

## The Growing Place PA Pre-K Counts Application for Enrollment

Thank you for your interest in PA Pre-K Counts. Please answer *all* the questions below as best you can, using n/a if necessary. We will consider the needs of each applicant based on our program's guidelines as well as the date we receive the application. Priority is given to children who turn four on or before September 1, 2021 and who are below 250% of the Federal Poverty Level. \*Polk full day is designed for working parents and may have additional qualifying requirements.

If you need help filling out the application, please let us know and we will be happy to help you. You can reach us by calling 570-402-0127.

**If your child turns five on or before September 1, 2021, he or she is eligible for public school kindergarten and cannot attend PA Pre-K Counts.**

|                                |                       |                  |          |
|--------------------------------|-----------------------|------------------|----------|
| Name of child (last)           | (first)               | (middle initial) |          |
| Date of birth (month/day/year) | Age                   | Child's SSN      |          |
| Address of child               | Town                  | State            | Zip code |
| County                         | School District       |                  |          |
| Name of parent/guardian        | Relationship to child |                  |          |
| Home Phone                     | Cell Phone            | Email            |          |

PA Pre-K Counts is held five days a week. There is no transportation available. Will you be able to arrange transportation to and from preschool?

Yes  No

Please indicate your preference for location and class time. (We cannot guarantee your choice.)

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Chestnuthill<br>AM       | Chestnuthill<br>PM       | Polk<br>PM               | Polk*<br>Full Day        | Stroudsburg<br>Full Day  | Stroudsburg<br>Full Day  |
| 9:00-12:00               | 12:30-3:30               | 12:30-3:30               | 8:30-2:30                | 8:30-2:30                | 9:00-3:00                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **Family**

Please indicate the family situation at home.

One parent

Two Parent

Foster

Relative

Other (please specify) \_\_\_\_\_

What language(s) is/are spoken in the home? \_\_\_\_\_

## **Health**

Is your child up-to-date on recommended well-child doctor visits, including immunizations? Yes  No  Not Sure

Has your child ever been diagnosed with any developmental or physical delays? \_\_\_\_\_

Does your child have any health issues that concern you? \_\_\_\_\_

Does your child have any developmental issues that concern you? \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_

## **Early Childhood Experiences**

Has your child ever been involved in formal group activities with other children?

preschool  play group  dance  Head Start

religious school  gymnastics  sports  music lessons

group child care  group home care  Other (please list) \_\_\_\_\_

Is your child currently on the waiting list for Head Start? \_\_\_\_\_

Is your child enrolled in Child Care Works (Subsidized Child Care?) \_\_\_\_\_

Does your child have opportunities to play with other small children? \_\_\_\_\_

Is your child potty-trained? Yes  No  Not quite

## Financial Information

How many people are in your immediate family? \_\_\_\_\_

Family current annual income: (please include all sources, unemployment, etc.)  
\_\_\_\_\_

Do you have any children who qualify for the Reduced Lunch Program in school?

Yes  No  Not sure

Do you have any children who qualify for Head Start or the Free Lunch Program in school? Yes  No  Not sure

Does your family receive any type of government assistance? Please be specific. For example, Medical Assistance, cash assistance, CHIP, WIC, SNAP, housing, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your recent financial circumstances and/or family circumstances. Use the opposite side of this page if you need more space. For example, are you recently separated or unemployed?  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation Needed: Child's Birth Certificate, Child's Social Security Card, 2020 Federal tax return (form 1040) for both parents. If applicable, documentation of assistance, Social Security benefits, Unemployment benefits, Child Support, IEP, evaluations, IU release, etc.**

By signing this form below,

- I give The Growing Place PA Pre-K Counts program permission to provide this information to the PA Department of Education in order to fulfill required program reporting obligations.
- I verify that this information is accurate to the extent of my knowledge.
- I understand that I may be asked to verify the accuracy of this information at a later date.
- I understand that if my child is eligible for Head Start, I have been notified.
- I understand that this program is funded by a grant from the Pennsylvania Department of Education, which is renewed yearly, and the continuation of this program depends on funding from the state budget.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date