



2018-2019 School Year

Dear Parents and/or Guardians,

Thank you for your interest in the West Mifflin Area School District Pre-K program. The Pre-K is located at **Homeville Elementary School** (4315 Eliza Street, West Mifflin, PA 15122).

The Pre-K program consists of one three-year-old classroom and one four-year-old classroom. These classes have morning and afternoon sessions. The morning session runs Monday through Friday from 8:30 – 11:15 AM and the afternoon session runs Monday through Friday from 12:45 – 3:20 PM. All students must be potty-trained (pull-ups are NOT permitted and MUST be able to use the bathroom without adult assistance). Transportation must be provided both to and from school for all students.

Students are eligible for this program based on their family's income. To be eligible for the program, the family's income must be below the 300% poverty level for the size of the family. If your income is above the Pre-K Counts guidelines, your child is not eligible for the program.

Due to the great number of responses, we have to evaluate and approve each student through our pre-screening process. Each application must be complete before you return it.

Enclosed are the Pre-K Counts enrollment forms. Please complete and return both forms along with:

- **Proof of Income (W-2 or 3 paystubs)**
- **Proof of Residency (utility bill)**
- **Copy of Child's Birth Certificate**
- **Immunization Record**
- **Dental Exam**

Please send the completed application along with all of the required paperwork to:

**Homeville Elementary School—Pre-K**  
**c/o Mrs. Melissa Welsh**  
**4315 Eliza Street**  
**West Mifflin, PA 15122**

REMINDER: Enrollment is based on a first-come, first-serve basis upon return of these **completed** forms. If your child is selected for the program, you will receive an acceptance letter with further information towards the end of the school year. Any questions should be directed to Mrs. Melissa Welsh at 412-466-9131 Ext. 7002.

Thank you for your interest,

The WMASD Pre-K Team

**PA PRE-K COUNTS APPLICATION 2018-2019**

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

**DATE COMPLETED:** \_\_\_\_\_

Last Name (Child)	First Name (Child)	Middle Initial

Child's Date of Birth	Current Age	Gender
	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

(Children must be 3 years of age by Sept. 1<sup>st</sup> to enter into the 3-Year-Old classroom. Children must be 4 years of age by Sept. 1<sup>st</sup> to enter into the 4-Year Old classroom)

Street Address:		County:	
City:		State:	Zip Code:
Home Telephone:	Work Phone:	Email Address:	

<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____
	(please specify)

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Relationship to Child</b>	<b>(Select)</b>
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
(please specify)	(please specify)

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____
	(please specify)

**To Document Family Size:**

<b>Household (Family) Size</b>								
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> _____

Please provide the names and ages of people in the household counted for reported family size. If you have a question about whether a person living in your household can be counted for family size, please contact us.

NAME	AGE

<b>Household Income (required) check box:</b>		
<input type="checkbox"/> Less Than \$5,000	<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$25,001 - \$30,000
<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$45,000
<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$60,000	<input type="checkbox"/> \$60,001 - \$70,000
<input type="checkbox"/> \$70,001 - \$100,000	<input type="checkbox"/> More Than \$100,000	

<b>2018 Federal Poverty Level Guidelines 300%</b>			
Family Size	Annual	Monthly	Weekly
<b>1</b>	\$36,420	\$3,035	\$700
<b>2</b>	\$49,380	\$4,115	\$950
<b>3</b>	\$62,340	\$5,195	\$1,199
<b>4</b>	\$75,300	\$6,275	\$1,448
<b>5</b>	\$88,260	\$7,355	\$1,697
<b>6</b>	\$101,220	\$8,435	\$1,947
<b>7</b>	\$114,180	\$9,515	\$2,196
<b>8</b>	\$127,140	\$10,595	\$2,445
<b>Each Additional</b>	<b>\$12,960</b>	<b>\$1,080</b>	<b>\$249</b>

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).

**Annual Verified Gross Household (Family) Income** \_\_\_\_\_  
 (Attach copies of documents to verify income prior to enrollment. Acceptable documents include: W2's or 3 most recent pay stubs)

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

<input type="checkbox"/>	<b>Behavioral Supports:</b> 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"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> 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"/>	<b>Individualized Education Plan (IEP):</b> 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"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> 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 lack of alternate 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 places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

**WMASD Pre-K Counts General Information Form**

Is your child potty trained? (Pull-ups are NOT permitted) YES \_\_\_\_\_ NO \_\_\_\_\_

Would you prefer that your child attend the AM or PM session? (Does not guarantee placement.) AM \_\_\_\_\_ PM \_\_\_\_\_

Are you able to provide transportation both **TO and FROM** school daily? YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child previously been in a daycare or preschool setting? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which one? \_\_\_\_\_

**The Pre-K program requires a 5-day-a-week commitment. The WMASD policy states that after 20 absences, your child may be withdrawn from the program. Are you able to make this commitment?**

YES \_\_\_\_\_ NO \_\_\_\_\_

Is there any additional information you would like us to know about your child? \_\_\_\_\_

## 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 _____
Parent 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 <a href="http://www.AAP.ORG">www.AAP.ORG</a> ) <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)