## **Checklist for registering for Pre-K**

Pre-K Student Nam	e:(Please print)	D.O.B	Age:
	(Please print)		
	eceived by:Date _		
	(Initials)		
Office Checklist (Official Use)			Parent Checklist
Com	pleted Erie School District Registe bring with you the following doc	-	
	Proof of Child's Age (Any one o  Original or copy of Birth Certi	f the following)	
	= ' '	Certificate (Showing date of birt	h)
	<ul> <li>Valid Passport</li> </ul>		
	<ul> <li>Prior school record indicating</li> </ul>	g date of birth	
	Proof of Residency-Two forms (Acceptable documentation includes o Group One:  Valid driver's License		
	Penn-Dot Identification Card		
	Valid Passport		
	Group Two:		
		reement, mortgage information	
	Recent utility bill, credit card		
	<ul> <li>Vehicle registration</li> </ul>		
	<ul> <li>If residing with a district prop</li> </ul>	perty owner/resident, the district	property
	owner/resident must be pres	sent, prove their residency as sta	ted above and
	sign a notarized 'Multiple Oc	cupancy Form' Both parties mus	t have a valid
	driver's license or photo ID t	o fill out a multiple occupancy for	orm to be
	notarized in our office.		
	<ul><li>Immunizations required by la</li><li>The child's original immuniza</li></ul>	_	cludes)
	<ul> <li>Immunization record from fo</li> </ul>	rmer school district or medical o	ffice
	Physical		
	Dental		
	pleted Pre-K Counts Enrollee A		cket
	Proof of income (Assertable desvi		
	<ul><li>Proof of income (Acceptable docu</li><li>Two consecutive week's payr</li></ul>		
	<ul> <li>One monthly statement of in</li> </ul>		
	One W2 or income tax staten		
П	Child's Social Security Card		

## 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: L	ast:
Date of Birth:Gender: Fen	nale  M	Tale
Child's Social Security Number:		
Ethnicity: Hispanic [	Non-Hispanic	
Primary Race:  American Indian or Alaskan Nati Asian  Black or African American  Native Hawaiian or Pacific Island  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:  Relationship to Child:  Father  Moth  Family Type:	MI: La ner □ Grandpar	ast:ent
One Parent Two Pare		oster Child Living with Relative
(	Please specify)	
Phone Number: Mailing Address Street Address: City:		p Code:
School District of Residence:		
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  Some College  Associates Degree  Bachelor's Degree  Graduate/Professional School  Unknown	after High Schoo	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 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  Graduate/Professional School  Unknown
Highest level of education of Birth Mother if not primary or secondary guardian:  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
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
<b>Education level of guardian:</b> 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.
<ul> <li>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</li> <li>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;</li> <li>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;</li> <li>C. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations,</li> </ul>

or similar settings.

<b>Incarcerate</b>	ed Parent: A child for wh	om one of the child's pare	nts is currently in prison	
program wit		ion would be a copy of the	v enrolled in the Preschool Early Inte	
order to according the preceding fishing work	ompany or to join a migrag 36 months, in order to	ant parent or guardian, who obtain temporary or season plated businesses such as m	has moved from one school district to is a migratory worker or migratory al employment in qualifying agricult eat or vegetable processing, working	fisher, within tural or
Teen mothe	er: A child whose mother	was under the age of 18 w	hen the child was born.	
Two consecutive payor W2  Less than \$5,000  \$15,001 - \$20,00  \$30,001 - \$35,00  \$45,001 - \$50,00	\$5,001 - \$10,000 00  \\$20,001 - \$25,000	\$10,001 - \$15,000 \$25,001 - \$30,000 \$40,001 - \$45,000 \$60,001 - \$70,000	household or proof of any other mor	nthly income
2016 Federal Pover	ty 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 \$85,320	\$6,075 \$7,110	\$1,402 \$1,641	
6	\$97,740	\$8,145	\$1,880	
7	\$110,190	\$9,183	\$2,119	
8	\$122,670	\$10,223	\$2,359	
(Attach copies of do		\$1,040  Family) Income: come prior to enrollment)	\$240 	
Parent/Guardian Sig	nature		Date	
Parent/Guardian Nar	me – Please Print			
Staff Verifying Inco	me, Risk Factors and Cor	nsent form signature	Date	
Staff Verifying Inco	me - Please Print			

Parent/Guardian Consent Form
Child's Name:
Parent/ Guardian initials are <b>required</b> 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 und 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 fee 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)
What is the total number of people living in the home?
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