

# OWL HILL LEARNING CENTER

## PA PRE-K COUNTS PRE-KINDERGARTEN PROGRAM

### APPLICATION PROCESS

Please complete the Pre-K Counts application attached. The following **documents are required to be submitted along with your child's completed application:**

**Completed Pre-K Application**

**Copy of your recent Federal Tax Return to verify family income level**

**Copy of an energy bill with your home address listed to verify residency**

### RETURNING YOUR COMPLETED APPLICATION

**Pre-K Application and all required documents should be placed in an envelope marked to the ATTENTION OF JULIE MATHERS, Owl Hill Learning Center and dropped off at:**

Manheim Township School District Office

450A Candlewyck Road

Lancaster, PA 17601

Between 8:00 am – 3:30 pm (lobby hours)

or place in the drop box located outside the entrance door to the District Office.

### CONTACT INFORMATION

All questions or inquires regarding the application process and K4 program should be directed to:

**Owl Hill Learning Center**

**Julie Mathers, Educational Director**

**717-435-4117**

**Email: [matherju@mtwp.net](mailto:matherju@mtwp.net)**

**Website: [owlhilllearningcenter.com](http://owlhilllearningcenter.com)**

**Please note, the District Office staff is not able to make copies of your application or documents being forwarded to Owl Hill Learning Center.**

Manheim Township School District **does not administer this program** or contact parents of their eligibility once application is submitted. The District Office only distributes applications to interested parents. **All paperwork is handled directly through Owl Hill Learning Center.**

# 2017 PA Pre-K Counts Enrollment Form

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

Date Form Completed: \_\_\_\_\_

<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
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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____ (please specify)

<b>Last Name (Legal Guardian)</b>	<b>First Name (Legal Guardian)</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"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

<b>Household (Family) Size</b>									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> _____	

**Household Income (required) check box:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less Than \$5,000    | <input type="checkbox"/> \$5,001 - \$10,000  | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$15,001 - \$20,000  | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,001 - \$35,000  | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$50,000  | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$70,001 - \$100,000 | <input type="checkbox"/> More Than \$100,000 |  |

**2017 Federal Poverty Level Guidelines**

<b>300%</b>			
<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
<b>1</b>	\$36,180	\$3,015	\$696
<b>2</b>	\$48,720	\$4,060	\$937
<b>3</b>	\$61,260	\$5,105	\$1,178
<b>4</b>	\$73,800	\$6,150	\$1,419
<b>5</b>	\$86,340	\$7,195	\$1,660
<b>6</b>	\$98,880	\$8,240	\$1,901
<b>7</b>	\$111,420	\$9,285	\$2,142
<b>8</b>	\$123,960	\$10,330	\$2,383
<b>Each Add'l</b>	<b>\$12,540</b>	<b>\$1,045</b>	<b>\$241</b>

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

*(Attach copies of documents used to verify income prior to enrollment)*

- Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

**Other Child Eligibility Risk Factor Criterion (Must 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 who is a foster child, a kinship care child or 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 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"/>	<b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: 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

	<p>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"/>	<p><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.</p>
<input type="checkbox"/>	<p><b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.</p>

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

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

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

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

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

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

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors (Print Name)**