



2026-2027 VGSD Pre-K Counts

Dear PreK Applicant Family,

Thank you for your interest in the Valley Grove School District PreK Counts program. Below you will find information on qualifying for a grant seat and how priority is assigned to applications.

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 2026-27 school year, the income guidelines are noted below:

Total Number of Household members	100%	300%
	If your total household income is BELOW the amount listed in this column, you can apply to the Head Start program or choose to participate in a PA Pre-K Counts program.	If your total household income does not exceed the amount listed in this column, apply to the PA Pre-K Counts program.
1	\$15,960	\$47,880
2	\$21,640	\$64,920
3	\$27,320	\$81,960
4	\$33,000	\$99,000
5	\$38,680	\$116,040
6	\$44,360	\$133,080
7	\$50,040	\$150,120
8	\$55,720	\$167,160

* 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 years old by July 31, 2026 (or born no later than January 31, 2023). 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:

- Completed VGSD Pre-K Counts Application
- Completed VGSD Registration Forms
- 2025 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 is confidential to PreK program**).
- Child's Birth Certificate
- Child's Social Security Card
- PA School Immunizations
- 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)
- Proof of Residency #2: Utility Bill (gas, water, electric, or cable bills only)

2026

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	(Select)
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

Role	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____
(please specify)	

List Household Members below for determination of family size (required):

	<i>Relationship to Child</i>	<i>Age</i>
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 =

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

<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> <ul style="list-style-type: none"> 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; B. Children who have a primary night-time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<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)

FOR OFFICE USE ONLY

Income Verification

2025 Federal Poverty Level Guidelines

Total Number of Household members	100%	300%
	If your total household income is BELOW the amount listed in this column, you can apply to the Head Start program or choose to participate in a the PA Pre-K Counts program.	If your total household income does not exceed the amount listed in this column, apply to the PA Pre-K Counts program.
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7	\$50,040	\$150,120
8	\$55,720	\$167,160

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: **Seventh Street Child Development Center**
702 Liberty Street, Franklin
(814)518-5309

- 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