



Valley Grove Elementary School

389 Sugarcreek Drive
Franklin, PA 16323

(814) 432-3861
7:30am-4:00pm M-F

vgeinfo@vgsd.org
www.vgsd.org

2024/2025 VGSD Pre-K Counts

Dear PreK Applicant Family,

Thank you for your interest in the Valley Grove School District PreK Counts program. We wanted to let you know about the program and the process moving forward.

The VGE PreK program is funded by the state under PreK Counts. For your child to be eligible, you must first meet the family income requirements. These guidelines are updated annually by the state, and for the 24/25 school year, the income guidelines are noted below:

family #	300%
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
8	\$158,160

* Applications that don't meet income eligibility will still be accepted as some district-funded seats are available.

In addition to the income requirements, applications are also reviewed for additional criteria that may increase a child's need for PreK Counts programming. Students with additional eligibility will receive priority in enrollment seats. Student seats are prioritized by income eligibility and other eligibility areas. Families that may qualify for other programs, such as Head Start, will be given additional resources.

PreK Counts is a full-day, five-day-a-week program. Daily attendance is a requirement. Students must be three and a half years old by August 15th. Priority is given to 4-year-old children preparing to enter kindergarten the following year.

Completed enrollment applications are timestamped to assist in the enrollment process, and families will be notified in July of enrollment status.

We look forward to working with you and your child. If you have any questions, please feel free to contact our enrollment team at prek-info@vgsd.org.

Thank you!

VGSD PreK





Valley Grove School District Pre-K Counts Application Checklist

Included in this packet are all of the necessary registration forms for our Pre-K Counts Program. Please complete the information and return it to VGE or email it to prek-info@vgsd.org

Applications will not be reviewed until the application and all supporting documents have been received. Thank you in advance for fully completing your application.

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

- 2024 Federal Income Tax Return (page 1 showing gross income) for all adults (18 and over) residing in your household or 1 month of paystubs/income statements (**information confidential to PreK program**).
- Child's Birth Certificate
- Child's Social Security Card
- Valid Pennsylvania Driver's License or Pennsylvania photo ID with current address or change of address notification
- Proof of Residency: current lease for mortgage documents (such as deed, sales
- Agreement, signed/dated mortgage closing documents or property tax bill)
- Utility Bill (gas, water, electric, or cable bills only)
- PA School Immunizations
- Completed VGSD Pre-K Counts Application
- Completed VGSD Registration Forms

2024 PA Pre-K Counts Enrollment Form

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

Date Form Completed: ____ / ____ / ____
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		County	
City	State PA	Zip Code	
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	Primary Language
<input type="checkbox"/> Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Spanish
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
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Other Child Eligibility Risk Factor Criterion (Must check all that apply):

<input type="checkbox"/>	Behavioral Supports: 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"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: 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"/>	Individualized Education Plan (IEP): 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"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>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 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"/>	Migrant (Non-Immigrant)/Seasonal Student: 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.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or substantiate the information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Income Verification

2024 Federal Poverty Level Guidelines

family #	300%	100%
1	\$45,180	15,060
2	\$61,320	20,440
3	\$77,460	25,820
4	\$93,600	31,200
5	\$109,740	36,580
6	\$125,880	41,960
7	\$142,020	47,340
8	\$158,160	52,720

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

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

Family Size (per PKC guidelines): _____

- Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

Staff Verifying Income and Risk Factors Signature

Date

For Head Start Eligible families (100% of FPL or below)

Check if not applicable

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location _____
- Application and/or assistance with referral
- Brochure or website with information about Head Start My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

Parent/Guardian Signature

Date

Staff Signature

Date