





## **Pre-K Counts Bucks County**

### **Contact Information**

#### **Bristol Township School District**

Ms. Audrey Flojo  
6401 Mill Creek Road  
Levittown, PA 19057  
267-599-2017  
[audrey.flojo@bristoltwpsd.org](mailto:audrey.flojo@bristoltwpsd.org)

#### **Neshaminy School District**

Ms. Kim Johnson  
Pupil Services  
2250 Langhorne-Yardley Road  
Langhorne, PA 19047  
215-809-6558  
[kjohnson@neshaminy.org](mailto:kjohnson@neshaminy.org)

#### **Pennsbury School District**

Ms. Laurie Ruffing, Principal  
Walt Disney Elementary School  
200 Lakeside Drive North  
Levittown, PA 19054  
215-949-6868 ext. 20815  
[lruffing@pennsburyisd.org](mailto:lruffing@pennsburyisd.org)

#### **Quakertown School District**

c/o LifeSpan School & Day Care  
Ms. Robyn Jardine  
2460 John Fries Highway  
Quakertown, PA 18951  
215-896-9917  
[rjardine@lq.org](mailto:rjardine@lq.org)

#### **All other school districts in Bucks County:**

#### **Bucks County Intermediate Unit**

Ms. Joan Pfender  
705 N. Shady Retreat Road  
Doylestown, PA 18901  
215-348-2940 ext. 8270  
[jpfender@bucksiu.org](mailto:jpfender@bucksiu.org)

#### **United Way of Bucks County**

Mrs. Candi Guerrero  
413 Hood Boulevard  
Fairless Hills, PA 19030  
215-949-1660 ext. 108  
[candig@uwbucks.org](mailto:candig@uwbucks.org)





# Pre-K Counts Bucks County

## 2022 APPLICATION

*Please print clearly.*

SECTION 1: CHILD INFORMATION	
Child's Name _____	Today's Date _____
Ethnicity (Check One): <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	
Race (Check One): <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>
<i>If you have English as a Second Language, please complete this section.</i>	
Language(s) spoken at home _____	Language(s) child speaks _____
<b>Special Needs/Concerns Related to the Child:</b> _____ <i>If the child is receiving early intervention services, please submit a copy of the child's IEP.</i>	
My local Elementary School: _____ in _____ School District.	

SECTION 2: PARENT INFORMATION	
Parent/Guardian #1: Name _____	Date of Birth _____
Employment Status: <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 _____
Employment Status: <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 _____	
<b>Highest education level completed:</b> Parent #1 _____ Parent #2 _____	

SECTION 3: HOUSEHOLD INCOME	
A copy of the <b>first two pages</b> of the <b>2019 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	
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 child homeless (living in a motel, shelter, in substandard housing)?	<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
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 \_\_\_ 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: 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 parent workshop.
- Attendance is essential. Except for excused absences, children must be prompt and present on a daily basis.

**Please check and sign below:**

**HEAD START ELIGIBLE FAMILIES:**

\_\_\_ I have been given information about Head Start 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 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!**