



# GOVERNOR MIFFLIN SCHOOL DISTRICT

EDUCATING, INSPIRING, & EMPOWERING  
EVERY STUDENT. EVERY DAY.

LISA TEMPLIN HESS, ED.D.  
SUPERINTENDENT

BRIAN COTE  
PRINCIPAL CUMRU ELEMENTARY SCHOOL

Dear Parents and Guardians:

At Governor Mifflin School District our 2024-2025 school year is coming to a close, but we're already thinking about our 2025-2026 school year! As a district, we are proud to offer Pre-K Counts, a program made possible through the Pennsylvania Department of Education. What does this mean? ***It means that we offer free, high-quality, full-day pre-kindergarten programs to qualifying children in our community!***



## So... why Pre-K Counts?

Great question! A common misconception about pre-K is that it's simply childcare but, in reality, it is so much more. A quality pre-K education allows children to develop...

- Beginning reading & math skills
- Strong listening skills
- Greater attention span
- Better interpersonal skills
- Passion for learning

In short, high-quality pre-K programs like ours help children stay ahead of the curve and increase their chances of excelling not just in school, but long after graduation!

## What can you expect from our classrooms?

Our Pre-K Counts rooms are led by certified teachers with experience working with young children and a goal in mind of helping children to grow not just academically, but also socially. Our teachers regularly review each child's progress and choose activities and instruction that help each child meet those goals. Thanks to our small, 20-student class sizes, children have plenty of one-on-one time with their teachers to ensure they are on track!



## What is expected of you as a parent?

As a parent of a potential applicant, we expect your dedication to ensuring a quality education for your child and your child's regular attendance. Our Pre-K Program follows an August through June calendar. Children should arrive to school between 9:00-9:15 AM and should be picked up from school between 2:30-2:45 PM. Please note that district transportation is not provided to our Pre-K students.

## Who is eligible for PA Pre-K Counts?

PA Pre-K Counts is a FREE program designed for children who are:

- 4 years old and have not yet entered kindergarten
- Fall below 300% of the federal poverty level – please see page 4 of the enclosed application for full eligibility guidelines.

Verification of income will be required. A copy of your 2024 1040 tax form must be submitted with your application



## How are children selected?

This program ***does not accept students on a first-come, first-served basis***; students are chosen to participate based on household income and other risk factors. Applications are ranked based on the level of need. We will place 60 four-year-old students in the program; any remaining applicants will be placed on a waitlist and contacted if a space becomes available.

**Please note that all applicants must be 4 years old by December 1, 2025, to be considered for the program.**



## How do I apply?

We've included an application for our 2025-2026 school year in this envelope. However, additional copies are available on our website at [www.gmsd.org/prek](http://www.gmsd.org/prek). You may also contact Kristen Gerhard, Pre-K Coordinator, at 610-775-5081 or [Kristen.gerhard@gmsd.org](mailto:Kristen.gerhard@gmsd.org) to request a hard copy to be mailed to your address.

Cumru Elementary will also be hosting Pre-K Application Days! Application Days will occur on Thursday, March 13, Thursday, April 24, and Monday, May 12, from 4:00-6:30 PM. Applicants should bring their completed application, all items listed on the attached checklist, and their child. **Applications may NOT be processed if all items and your child is not present for the appointment.** Please select your preferred date at [bit.ly/PreKAppDays](http://bit.ly/PreKAppDays).

**All families who submit a completed application will receive a book bundle!**

If you have any questions, please contact Mrs. Kristen Gerhard, Pre-K Coordinator, at 610-775-5081, extension 5109, or [Kristen.gerhard@gmsd.org](mailto:Kristen.gerhard@gmsd.org).

Sincerely,

*Kristen Gerhard*

Pre-K Coordinator  
Governor Mifflin School District





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Dear Parent or Guardian,

Thank you for applying to Pre-K Counts at Cumru Elementary. As a friendly reminder, **applications will not be considered complete without the items listed below**. Before submitting your application, please use this checklist to verify that you have included all necessary documents with your application:

- ☐ 2025-2026 Pre-K Counts Enrollment Form
- ☐ Copy of 2024 Income Tax Form
- ☐ Birth Certificate
- ☐ Private Dental Form
- ☐ Private Physical Exam Form
- ☐ Proof of health insurance for student
- ☐ Proof of Immunization
  - ☐ All
  - ☐ DPT (after 4<sup>th</sup> birthday)
  - ☐ IPV
  - ☐ Varivax or Date of chickenpox disease: \_\_\_\_\_
  - ☐ MMR # \_\_\_\_\_
  - ☐ Hepatitis B # \_\_\_\_\_
- ☐ Proof of Residency (2 forms required)
  - ☐ Driver's License or state ID
  - ☐ Mortgage or lease agreement
  - ☐ Electric bill
- ☐ IEP (if applicable for your child)

Please bring your completed application, copies of the documents listed above, and your child to your Pre-K Application Day. **To select your Pre-K Application Day, please visit [bit.ly/PreKAppDays](https://bit.ly/PreKAppDays) and complete the form.** If you have any questions, please contact Kristen Gerhard, Pre-K Coordinator, at [Kristen.gerhard@gmsd.org](mailto:Kristen.gerhard@gmsd.org) or 610-775-5081. Thank you, we look forward to meeting you and your child!



# 2025-26 PA Pre-K Counts Enrollment Form

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



Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Legal Last Name (Child)	Legal 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 at start of program year <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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<b>Race (optional)</b> <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	
<b>Ethnicity (optional)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <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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<b>Relationship to Child</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	<b>(Select)</b> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
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<b>Role</b> <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ (please specify)
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List Household Members below for determination of family size (required):		
	Relationship to Child	Age
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		
8		

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- 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.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

**DETERMINED FAMILY SIZE =**

Employment Status of parent/guardian	Employment Status of 2 <sup>nd</sup> parent/guardian (if applicable)
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Household Income Sources (Must check all that apply):				
<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF Cash payments
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other



**Other Child Eligibility Risk Factor Criterion (Must check all that apply):**

	Risk Factor	Definition
<input type="checkbox"/>	Preschooler with an Individualized Education Program (IEP)-	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
<input type="checkbox"/>	Migratory (Non-Immigrant) Seasonal Student	Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or 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, or work in nurseries such as Christmas and evergreen tree farming.
<input type="checkbox"/>	English Language Learner	Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner: 1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school).
<input type="checkbox"/>	Homeless	<p>If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the <a href="#">National Center for Homeless Education</a>.</p> <ul style="list-style-type: none"> <li>- If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason?</li> <li>- Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.)</li> <li>- Is the family living in a motel, hotel, or campground?</li> <li>- Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings?</li> <li>- Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings?</li> <li>- Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing?</li> <li>- Has the child been abandoned, in a hospital, or awaiting foster care placement?</li> </ul>
<input type="checkbox"/>	Child in or Part of Family in Child Welfare System	Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services.
<input type="checkbox"/>	Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
<input type="checkbox"/>	Child Receiving Behavioral Supports	Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.
<input type="checkbox"/>	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.

<input type="checkbox"/>	Education Level of Guardian	Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.
<input type="checkbox"/>	Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP	This risk factor was added in 2024. Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. <b>(Categorically eligible for Head Start, please refer to HS program if available.)</b>
<input type="checkbox"/>	Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP)	Defined as a child enrolled in ITCSP and eligible to transition into PA PKC.
<input type="checkbox"/>	Child Lives in Geographic Area of High Poverty	Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors.
<input type="checkbox"/>	Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
<input type="checkbox"/>	Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
<input type="checkbox"/>	Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.

**STATUS OF NATURAL PARENTS:**

☐ Married      ☐ Divorced      ☐ Separated      ☐ Other \_\_\_\_\_

In a divorce/separation situation, is there a custody order available?      ☐ Yes\*    ☐ No

\*If yes, a copy of the most recent Court Order must be given to the school office.

In a divorce/separation situation, guardianship is granted to \_\_\_\_\_

In a divorce/separation, who should receive paperwork? \_\_\_\_\_

## Child Custody Information

If child custody arrangements are part of your family structure, you need to be aware of our policies in the area:

- Copies of current custody order must be on file at Governor Mifflin School District.
- In the absence of a custody order, the school assumes shared custody, which allows both parents to be involved in their child's education.
- Both parents, regardless of custody arrangements, have access to their child's records unless an order specifically prohibits access.
- The parent of record is the parent with whom the child resides.
- The parent of record must live in the Governor Mifflin School District.
- Enforcement of Custody Orders is a police responsibility, not one for the school.

**Note: Only a legal parent/guardian signature will be accepted.**

I certify that the information is accurate and that, if it applies, I understand the child custody policy.

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Parent Signature

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Date

## Family Assurances

By signing below, I acknowledge and agree to the following:

- ☐ I understand that my child's eligibility for Pennsylvania Pre-K Counts (PA PKC) is subject to the program's two-year participation limit. My child must be at least three years old by the kindergarten cutoff date set by the school district where we live to assure compliance with receiving only two-years of PKC programming.
- ☐ Once my child reaches the age required to enroll in kindergarten in the public school district where we live, I understand they will no longer be eligible for PA PKC funding.
- ☐ I understand that my child's enrollment is contingent upon meeting the eligibility criteria, including income verification and prioritization based on risk factors.
- ☐ I understand that the PA Pre-K Counts (PKC) program is an educational program with attendance requirements. I agree to ensure my child's regular attendance and to notify the program in case of absences. My program's PA Pre-K Counts hours of operation are:

\_\_\_\_\_  
9:00 a.m. - 2:30 p.m.

- ☐ I understand that the PKC portion of the day will be secular (non-religious) in nature and will not include religious instruction during the PKC portion of the day. My program's PA Pre-K Counts hours of operation are:

\_\_\_\_\_  
9:00 a.m. - 2:30 p.m.

- ☐ I understand that once an enrollment start date is confirmed, the child's PA Pre-K Counts enrollment status may be shared with other OCDEL-funded programs, such as the Early Learning Resource Center (ELRC) or Early Intervention, to ensure proper coordination of funding and services.



## Parent/Guardian Certification

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 give proof of information provided.

I certify that all information provided is accurate. I understand that eligibility is subject to verification and providing false information may result in disqualification.

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Print Name)

.....

### **Family and Program Administrator to Complete This Portion Together**

**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

☐ I understand that my signature below indicates that I have been informed about my options for Head Start, and that I may choose to enroll in either the Pre-K Counts program or Head Start if eligible for both.

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

## Income Verification

### **2025 Federal Poverty Level Guidelines Based On Annual Income**

<b>Family Size</b>	<b>100% (Head Start Eligible)</b>	<b>300% (Pre-K Counts Eligible)</b>
<b>1</b>	\$15,650	\$46,950
<b>2</b>	\$21,150	\$63,450
<b>3</b>	\$26,650	\$79,950
<b>4</b>	\$32,150	\$96,450
<b>5</b>	\$37,650	\$112,950
<b>6</b>	\$43,150	\$129,450
<b>7</b>	\$48,650	\$145,950
<b>8</b>	\$54,150	\$162,450
<b>Each Additional</b>	<b>+\$5,500 for each additional family member</b>	<b>+\$16,500 for each additional family member</b>

**Pay Frequency Calculation Guide:**

Weekly	Multiply gross weekly income by 52
Bi-Weekly	Multiply gross income by 26
Semi-Monthly	Multiply gross income by 24
Monthly	Multiply gross income by 12

**INCOME CALCULATION GRID**

Name	Income Source	Pay Frequency	Gross Amount	Annualized Amount
1.				
2.				
3.				
4.				
<b>Total Annual Income:</b>				\$ _____

**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**

**Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)**

This section helps process the PA PKC Verification Form, which documents a child's enrollment in the PA PKC Program and is submitted to the ELRC. Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

Is this child currently receiving CCW subsidy (at any program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral for ELRC # _____	
Contact email or Phone number shared with family _____	
Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information</b>	