

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, 2022 and who are below 250% of the Federal Poverty Level.

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, 2022,
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 Full Day	Polk PM	Polk* Full Day	Stroudsburg Full Day	Stroudsburg Full Day
9:00-3:00	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"/>

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?

Primary Language: _____ Secondary Language: _____

Is your child adopted? Yes No If yes, date of adoption: _____

Health

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

Is your child up-to-date on recommended dental visits? Yes No

What type of insurance does your child have?
Private CHIP Medical Assistance None

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 behavior 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, 2021 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