



NORTHERN TIER COMMUNITY ACTION CORP.

POST OFFICE BOX 389, EMPORIUM, PENNSYLVANIA 15834
TELE: 814/486-1161 • FAX: 814/486-0825

KENNETH P. STRAUB
EXECUTIVE DIRECTOR

PRE-K COUNTS APPLICATION INSTRUCTIONS

Please fill out this application completely. Please print as neatly as possible. This application contains important information that is used to determine your child's eligibility for Pre-K Counts. If you need help in completing the application, or have questions, please call us at 486-1161 Ext. 224.

The following information may be helpful as you are completing the application.

***General Information** (front page) We must be able to reach you in order to enroll your child. If you move or change your phone number after completing this application, it is your responsibility to notify Northern Tier Community Action at 486-1161 Ext. 224. Children must be 3 by July 1st in the program year for which you are enrolling. You must provide proof of your child's birth date through a **copy of your child's birth certificate**.

***We must have a copy of any custody agreements, court orders, or other documentation regarding parental rights.**

***Parent/ Guardian Signature** (front page) Only a parent or legal guardian may sign this application.

***Income Information** (back page) This is a **family income** and must include **all** members of the family. **A copy of documentation of income must accompany this application.**

***IMMUNIZATIONS** (back page) It is necessary to have a copy of your child's most **recent immunization records**.

Once you have completed the application, please provide a copy of your child's birth certificate, any custody agreements, family income and a copy of your child's immunization records. Mail your application to:

**Northern Tier Community Action Corp.
Pre-K Counts
PO Box 389
Emporium, PA 15834**

**You may also drop your application off at:
Woodland Elementary School**

**Northern Tier Community Action Corporation
Pre-K Counts Program**

**P.O. Box 389 - Emporium, PA 15834
Telephone (814) 486-1161 ext. 224**

Office Use Only
Enroll Date _____
Age _____
Family Inc. _____
Disability _____
Child's Num _____
Term. Date _____

Application for Admission

PLEASE COMPLETE THIS PAGE AND RETURN TO THE ADDRESS BELOW AS SOON
AS POSSIBLE. PLEASE COMPLETE IN INK

Please Print _____ Date of Application _____

Child's Name (as stated on Birth Certificate) _____

Birth Date _____ Sex: Male ___ Female ___

Name of Parent(s) or Guardian(s) _____ Name _____ Relationship to Child _____

Child is Residing With _____

Actual Address _____

Mailing Address _____

City _____ State _____ Zip _____

Directions to Home (Be Specific) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Message Phone: _____

Primary Language: ___ English ___ Spanish ___ Other (Specify: _____)

Number of Children in Family _____ Number of Adults _____

Family Type: ___ One-Parent ___ Two-Parent ___ Foster ___ Relative ___ Other (Specify: _____)

Housing Type: ___ Own ___ Rent ___ Mortgage ___ Homeless ___ Other

Referred By _____

Do you feel your child has special needs: (*ie. Speech, Hearing, Vision, etc.*) ___ Yes ___ No

If yes, describe briefly _____

Has this been diagnosed? ___ Yes ___ No If yes, by whom? _____

Does your child have an IEP (*Individual Education Plan*)? ___ Yes ___ No

Does your child attend IU9 class? ___ Yes ___ No

Is your child potty trained? ___ Yes ___ No

Is your child enrolled in "Child Care Works?" ___ Yes ___ No

If my family is eligible to receive Head Start services, I give my consent for Pre-K Counts staff to refer this application to Northern Tier Community Action Corporation Head Start Program ? ___ Yes ___ No

(Continue on Back)

Pre-K Counts Application

Child's Name _____

Income Verification: PLEASE CHECK THE APPROPRIATE BLOCK WHERE YOUR FAMILY INCOME FALLS. CONSIDER ALL SOURCES OF INCOME PER HOUSEHOLD.

2008-2009

SIZE OF FAMILY UNIT	<input type="checkbox"/>	0 - 99%	<input type="checkbox"/>	100% - 200%	<input type="checkbox"/>	200% - 250%	<input type="checkbox"/>	250% - 300%	<input type="checkbox"/>	301% - ABOVE
1		0 - \$10,400		\$10,400.01 - \$20,800.00		\$20,800.01 - \$26,000.00		\$26,000.01 - \$31,200.00		\$31,200.01 ABOVE
2		0 - \$14,000		\$14,000.01 - \$28,000.00		\$28,000.01 - \$35,000.00		\$35,000.01 - \$42,000.00		\$42,000.01 ABOVE
3		0 - \$17,600		\$17,600.01 - \$35,200.00		\$35,200.01 - \$44,000.00		\$44,000.01 - \$52,800.00		\$52,800.01 ABOVE
4		0 - \$21,200		\$21,200.01 - \$42,400.00		\$42,400.01 - \$53,000.00		\$53,000.01 - \$63,600.00		\$63,600.01 ABOVE
5		0 - \$24,800		\$24,800.01 - \$49,600.00		\$49,600.01 - \$62,000.00		\$62,000.01 - \$74,400.00		\$74,400.01 ABOVE
6		0 - \$28,400		\$28,400.01 - \$56,800.00		\$56,800.01 - \$71,000.00		\$71,000.01 - \$85,200.00		\$85,200.01 ABOVE
7		0 - \$32,000		\$32,000.01 - \$64,000.00		\$64,000.01 - \$80,000.00		\$80,000.01 - \$96,000.00		\$96,000.01 ABOVE
8		0 - \$35,600		\$35,600.01 - \$71,200.00		\$71,200.01 - \$89,000.00		\$89,000.01 - \$106,800.00		\$106,800.01 ABOVE

I hereby certify that to the best of my knowledge all information contained in this application is true and correct. I understand that this information is confidential and is used to determine eligibility for Pre-K Counts and does not guarantee enrollment into the program. I understand that I must still provide a form of proof of income. If any information changes or is incorrect, I agree to immediately notify the program. All information will be kept STRICTLY CONFIDENTIAL.

Parent/Guardian Signature

Date