

# BARBER NATIONAL INSTITUTE

## 2025 PA Pre-K Counts Enrollment Eligibility Form

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

Date Form Completed:      /      /       
MM      DD      YY

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

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

<b>Name of Parent or Guardian completing this application</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<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 _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

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

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**List Household Members below for determination of family size (required):**

	<i>Relationship to Child</i>	<i>Age</i>
1	ENROLLING CHILD:	
2		
3		
4		
5		
6		
7		
8		

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

**DETERMINED FAMILY SIZE =**

<p><b>Employment Status of parent/guardian</b></p> <p><input type="checkbox"/> Employed Full-Time</p> <p><input type="checkbox"/> Employed Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Employment Status of 2<sup>nd</sup> parent/guardian (if applicable)</b></p> <p><input type="checkbox"/> Employed Full-Time</p> <p><input type="checkbox"/> Employed Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>
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**Household Income Sources (Must check all that apply):**

<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF Cash payments
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

**Based on last tax filing or current income status, list your Annual Household Income: \$**

**Other Family Information and Factors known to possibly affect a child's readiness for kindergarten**

(Please 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/family who is 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 , whose primary home 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"/>	<p><b>Homeless:</b> 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"/>	<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.
<input type="checkbox"/>	Documented <b>special needs of parent/guardian</b> caring for this child (visual/hearing impairment, physical or intellectual disabilities, mental health concerns)
<input type="checkbox"/>	Recent death of relative in the home or one who provided care for this child
<input type="checkbox"/>	Child has a history of a traumatic or aversive childhood experience (specify)
<input type="checkbox"/>	<b>Other</b> family circumstances impacting the child: (specify)
<input type="checkbox"/>	<b>Parent is Employee</b> of the Barber National Institute AND Income eligible
<input type="checkbox"/>	<b>Sibling(s)</b> currently attending Barber National Institute AND family is income eligible

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate.

I understand that I may be asked to verify or substantiate the information provided.

\_\_\_\_\_  
**Parent/Guardian** (Signature)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name** (Print Name)

**For Head Start Eligible families (100% of FPL or below)**

**Check if not applicable**

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location \_\_\_\_\_
- Application and/or assistance with referral
- Brochure or website with information about Head Start

My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

\_\_\_\_\_  
**Staff Signature** **Date**

**FOR OFFICE USE ONLY**

**Income Verification**

<b>2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)</b>			
<b>Household/ Family Size</b>	<b>100%</b>	<b>250%</b>	<b>300%</b>
<b>1</b>	15,650.00	39,125.00	46,950.00
<b>2</b>	21,150.00	52,875.00	63,450.00
<b>3</b>	26,650.00	66,625.00	79,950.00
<b>4</b>	32,150.00	80,375.00	96,450.00
<b>5</b>	37,650.00	94,125.00	112,950.00
<b>6</b>	43,150.00	107,875.00	129,450.00
<b>7</b>	48,650.00	121,625.00	145,950.00
<b>8</b>	54,150.00	135,375.00	162,450.00
<b>9</b>	59,650.00	149,125.00	178,950.00
<b>10</b>	65,150.00	162,875.00	195,450.00
<b>11</b>	70,650.00	176,625.00	211,950.00
<b>12</b>	76,150.00	190,375.00	228,450.00
<b>13</b>	81,650.00	204,125.00	244,950.00
<b>14</b>	87,150.00	217,875.00	261,450.00

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

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

**Family Size (per PKC guidelines):** \_\_\_\_\_

- Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors Signature**

\_\_\_\_\_  
**Date**



## **Pre-K Counts Enrollment Prioritization Information**

Pre-K Counts is a grant-funded program designed to serve 3 and 4 year old students who may not be ready for kindergarten at age 5 due to a number of potential factors which are known to impact a child's development.

PKC is reserved for these preschool children coming from income eligible families who are earning <300% Federal Poverty Level. (see chart on the application form)

PKC is designed to prepare children for kindergarten entry by providing a comprehensive education in a high quality program.

As available slots are limited, families are asked to complete the PKC Eligibility Verification Application and indicate all possible, listed factors present in their family which apply to them/their child.

Each item on the known factors list has a set numeric value. The total value of the identified factors is calculated and used as a guide by the program director to determine which applying family is most in need of available slot(s).

Only when we have more applications than available slots will the risk score be referenced and opportunity for enrollment offered accordingly.

Once an opening is offered to a family, they will be asked to accept/decline within the week. If a family declines at the time of offer, the application will be held for future re-consideration or until the child ages out of PKC. If all Pre-K Counts funded slots are filled at the time of application, the parent will be told so at the time of call and asked if they would still wish to submit an Eligibility Verification Application for consideration in future.

When a child is placed on our 'Interested in future opening' list, we will also ask the family if they would like assistance in locating another PKC provider or alternate child care program. BNI PKC will provide referral name/number and/or, at parent request, make a call on their behalf to locate an opening with another provider that is geographically convenient for the family.

Families are invited to call any time to check on the status of available openings.

Rev: 3-1-24

# What is Head Start?

Head Start is a federally-funded, community-based program for low-income families with children ages 3 to 5. Head Start supports the comprehensive development of children to prepare them for a successful transition to kindergarten and elementary school.



## Full Day Program



CDC's Head Start program is a full-day (6-hour), 5-day/week program that continues for 9 months of the year (September - June)

**Full Day**  
6 HOURS

## Free Meals



Children receive a free breakfast, lunch and snack every day

**Free Meals**  
BREAKFAST, LUNCH AND SNACK

## Potty Training Assistance



Children do NOT need to be potty trained to begin Head Start. Free diapers/pull-ups and wipes are provided and we work with families on potty training routines.

**Potty Training**  
FREE DIAPERS/PULL-UPS & WIPES

## Family Engagement Support



Head Start supports families in achieving their own goals in housing stability, adult learning opportunities, financial security and strengthening parent-child relationships

**Family**  
SUPPORT

## Health Services



Children in Head Start can receive vision, hearing, physical, developmental and behavioral health screenings as well as dental exams, cleaning and fluoride varnish application

**Health**  
SERVICE SUPPORT

## Transportation



Busing is provided to children that live within the eligible area

**Free Busing**  
TO ELIGIBLE AREAS

For more information or to enroll visit [www.cdcenters.org/enroll-now](http://www.cdcenters.org/enroll-now) or call Crawford/Venango County - 814-670-0643 | Erie County - 814-480-9505