



WEST MIFFLIN AREA SCHOOL DISTRICT
HOMEVILLE ELEMENTARY SCHOOL
4315 Eliza Street-West Mifflin, PA 15122
Phone: (412) 466-9131 x. 7002 Fax: (412) 461-5465



Dear Parents or Guardians,

Thank you for your interest in the West Mifflin Area School District Pre-K Counts preschool program for the 2019 – 2020 school year. The Pre-K program is located at Homeville Elementary School in the West Mifflin Area School District.

The program consists of one three-year-old classroom and one four-year-old classroom. The individual classroom sessions will be determined in the near future. The sessions are conducted each day, Monday through Friday, the morning session is held from 8:30 – 11:15 Am and the afternoon session from 12:45 – 3:20 PM.

The program has specific requirements for eligibility:

1. The family's income must be below 300% of the poverty level as provided by the family size chart located within the application.
2. Your child must be completely potty-trained i.e. able to use the bathroom without assistance.
3. You must be able to transport your child to and from our location arriving promptly for both the start and the end of the sessions.
4. All applications must be accompanied by:
 - a. Proof of income (Current W-2 form or 3 current paystubs)
 - b. Proof of residency (utility bill)
 - c. Copy of child's birth certificate
 - d. Immunization records
 - e. Dental exam

Please send or hand deliver your completed application and supporting documentation to:

Christopher J. Hanna
Pre-K Counts Coordinator
Homeville Elementary Pre-K Counts Program
4315 Eliza Street
West Mifflin, PA 15122

Important Reminder: The program's expectation for student evaluation for the program has changed. Enrollment is NOT on a first come, first served basis. Please have your application submitted before May 1, 2019. You will be notified on or about May 15, 2019 as to your child's acceptance into the program for the 2019 – 2020 school year. Should you have any questions, please call me at 412.466.9131 ext. 7002.

Thank you for your interest,

Christopher J. Hanna

2019-2020 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: / /
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		County	
City		State PA	Zip Code
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other
Ethnicity (optional)	Primary Language
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 5px;">(please specify)</div>

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child	(Select)
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 5px;">(please specify)</div>	<input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 5px;">(please specify)</div>

Role

Primary Guardian

 Legal Guardian

Secondary Guardian

 Other _____

(please specify)

Household/Family Size (required) check box:

1
 4
 7

2
 5
 8

3
 6

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

2019 Federal Poverty Level Guidelines

300%			
Family Size	Annual	Monthly	Weekly
1	\$37,470	\$3,123	\$721
2	\$50,730	\$4,228	\$976
3	\$63,990	\$5,333	\$1,231
4	\$77,250	\$6,438	\$1,486
5	\$90,510	\$7,543	\$1,741
6	\$103,770	\$8,648	\$1,996
7	\$117,030	\$9,753	\$2,251
8	\$130,290	\$10,858	\$2,506
Each Additional	\$13,260	\$1,105	\$255

Actual Annual Verified Gross Household (Family) Income: \$ _____

*Attach copies of documents used to verify income prior to enrollment

Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See *Federal Poverty Level Guidelines* relative to family size (must be verified prior to enrollment).

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (100% of FPL or below) has been informed of their eligibility for Head Start.

Parent Signature

Date

Staff Signature

Date

or

Check if not applicable

Other Child Eligibility Risk Factor Criterion (Must check all that apply):

<input type="checkbox"/>	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.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>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 lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;</p> <p>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;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 (Print Name)

Staff Verifying Income and Risk Factors (Signature)

Date

CHILD HEALTH REPORT

Please be sure to fill out the entire form before submitting.

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone	Address:
Child Care Facility Name: Homeville Elementary Pre-K Counts Program		
Facility Phone: (412) 466-9131 Ext.7002		Parent/Guardian Work Phone:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
<input type="checkbox"/> Per state guidelines for the Pre-K Counts Grant, I hereby grant the West Mifflin Area School District Pre-K Counts Program the right to contact my child's pediatrician to obtain his/her records as needed.		
Medical Care Provider:		Medical Provider's Address:
Pediatrician Name		Pediatrician Phone Number
Pediatrician Signature		

DO NOT OMIT ANY INFORMATION

Health history and medial information pertinent to routine child care and diagnosis/treatment in emergencies (Describe, if any): <input type="checkbox"/> NONE
Describe all medications and any special diet the child receives and the reason for medication and special diet. All medications a child receives should be documented in the event the child requires emergency medical care. Attach additional sheets if necessary. <input type="checkbox"/> NONE
Child's allergies (Describe, if any): <input type="checkbox"/> NONE
List any health problems or special needs and recommended treatment/services. Attach additional sheets if necessary to describe the plan for care that should be followed for the child, including indication of special training required for staff equipment and provision for emergencies. <input type="checkbox"/> NONE
In your assessment, is the child able to participate in child care and does the child appear to be free from contagious or communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> NO If NO, Please explain your answer:
Has the child received all age appropriate screenings listed in the routine preventive health care services currently recommended by the America Academy of Pediatrics? (see schedule at www.AAP.ORG) <input type="checkbox"/> Yes <input type="checkbox"/> NO

Note below if the results of vision, hearing or lead screenings were abnormal. If the screening was abnormal, provide the date the screening was complete and information about referrals, implications or actions recommended for the child care facility.	
VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. I give permission for West Mifflin School District to provide this information to the Pennsylvania Department of Education as required for PA Pre-K Counts program reporting.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Please make sure your application has the following listed below before turning it in:

- | | |
|--|---|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Proof of Income (W2 or last 3 pay stubs) |
| <input type="checkbox"/> Attached Birth Certificate | <input type="checkbox"/> Attached Immunizations |
| <input type="checkbox"/> Proof of Residency (utility bill) | <input type="checkbox"/> Attached proof of Dental Exam |

Only to be completed by the Office

Date Received: _____

- | | |
|--|---|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Proof of Income (W2 or last 3 pay stubs) |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Proof of Residency (utility bill) | <input type="checkbox"/> Proof of Dental Exam |

Staff Verifying Income and Risk Factors Signature

Date

Staff Verifying Income (Please Print)