your child respond when he/she is angry or upset? _____

How well does your child adjust to new people/surroundings? _____

How often does your child play with other children their age? _____

My child's favorite activities are: _____

My child seems to be very good at: _____

My child seems to struggle with: _____

Any allergies/medical concerns: _____

Food concerns: _____

Toileting: Is your child toilet trained? ☐ Yes ☐ No

How often does your child typically use the bathroom? _____

Is there any other information you would like us to know? _____

_____

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name – Please Print

_____ _____

Staff Verifying Income, Risk Factors and Consent form signature Date

_____

Staff Verifying Income - Please Print

Erie's Public Schools
Boys and Girls Club PA Pre-K Counts
Transportation Request

Child's Name_____

Parent's Name:_____
Parent's Phone Number: _____
Please select from the following available classrooms – mark your first choice with "1" and second choice with "2", (however AM or PM class placement cannot be guaranteed):

Boys and Girls Club Morning Pre-K (8:45 am – 11:30 AM) _____
Boys and Girls ClubAfternoon Pre-K (12:00 – 2:45 PM) _____

Transportation to the classrooms listed above is provided for students living in the City of Erie. Pre-K students must be picked up and dropped off at the same location each day. A responsible adult must be available to help the child get on the bus and off the bus when the bus returns the child at the end of the day. To help us plan for the number of students who will need transportation for the 2016-17 school year, please provide the following information:

_____ **Yes, my child will need transportation.** Please pick up and drop off my child at the following address: _____.
If this is not your home address, please provide the name, relationship and contact number of the adult who will be with your child:
Name: _____Relationship:_____ Phone: _____

_____ **No thank you, my child will not need transportation.**

Your cooperation in providing all of the information on this form will help your child's Pre-K experience get off to a great start at the beginning of the year. Please call 874-6070 with any questions.