



Registration 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)

IN ADDITION TO THE COMPLETED SCHOOL DISTRICT REGISTRATION FORMS, THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION:

1. PROOF OF CHILD'S AGE (acceptable documentation includes):

- Original or copy of Birth Certificate
- Original or copy of Baptismal certificate (showing date of birth)
- Valid Passport
- Green Card

2. IMMUNIZATIONS REQUIRED BY LAW (acceptable documentation includes):

- The child's original immunization record
- Immunization record from former school district or medical office

Additional Health Requirement for PreK: Physical and Dental Exams

3. PARENT'S PHOTO IDENTIFICATION (acceptable documentation includes):

- Valid Driver's License
- Penn-DOT Identification Card
- Valid Passport
- Permanent Resident Card (Green Card)

4. PROOF OF RESIDENCY – TWO REQUIRED (acceptable documentation includes):

- A dated deed, lease, sales agreement, mortgage information
- Recent utility bill, credit card bill, property tax bill
- Recently dated vehicle registration or vehicle insurance card
- 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 STATE ISSUED PHOTO ID TO FILL OUT A MULTIPLE OCCUPANCY FORM TO BE NOTARIZED IN OUR OFFICE. MULTIPLE OCCUPANCY FORM CANNOT BE COMPLETED IF EITHER PARTY HAS AN EXPIRED ID**

5. COMPLETED PRE-K COUNTS ENROLLEE APPLICATION/INFORMATION PACKET

Please bring the following documents with you:

Proof of income for ALL wage-earners in household (Acceptable documentation includes)

- Payroll documentation for two consecutive pay periods or
- One monthly statement of income or
- One W2 or income tax statement



All parts of this form must be completed entirely – please complete and return with the Erie’s Public School District Registration Packet

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

Ethnicity: Hispanic Non-Hispanic

Primary Race:
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> 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 (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: _____

Street Address: _____

City: _____ State: PA Zip Code: _____ Email address: _____

School District of Residence: _____

Guardian 1:

Education Status of Guardian 1:	Employment Status of Guardian 1:
<input type="checkbox"/> Up to 8 th Grade	<input type="checkbox"/> Employed Full-time (30 hours/week and over)
<input type="checkbox"/> 9 th to 11 th Grade	<input type="checkbox"/> Employed Part-time (fewer than 30 hours/week)
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED	<input type="checkbox"/> Multiple Part-time
<input type="checkbox"/> Vocational or Technical Program after High School	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Some College	<input type="checkbox"/> Student or Job Trainee
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Bachelor’s Degree	
<input type="checkbox"/> Graduate/Professional School	
<input type="checkbox"/> Unknown	

Primary Guardian (Guardian 2):

First: _____ MI: _____ Last: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Guardian 2:

<p>Education Status of Guardian 2:</p> <input type="checkbox"/> Up to 8 th Grade <input type="checkbox"/> 9 th to 11 th Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational or Technical Program after High School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Professional School <input type="checkbox"/> Unknown	<p>Employment Status of Guardian 2:</p> <input type="checkbox"/> Employed Full-time (30 hours/week and over) <input type="checkbox"/> Employed Part-time (fewer than 30 hours/week) <input type="checkbox"/> Multiple Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Student or Job Trainee <input type="checkbox"/> Unemployed
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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 (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:

Two consecutive pay stubs or W2 for each working family member part of the household and proof of any other monthly income, if applicable

- 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

FOR STAFF USE ONLY - 2020 Federal Poverty level Guidelines

300%			
Family Size	Annual	Monthly	Weekly
1	\$38,280	\$3,190	\$736
2	\$51,720	\$4,310	\$995
3	\$65,160	\$5,430	\$1,253
4	\$78,600	\$6,550	\$1,512
5	\$92,040	\$7,670	\$1,770
6	\$105,480	\$8,790	\$2,028
7	\$118,920	\$9,910	\$2,287
8	\$132,360	\$11,030	\$2,545
Each Additional	\$13,440	\$1,120	\$258

FOR STAFF USE ONLY:

Actual Annual Verified Gross Household (Family) Income: _____

(Attach copies of documents used to verify income prior to enrollment)

Staff Verifying Income, Risk Factors and Consent Forms - Signature

Date

Staff Verifying Income, Risk Factors and Consent Forms - Please Print

Parent/Guardian Consent Form

Child's Name: _____

Parent/Guardian initials are **required** for each item below to indicate consent/agreement. I agree to allow Erie's Public Schools to:

- _____ Make files accessible to those parties working with my child and to state officials for licensing purposes.
- _____ Photograph/videotape my child for newspaper/TV media for public display.
- _____ Refuse to release my child to anyone not listed on the emergency form without confirmed parental permission.
- _____ Reserve 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.
- _____ Post my child's allergy and/or medication log for staff use.
- _____ Give my contact information to a partner Pre-K site if my child is on a waitlist. (This may provide an opportunity for your child to attend an agency-based Pre-K program.)

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) _____

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 **(This is expected before school begins.)**

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

Please sign below to: 1) confirm that the contents of this packet are complete and accurate, and 2) acknowledge receipt of the **Inclusion Procedures for PreK Counts**

Parent/Guardian Signature

Date