

## Checklist for registering for Summer Kindergarten Readiness Program

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: \_\_\_\_\_

ONCE REGISTERED FOR KINDERGARTEN  
PLEASE COMPLETE THE FOLLOWING IN  
ORDER TO REGISTER FOR THE SUMMER  
KINDERGARTEN READINESS PROGRAM:

**Completed SKRP Enrollment 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**

# Summer Kindergarten Readiness Program Enrollment Packet



**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 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)
- 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: \_\_\_\_\_

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

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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)

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**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**

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

**Actual Annual Verified Gross Household (Family) Income:** \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Staff Verifying Income, Risk Factors and Consent form signature

\_\_\_\_\_  
Date

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

**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) \_\_\_\_\_

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