

## Overview

Bucks County has six Pre-K Counts grants from the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by September 1<sup>st</sup>) to enroll in an approved high quality, pre-school program at no cost to the family.

Included in this packet is the Bucks County Pre-K Counts application for the 2025-2026 school year. Families living in Pennsylvania with children who meet the required criteria will be considered for this five day-a-week program. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$96,450 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.

To apply for Pre-K Counts in Bucks County, complete the application on pages 3, 4 and 5 of this packet. If you are completing the application electronically, please print and then sign the application (on page 5) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to the school district or other contacts listed below.

## Local Pre-K Counts Contacts

<p><b>Bristol Township School District</b> Amy Coleman 5 Blue Lake Road Levittown, PA 19057 267-599-2015 amy.coleman@bristoltwpsd.org <a href="https://www.bristoltwpsd.org/community/pre_k_counts">https://www.bristoltwpsd.org/community/pre_k_counts</a></p> <p><b>Palisades School District</b> c/o LifeSpan School &amp; Day Care Kimberly Day 2460 John Fries Highway Quakertown, PA 18951 215-536-4417 ext. 2024 kday@lq.org <a href="https://www.lifespanchildcare.org/enroll-today-new/">https://www.lifespanchildcare.org/enroll-today-new/</a></p> <p><b>Refuge Childcare Academy</b> Angela Cary 1230 Plymouth Avenue Bristol, PA 19007 215-781-9698 rcaorg@yahoo.com <a href="https://www.refugechildcare.org/">https://www.refugechildcare.org/</a></p>	<p><b>Bucks County Intermediate Unit</b> Katelyn Plunkett 705 N. Shady Retreat Road Doylestown, PA 18901 215-348-2940 ext. 1228 kplunkett@bucksiu.org <a href="https://www.bucksiu.org/child-student-services/pre-k-counts">https://www.bucksiu.org/child-student-services/pre-k-counts</a></p> <p><b>Pennsbury School District</b> Laurie Ruffing Village Park 75 Unity Drive Levittown, PA 19054 215-428-4100 ext. 20815 <a href="https://www.pennsbury.org/departments/student_services/pre-k_counts">https://www.pennsbury.org/departments/student_services/pre-k_counts</a></p> <p><b>United Way of Bucks County</b> Kristi Moreno 413 Hood Boulevard Fairless Hills, PA 19030 215-949-1660 ext. 108 Kristim@uwbucks.org <a href="https://www.uwbucks.org/prek-education-get-help/">https://www.uwbucks.org/prek-education-get-help/</a></p>	<p><b>Neshaminy School District</b> Kim Johnson MPMS-Pupil Services 2250 Langhorne-Yardley Road Langhorne, PA 19047 215-809-6558 kjohnson@neshaminy.org <a href="https://www.neshaminy.org/Page/41738">https://www.neshaminy.org/Page/41738</a></p> <p><b>Quakertown School District</b> c/o LifeSpan School &amp; Day Care Kimberly Day 2460 John Fries Highway Quakertown, PA 18951 215-536-4417 ext. 2024 kday@lq.org <a href="https://www.lifespanchildcare.org/enroll-today-new/">https://www.lifespanchildcare.org/enroll-today-new/</a></p>
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## Application Checklist

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

- \_\_\_\_\_ 2024 Federal Income Tax Return for all adults (18 and over) residing in your household **Please include ONLY the first 2 pages of Federal Form 1040; no other tax forms are required.**
- \_\_\_\_\_ Child's Birth Certificate
- \_\_\_\_\_ Child's Social Security Card or Number on Tax Return
- \_\_\_\_\_ Parent/Guardian Photo ID
- \_\_\_\_\_ Pre-K Counts Application (all 3 pages must be completed)
- \_\_\_\_\_ Proof of Residency: Lease/Deed or Mortgage Coupon
- \_\_\_\_\_ Three (3) additional proofs of residency (utility bills, vehicle registration, home or car ins.)

The following items are due immediately upon acceptance into the program. You may submit these forms with your application, however it is not required.

- \_\_\_\_\_ Child's Immunization Records
- \_\_\_\_\_ Child's Physical (completed after September 1, 2024), including vision, hearing, and dental screenings.

## Income Eligibility

**Please Note: A family is eligible for Head Start (100% of poverty or lower), Child Care Works (200% of poverty or lower), Pre-K Counts (300% of poverty or lower)**

### 2025 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	\$15,650	31,300	46,950
2	\$21,150	42,300	63,450
3	\$26,650	53,300	79,950
4	\$32,150	64,300	96,450
5	\$37,650	75,300	112,950
6	\$43,150	86,300	129,450
7	\$48,650	97,300	145,950
8	\$54,150	108,300	162,450

U.S. Department of Health & Human Services: <https://aspe.hhs.gov/poverty-guidelines>

**All documents from the checklist above must be included with your application.  
We will not review or accept any application without all supporting documents.**

# Pre-K Counts Bucks County

## 2025-26 APPLICATION

Please print clearly.

SECTION 1: CHILD INFORMATION	
Child's Name _____	Today's Date _____
<b>Ethnicity (Check One):</b> <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	
<b>Race (Check One):</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hawaiian Pacific Islander <input type="checkbox"/> Unknown	
Child's Birth Date _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Social Security Number _____	<b>Please submit a copy of the child's birth certificate.</b>
If you have English as a Second Language, please complete this section.	
Language(s) spoken at home _____ Language(s) child speaks _____	
Special Needs/Concerns Related to the Child: _____	
If the child is receiving early intervention services, please submit a copy of the child's IEP.	
My local Elementary School: _____ in _____ School District.	

SECTION 2: PARENT/GUARDIAN INFORMATION	
Parent/Guardian #1: Name _____	Date of Birth _____
<b>Employment Status:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Parent/Guardian #2: Name _____	Date of Birth _____
<b>Employment Status:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Highest education level completed: Parent #1 _____ Parent #2 _____	

SECTION 3: HOUSEHOLD INCOME	
A copy of the <b>first two pages</b> of the <b>2024 federal income tax return</b> for <b>ALL adults</b> in the household must be submitted with this application.	
Income from all sources for all household members _____/year	
Number of Adults (everyone over age 18) in the household _____	Ages _____
Number of Children in the household _____	Ages _____
Check one: <input type="checkbox"/> I own my home <input type="checkbox"/> I rent my home <input type="checkbox"/> I am living with another family <input type="checkbox"/> Homeless living w/ another family	
FOR PROGRAM USE ONLY    Income Verified by _____ Date _____	

SECTION 4: ADDITIONAL CHILD INFORMATION (Required)	
Are you currently enrolled in the Head Start Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child enrolled in Child Care Works (subsidized child care)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent a migrant (non-immigrant) or seasonal worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family experiencing housing instability (living in a shelter, lack a fixed nighttime residence, doubled up/living with another family due to financial hardship)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child in foster care, kinship care, or receiving Child Protective services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child receive behavioral supports or been referred for behavioral supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child currently have an Individualized Education Plan (IEP) or Individualized Family Service Plan (ISFP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the child's mother less than 18 years of age when he/she was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is one of the child's parents incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the parent have a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there concerns about the child's physical development or existing medical issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there concerns about the child's speech or language development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there concerns about the child's social, emotional, or behavioral development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is anything else that we should know about your child or your family, please explain here:	

**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 ☐ NoMy local school district ( \_\_\_\_\_ ) ☐ Yes ☐ NoPennsylvania 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: PROGRAM ASSURANCES & SIGNATURE**

- Families are considered for enrollment in Pre-K Counts 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 family engagement workshop.
- Attendance is essential. Students must be present for 85% of the school year. Except for excused absences, children must be prompt and present on a daily basis.

☐ **Please check and sign:** \_\_\_\_\_**HEAD START ELIGIBLE FAMILIES:**

I understand I am eligible for Head Start, and have received information, but I prefer to enroll in the Pre-K Counts program.

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

☐ 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 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

**All documents listed on page 2 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 Agencies listed on Page 1.****Thank you!**