



# Pre-K Counts Bucks County

## Overview and Family Application for the school year beginning August 2021

Bucks County has six Pre-K Counts grants from the Commonwealth of Pennsylvania. Those grants allow families with children (ages three and four years on or before September 1) to apply for entry in a high quality, half-day or full-day pre-school program *at no cost to the family*.

The belief is that early education will prepare children to succeed in kindergarten.

We are accepting applications for pre-school programs for the 2021-2022 school year.

Residents of Pennsylvania children who meet the required criteria will be considered for this five day-a-week program. Some of the programs are half-day and others are full-day based on the grant received. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$79,500 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 4, 5 and 6 of this packet. If you are completing the application electronically, please print and then sign the application (on page 6) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to their school district representative listed on the next page. If your school district is not listed, please send your materials to United Way of Bucks County.

Thank you for your interest in the Pennsylvania Pre-K Counts program!



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

### **Contact Information**

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

Ms. Audrey Flojo Colletti  
5 Blue Lake 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 Application Checklist

Included in this packet are all of the necessary application forms for our Pre-K Counts Program. Please complete the information and return it to your local program listed on the contact sheet.

Applications will not be reviewed until the application and all supporting documents have been received. Thank you for your cooperation in this matter.

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

2020 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.

Birth Certificate (child)

Social Security Card or Number on Tax Return (child)

Photo ID (Parent/Guardian)

Confidential Pre-K Counts Application (all 3 pages must be completed)

Proof of Residency: Lease, Deed, or Mortgage Coupon. They must be current and the child's name must be on the lease.

Three (3) additional proofs of residency such as vehicle or home owner's insurance, vehicle registration, utility bill for phone, water, electric, etc.

The following items are due immediately upon acceptance into the program:

Immunization Records

Physical (completed after September 1, 2020), including vision, hearing, and dental screenings.



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## 2021-22 APPLICATION

Please print clearly.

SECTION 1: CHILD INFORMATION	
Child's Name _____	Today's Date _____
Ethnicity (Check One):    ___ Non-Hispanic                                    ___ Hispanic                                    ___ Unknown	
Race (Check One):        ___ Black or African American        ___ American Indian or Alaskan        ___ Other ___ Asian                                    ___ White or Caucasian                    ___ Hawaiian Pacific Islander        ___ Unknown	
Child's Birth Date _____	___ Male                                    ___ Female
Child's Social Security Number _____	Please submit a copy of the child's birth certificate.
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 INFORMATION	
Parent/Guardian #1: Name _____	Date of Birth _____
Employment Status: ___ Full Time    ___ Part Time    ___ Unemployed    ___ 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: ___ Full Time    ___ Part Time    ___ Unemployed    ___ 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	
<i>A copy of the first two pages of the 2020 federal income tax return for ALL adults in the household must be submitted with this application.</i>	
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!**