

Pre-K Counts in Bucks County

Overview and Family Application for the school year beginning August 2016

PENDING COMMONWEALTH APPROVAL OF FUNDING

Bucks County has seven Pre-K Counts grants from the Commonwealth of Pennsylvania. Those grants allow families with children (ages three and four years on or before September 1) to apply for entry in a high quality, half-day or full-day pre-school program *at no cost to the family*. (Neshaminy School District's Pre-K Counts program has full day slots only.)

The belief is that early education will make children more ready to learn when they enter kindergarten.

We are accepting applications for pre-school programs for the 2016-2017 school year.

Residents of Pennsylvania who meet the required criteria will be considered for this five day-a-week program. Some of the programs are half-day and others are full-day based on the grant received. (Neshaminy School District's Pre-K Counts program has full day slots only.) All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$72,900 a year and still qualify.

Families who qualify financially and *also* have secondary at-risk factors (for example: English as a Second Language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.

Families may submit the Pre-K Counts application and all supporting documents to their school district representative listed on the next page. If your school district is not listed, please send your materials to the United Way of Bucks County.

Thank you for your interest in the Pennsylvania Pre-K Counts program!



Bucks County Pre-K Counts Contact Information

Bristol Township School District

Mrs. Michele Anderson 6401 Mill Creek Road Levittown, PA 19057 267 599 2017 michele.anderson@bristoltwpsd.org

Neshaminy School District

Dr. Christine McKee
Pupil Personnel Services
2001 Old Lincoln Highway
Langhorne, PA 19047
215 809 6558
cmckee@neshaminy.k12.pa.us

Quakertown School District

c/o LifeSpan School & Day Care Ms. Natasha Banguero 2460 John Fries Hwy Quakertown PA 18951 215-536-4417 nbanguero@lq.org

Morrisville School District

Ms. Patricia Miiller Morrisville Intermediate School 550 West Palmer Street Morrisville, PA 19067 215 736 5270 pmiiller@earthlink.net

Pennsbury School District

Ms. Laurie Gafgen, Principal Walt Disney Elementary School 200 Lakeside Drive North Levittown, PA 19054 215 949 6868 ext. 20815 lgafgen@pennsburysd.org

All other school districts in Bucks County:

Mrs. Candi Guerrero
United Way of Bucks County
413 Hood Boulevard
Fairless Hills, PA 19030
215 949 1660 x108
candig@uwbucks.org



Bucks County Pre-K Counts Application Checklist

Included in this packet are all of the necessary registration forms for our Pre-K Counts Program. Please complete the information and return it to the address listed on the contact sheet.

Applications will not be reviewed until the application and all supporting documents have been received. Thank you for your cooperation in this matter.

Please submit copies of the items listed below with your application:

2015 Federal Income Tax Return for all adults (18 & over) residing in your household Please send the first two pages only.
Birth Certificate (child)
Social Security Card or Number on Tax Return (child)
Photo ID (Parent/Guardian)
Confidential Pre-K Counts Application (all 3 pages must be completed)
Proof of Residency: Lease/Deed or Mortgage Coupon. They must be current and have the child's name on lease.
Three (3) additional proofs of residency such as vehicle/home owner's insurance, vehicle registration, utility bill, bank statement, etc.
The following items are due immediately upon acceptance into the program.
Immunization Records
Physical (completed after September 1, 2015), including vision, hearing, and dental screenings.

Please Note: Students may not begin the program until all health records are submitted and reviewed



Bucks County Pre-K Counts 2016 - 2017 Application

Please print clearly.

SECTION 1: Child Information						
Child's Name			Today's date			
Ethnicity (Check One):	Non-Hispanic	Hispanic	Other			
Race (Check One):	African American	American India				
	Caucasian	Native Hawaiia	Native HawaiianOther			
Child's Date of Birth			MaleFemale			
Child's Social Security NumberPlease submit a copy of the child's birth						
If you also have English as a Second Language, please complete this section.						
Language(s) spoken at home Language(s) child speaks						
Special Needs/Concerns Related to Child: If the child is receiving early intervention services, please submit a copy of the child's IEP.						
My local Elementary School:in		_in	School District.			
	SECTION 2: Parer	nt Information				
Devent/Counties #1: None	Date of Birth					
Parent/Guardian #1: Name			Date of Birth			
Employment Status (Check One):Full time		Part time	Unemployed			
Address			Apt			
City		State: PA	Zip Code			
Primary Phone Number	ne Number Alternate Phone Number					
Email Address						
Parent/Guardian #2: Name			Date of Birth			
Employment Status (Check			Unemployed			
Address			Apt			

City	State	DΛ	7in Codo		
City	State	State: PA Zip Code			
Primary Phone Number	Alternate Phone Number				
Email Address					
Highest education level completed- Parent #1:	Parent #2:				
SECTION 3: Househo	old Income				
A copy of the first two pages of your 2015 federal income tax return for all adults in the household MUST be submitted with this application.					
Amount of income from all sources for all household mem	bers =				
Number of Adults (everyone over age 18) in the household:		Ages			
Number of Children in the household:		Ages			
Check one: I rent/own my home	I am livir	ng with and	ther family		
CECTION A. Due event Account	0 Ci	.			
SECTION 4: Program Assur - Families are considered after the completed application an			nts have been received		
- Families are considered after the completed application and all supporting documents have been received.					
 - Families are accepted on a "need" basis and not from the date the application was submitted. - Families whose children are selected for the Pre-K Counts program must provide transportation on a daily basis to and from the pre-school to which they are assigned. 					
- Families are required to attend parent/guardian conferences and at least one parent workshop.					
- Attendance is essential. Except for illness, children must be prompt and present on a daily basis.					
- The parent must complete the information on the next page of this application.					
Please check below:					
To the best of my knowledge the information on this application is accurate.					
I accept the responsibilities of a Pre-K Counts family.					
Parent/Guardian Signature		D	ate		
Parent/Guardian Name (Printed)					
FOR PROGRAM USE ONLY Verification of IncomeStaff Signature	20	Date_			

SECTION 5: Release of Information						
Child's Name						
When necessary to the fulfillment of the Pre-K Counts grant or to enhance services provided to my child or family, I authorize release and sharing of information to:						
Bucks County Intermediate Unit	Yes	No				
My local school district ()	Yes	No				
Pennsylvania Department of Education	Yes	No				
When necessary for the fulfillment or enhancement of the Pre-K Counts grant, I authorize the use of photographs in which my child appears for purposes including, but not limited to, newsletters, press releases, and/or brochures.						
I authorize the use of my child's photo as described above.	Yes	No				
Parent/Guardian Signature	Date					
SECTION 6: Additional Child Information (Required)						
Are you currently enrolled in a Head Start Supplemental Assistance Program?	Yes	No				
Is your child enrolled in the Federal Head Start Program?	Yes	No				
Is your child enrolled in Child Care Works (subsidized child care)?	Yes	No				
Is your family part of the Child Welfare System?	Yes	No				
Does your child have behavioral supports or receive mental health treatment?	Yes	No				

All documents listed on page 3 must be included with your application.

We will not review or accept any application without all supporting documents.

Please submit this application and all documents requested to the Lead Agency listed on Page 2.

Thank you!

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

Is your child in foster care, kinship care, or receiving Child Protective service?

Is your child homeless (living in a motel, shelter, in substandard housing)?

Is the parent a migrant/seasonal worker in agricultural/fishing businesses?

Was the child's mother less than 18 years of age when he/she was born?

Is one of the child's parents incarcerated?

Does the parent have a high school diploma, GED?

Does the parent have post-secondary training?