
Child's Name

Please complete the attached paperwork for ***Pre-K Counts*** and return to the address below. In addition, please include the ***child's birth certificate, immunizations record and proof of income.*** If any questions, please call.



McKEESPORT AREA
School District

Pre-K Counts

3590 O'Neil Blvd.
McKeesport, PA 15132
Attn: Allison Wynn
Phone: 412-664-3612
Fax: 412-664-3638
awynn@mckasd.net

FULL DAY CLASS: 8:00 AM to 2:30 PM – located at Founders' Hall

Please keep in mind that parents must provide transportation to and from school.

MASD Pre-K counts utilizes a prioritization strategy based on several additional risk factors beyond income and age.

REVISED 09/23/2020

ENROLLMENT INFORMATION



MCKEESPORT AREA
School District

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE NAME

STUDENT'S BIRTHDATE

STREET ADDRESS

APT. #

RACE

HISPANIC

NON-HISPANIC

HOME PHONE #

CITY

PA

STATE

ZIP CODE

GENDER

CELL PHONE #

EMAIL ADDRESS

PERSONAL INFORMATION

PERSON'S NAME WITH WHOM STUDENT RESIDES

RELATIONSHIP

DO OTHER CHILDREN WHO LIVE IN THE HOME ATTEND MASD SCHOOLS? YES NO

BIOLOGICAL MOTHER'S LAST NAME

FIRST NAME

DECEASED

IS THERE ANY CUSTODY INFORMATION THAT WE SHOULD BE AWARE OF? YES NO

BIOLOGICAL FATHER'S LAST NAME

FIRST NAME

DECEASED

IF YES, PLEASE EXPLAIN? _____

GUARDIAN'S LAST NAME

FIRST NAME

DOES YOUR CHILD CURRENTLY HAVE AN IEP? YES NO

IN WHAT COUNTRY WAS YOUR CHILD BORN? _____

DOES YOUR CHILD CURRENTLY RECEIVE DART SERVICES? YES NO

WHEN DID HE/SHE BEGIN LIVING IN THE UNITED STATES? _____

DOES YOUR CHILD CURRENTLY HAVE A GIEP? YES NO

IN WHAT STATE WAS YOUR CHILD BORN? _____

DOES YOUR CHILD CURRENTLY RECEIVE SPEECH SERVICES? YES NO

WHEN DID HE/SHE BEGIN LIVING IN PENNSYLVANIA? _____

WHAT IS THE PRIMARY SPOKEN LANGUAGE IN THE HOME? _____

PLEASE LIST SIBLINGS BELOW:

NAME	DATE OF BIRTH	GENDER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE YOUR CHILD'S PRESCHOOL OR DAYCARE HISTORY BELOW:

PRESCHOOL OR DAYCARE	MONTH/YEAR ATTENDED	REASON FOR LEAVING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN INFORMATION

MOTHER
 FATHER
 GRANDPARENT
 GUARDIAN
 OTHER

BIOLOGICAL
 FOSTER
 ADOPTIVE
 STEP-PARENT
 OTHER

PARENT/GUARDIAN NAME _____
 RESIDES IN HOME WITH CHILD? YES NO

Education Status of Guardian 1:

Up to 8th Grade
 9th to 11th Grade
 High School Diploma
 GED
 Some College

Vocational or Technical Program after High School
 Associates Degree
 Bachelor's Degree
 Graduate/Professional School
 Unknown

Employment Status of Guardian 1:

Employed Full-Time (30 hours/week and over)
 Seasonal
 Employed Part-Time (Fewer than 30 hours/week)
 Student or Job Trainee
 Multiple Part-Time
 Unemployed

MOTHER
 FATHER
 GRANDPARENT
 GUARDIAN
 OTHER

BIOLOGICAL
 FOSTER
 ADOPTIVE
 STEP-PARENT
 OTHER

PARENT/GUARDIAN NAME _____
 RESIDES IN HOME WITH CHILD? YES NO

Education Status of Guardian 2:

Up to 8th Grade
 9th to 11th Grade
 High School Diploma
 GED
 Some College

Vocational or Technical Program after High School
 Associates Degree
 Bachelor's Degree
 Graduate/Professional School
 Unknown

Employment Status of Guardian 2:

Employed Full-Time (30 hours/week and over)
 Seasonal
 Employed Part-Time (Fewer than 30 hours/week)
 Student or Job Trainee
 Multiple Part-Time
 Unemployed

CHECK ANY COMMUNITY-BASED SERVICES THE FAMILY HAS PARTICIPATED IN:

Emergency/Crisis Intervention
 Transportation Assistance
 English as a Second Language (ESL) Training
 Substance Abuse Prevention or Treatment
 Child Abuse and Neglect Services
 Child Support Assistance
 Children and Youth Services
 Assistance to Families of Incarcerated Individuals
 Assistance in Obtaining Health Insurance
 Assistance in Identifying Health Care/Medical Providers
 Unknown

Housing Assistance
 Mental Health Services
 Adult Education
 Job Training
 Domestic Violence Services
 Health Education
 Parenting Education
 Marriage Education Services
 None

ARE YOUR CHILD'S IMMUNIZATIONS UP-TO-DATE? YES NO

HAS YOUR CHILD UNDERGONE A LEAD TEST? YES NO

IS THE BIOLOGICAL MOTHER OR FATHER INCARCERATED? YES NO

WAS THE CHILD BORN TO THE BIOLOGICAL PARENTS WHILE AT LEAST ONE PARENT WAS 19 OR YOUNGER? YES NO

HOUSEHOLD INCOME INFORMATION

FAMILY TYPE:

ONE PARENT
 TWO PARENT
 FOSTER CHILD
 CHILD LIVING WITH RELATIVE

INCLUDING YOUR CHILD, HOW MANY PEOPLE LIVE IN THE HOME? _____

BASED ON THE MEMBERS OF YOUR HOUSEHOLD, HOW MANY PEOPLE (EXCLUDING COLLEGE STUDENTS), CONTRIBUTE TO THE HOUSEHOLD INCOME? _____

PLEASE PROVIDE THEIR NAMES: _____

NOTE: ALL MEMBER NAMES ABOVE WILL NEED TO PROVIDE PROOF OF INCOME.

HOUSEHOLD INCOME (REQUIRED)

LESS THAN \$5,000
 \$5,001 - \$10,000
 \$10,001 - \$15,000
 \$15,001 - \$20,000
 \$20,001 - \$25,000
 \$25,001 - \$30,000
 \$30,001 - \$35,000
 \$35,001 - \$40,000
 \$40,001 - \$45,000
 \$45,001 - \$50,000
 \$50,001 - \$60,000
 \$60,001 - \$70,000
 \$70,001 - \$100,000
 More than \$100,000

FOR OFFICE USE ONLY:

ACTUAL ANNUAL VERIFIED GROSS HOUSEHOLD (FAMILY) INCOME: _____

Family income is at or below 300% of federal poverty level (Required risk factor). Consider all sources of income. See end of document for income chart relative to family size. (Must be verified prior to enrollment.)

ABOUT YOUR CHILD

PERSONAL HABITS:

Does your child usually eat breakfast? _____ Mid morning snack? _____

Is your child allergic to any foods, medications, pets, etc. _____

Is there anything unusual about your child's eating habits that you believe we should know?

What is your child's usual bedtime? _____ Wake-up time? _____

Does your child take a morning nap? _____ Afternoon nap? _____

At what age did your child walk? _____ Talk? _____

At what age was your child toilet trained? _____

How does your child state his/her need to go to the bathroom? _____

Does your child have periodic accidents? _____

Are there any other areas that you are concerned about? _____

PLAY AND SOCIABILITY:

Does your child prefer to play alone: ____ Always ____ Often ____ Seldom ____ Never

Does your child want the involvement of ____ adults? ____ children?

Are your child's playmates ____ girls? ____ boys? ____ younger? ____ older?

What play materials does your child use most? _____

Does your child have the opportunity to play outdoors? _____

What experience does your child have with music at home? _____

What opportunities for hearing stories are offered? _____

How often do family members read to your child?

At least once a day At least once a week At least once a month Less than once a month

How many children's books are in your home? 0-5 5-10 11-20 More than 20

PERSONALITY AND EMOTIONAL DEVELOPMENT:

Do you regard your child as affectionate? _____ To Whom? _____

Does your child accept new people easily? _____

Does your child have any fears? _____ Of what? _____

When you find it necessary to exert authority with your child, what do you do?

Mother: _____

Father: _____

OTHER:

List below any further information about your child or your family which you believe will be helpful to us in understanding your child's behavior and needs: _____

Are there any financial, religious or cultural factors that we need to consider here at school?

ZERO INCOME DECLARATION LETTER

Name of Parent	_____
Name of Child	_____
Program Name	_____ Program Year _____
Date	_____

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):

- ✓ I agree to notify the above program about changes in my income within 30 days of the change.
- ✓ I certify that the information submitted is accurate and true to the best of my knowledge. I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

Parent Name _____

Parent Signature _____

Reviewer Name _____

Reviewer Signature _____

Date _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME OR CELL PHONE NUMBER(S)
ADDRESS		WORK TELEPHONE NUMBER(S)
FATHER'S NAME/LEGAL GUARDIAN		HOME OR CELL PHONE NUMBER(S)
ADDRESS		WORK PHONE NUMBERS(S)
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER(S)
1.		
2.		
3.		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	TELEPHONE NUMBER(S)
1.		
2.		
3.		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTERING MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



Allegheny County Health Department

Lead Testing Record

To be filled out by parent or guardian

Student first and last name: _____

Birthdate: ____/____/____

Address: _____ City: _____

State: PA Zip code: ____-____

Parent or guardian name: _____

To be filled out by health care provider

Date of most recent lead test: ____/____/____

X _____

Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, health department staff)

Date: ____/____/____

If exemption is requested, please fill out back of form.

Other acceptable proof of testing: any written statement by the child's health care provider.

Allegheny County Health Department

Statement of Exemption to Lead Testing Regulation

To be filled out by parent or guardian

Student first and last name: _____

Birthdate: ____/____/____

Address: _____ City: _____

State: PA Zip code: _____ - _____

Parent or guardian name: _____

Religious or Strong Moral/ Ethical Conviction Exemption

State your reason/s for requesting this exemption (required): _____

Signed _____

(Parent or guardian)

Date ____/____/____

To be filled out by health care provider

Medical Exemption

The physical condition of the above-named child is such that blood lead testing may be detrimental to his/her health.

Signed _____

(Physician)

Date ____/____/____



McKEESPORT AREA
School District
Pre-K Counts

By signing below, I certify that all the information in this application is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Annual 2020 Poverty Guidelines for the 48 Continental United States

Household/Family Size	50%	100%	125%	130%	133%	135%	138%	150%	175%	185%	200%	225%	250%	275%	300%	325%	350%	375%	400%
1	6,380	12,760	15,950	16,588	16,971	17,226	17,609	19,140	22,330	23,606	25,520	28,710	31,900	35,090	38,280	41,470	44,660	47,850	51,040
2	8,620	17,240	21,550	22,412	22,929	23,274	23,791	25,860	30,170	31,894	34,480	38,790	43,100	47,410	51,720	56,030	60,340	64,650	68,960
3	10,860	21,720	27,150	28,236	28,888	29,322	29,974	32,580	38,010	40,182	43,440	48,870	54,300	59,730	65,160	70,590	76,020	81,450	86,880
4	13,100	26,200	32,750	34,060	34,846	35,370	36,156	39,300	45,850	48,470	52,400	58,950	65,500	72,050	78,600	85,150	91,700	98,250	104,800
5	15,340	30,680	38,350	39,884	40,804	41,418	42,338	46,020	53,690	56,758	61,360	69,030	76,700	84,370	92,040	99,710	107,380	115,050	122,720
6	17,580	35,160	43,950	45,708	46,763	47,466	48,521	52,740	61,530	65,046	70,320	79,110	87,900	96,690	105,480	114,270	123,060	131,850	140,640
7	19,820	39,640	49,550	51,532	52,721	53,514	54,703	59,460	69,370	73,334	79,280	89,190	99,100	109,010	118,920	128,830	138,740	148,650	158,560
8	22,060	44,120	55,150	57,356	58,680	59,562	60,886	66,180	77,210	81,622	88,240	99,270	110,300	121,330	132,360	143,390	154,420	165,450	176,480
9	24,300	48,600	60,750	63,180	64,638	65,610	67,068	72,900	85,050	89,910	97,200	109,350	121,500	133,650	145,800	157,950	170,100	182,250	194,400
10	26,540	53,080	66,350	69,004	70,596	71,658	73,250	79,620	92,890	98,198	106,160	119,430	132,700	145,970	159,240	172,510	185,780	199,050	212,320

You qualify for the Head Start program if your annual income is 100% or below of the poverty guidelines.

You qualify for the Pre-K Counts program if your annual income is 300% or below of the poverty guidelines.

MASD Pre-K Counts and Head Start collaborate in order to serve as many children as possible in the community with varying level of eligibility. My signature below verifies that if my annual income qualifies me for the Head Start program and I choose to explore the Head Start option, I have been given the contact information for the local Head Start classrooms.

Student Name

Parent/Guardian Signature

Date

Administrative Procedures Appendix #6a

Income and Family Size Verification Guidance

Income Verification Guidance:

The following are included in verifying income:

- Earned income from all sources including gross wages from work, cash, and in-kind payments received by an individual in exchange for services and net income from self employment
- Unearned income including cash and contributions received by an individual for which the individual does not perform a service such as alimony, child support, military family allotments or other regular support from an absent family member, pensions, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Insurance, Emergency Assistance money payments and non-Federally Funded General Assistance or General Relief money payments), and dividends, interest, net income, net royalties and periodic receipts from estates or trusts.
- Unearned benefits received periodically by an individual, such as unemployment compensation, workman's compensation, gambling or lottery winnings, or retirement benefits.

Income Deductions:

The following are deducted when determining family income:

- Voluntary or court-ordered child support or child support paid by the parent or caretaker or family member to a present or former spouse not residing in the same household.
- A medical expense not reimbursed through medical insurance that exceeds 10% of the family gross monthly income.

Income Exclusions:

The following are excluded when determining family income:

- Employment earnings of an individual who is an emancipated minor
- Tax refunds, including earned income tax credits
- Withdrawals of bank, credit union or brokerage deposits or money borrowed
- Loans or grants, such as scholarships or income from federal student aid or participation in work-study program
- Payments to Volunteers in Service to America, such as AmeriCorps or Foster Grandparent programs
- Any foster care payments by a foster care placement agency, including payments to permanent legal custodians or adoption assistance payments by county children and youth agency
- Food Stamps

Whose Income is Counted?:

- The parent or caretaker of the child
- The parent or caretaker's spouse or the other biological parent if living together
- Children's, excluding a child's earned income

- “Caretaker” means the father or mother of a child, an adult who has legal custody of a child, an adult who is the guardian of a child, or an adult who stands in loco parentis, as defined in this rule, with respect to a child and whose presence in the home is needed as the caretaker of the child.
- “Spouse” means married to the parent of the eligible child. If not married but residing with the parent of the eligible child, person’s income does not count.

Time Period:

The period of time for income verification is the twelve months immediately preceding the month in which the application or reapplication for enrollment of a child is made, or for the calendar year immediately preceding the calendar year in which the application or reapplication is made.

Verification of Income:

- Acceptable verification of **earned income** from employment includes pay stubs reflecting earnings, W-2 forms, the IRS form used for reporting tips, a written employer statement of anticipated earnings or other document that establishes the parent’s or caretaker’s anticipated earnings from employment.
- Acceptable verification from **self employment** includes tax returns, business records or other documents establishing profit from self employment.
- Acceptable verification of **unearned income** includes a copy of a current benefit check, an award letter that designates the amount of a grant or benefit, such as a letter from the Social Security Administration stating the amount of the social security benefit, a bank statement, a court order, or other document or data base report that establishes the amount of unearned income.
- If a family receives or pays child support, the eligibility agency shall verify the amount of support received or paid by the family by documents from the Department of Public Welfare.

Acceptable forms of documentation maintained on file include, but are not limited to:

- Paystubs- a minimum of one if the year to date salary is included, if no year to date, 3 paystubs should be maintained
 - Income is determined by calculating the weekly or monthly income and multiplying it by the appropriate multiplier, 52 for weekly, 26 for bi-weekly, 12 for monthly
 - If the paystub income varies, calculate the average rate and multiply by # of stubs used/# the multiplier (see above). EXAMPLE: 3 stubs equaling \$900.00, 1200.00 and 950.00 if the average rate is \$1016/week * 52 weeks the annual salary is \$ 52,832.00 Assuming this is a family of 3 or more, the child is eligible
- W-2’s- a copy of all family members W-2 should be maintained. Income is typically counted from box #1 on the W-2s
 - Family is identified as the parent/guardian responsible for the child
 - If the parents are living with grandparents, the grandparent’s income would not be taken into consideration unless they are the guardian
- Tax forms- a copy of the current or prior year’s form
- Employer Verification- A letter provided by the employer, including employer contact information, verifying wages and number of hours worked

- TANF- Cash assistance TANF award documentation
- CCIS Eligibility Detail Page
- Food Stamps Case number
- Family Letter indicating No Income
- Disability documentation
- Unemployment documentation

Note: COMPASS may be used to verify eligibility if the system indicates the family receives TANF or Food Stamps. No other information provided on COMPASS is acceptable for income verification. Pre-K Counts Providers are still required to collect the family size and income for data entry in PELICAN..

Family Size

The number of people in the house to be counted for the purposes of reporting “family size” include the child or children for whom PA Pre-K Counts is being requested and the following individuals who live with that child or children in the same household:

- Parent of the child. The parent is the biological or adoptive mother or father, stepmother or father, caretaker and spouse who exercise care and control over the child requesting PA Pre-K Counts.
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Foster children should be entered as a family size of 1.