



2024-2025 Pre-K Counts Bucks County

Overview

Bucks County has six Pre-K Counts grants from the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by September 1st) to enroll in an approved high quality, pre-school program at no cost to the family.

Included in this packet is the Bucks County Pre-K Counts application for the 2024-2025 school year. Families living in Pennsylvania with children who meet the required criteria will be considered for this five day-a-week program. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$93,600 a year and still qualify.

Families who qualify financially and also have secondary at-risk factors (for example: English as a Second Language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.

To apply for Pre-K Counts in Bucks County, complete the application on pages 3, 4 and 5 of this packet. If you are completing the application electronically, please print and then sign the application (on page 5) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to the school district or other contacts listed below.

Local Pre-K Counts Contacts

<p>Bristol Township School District Amy Coleman 5 Blue Lake Road Levittown, PA 19057 267-599-2015 amy.coleman@bristoltwpsd.org https://www.bristoltwpsd.org/community/pre_k_counts</p>	<p>Bucks County Intermediate Unit Patti Dunkleberger 705 N. Shady Retreat Road Doylestown, PA 18901 215-348-2940 ext. 1228 PDunkleberger@BucksIU.org https://www.bucksiu.org/child-student-services/pre-k-counts</p>	<p>Neshaminy School District Kim Johnson Pupil Services 2250 Langhorne-Yardley Road Langhorne, PA 19047 215-809-6558 kjohnson@neshaminy.org https://www.neshaminy.org/Page/41738</p>
<p>Palisades School District c/o LifeSpan School & Day Care Jenny Schumacher 2460 John Fries Highway Quakertown, PA 18951 215-536-4417 jschumacher@lq.org https://www.lifespanchildcare.org/enroll-today-new/</p>	<p>Pennsbury School District Laurie Ruffing Student Services Department 134 Yardley Avenue Fallsington, PA 19054 215-428-4100 ext. 20815 https://www.pennsburyisd.org/page/360</p>	<p>Quakertown School District c/o LifeSpan School & Day Care Jenny Schumacher 2460 John Fries Highway Quakertown, PA 18951 215-536-4417 jschumacher@lq.org https://www.lifespanchildcare.org/enroll-today-new/</p>
<p>Refuge Childcare Academy Angela Cary 1230 Plymouth Avenue Bristol, PA 19007 215-781-9698 rcaorg@yahoo.com https://www.refugechildcare.org/</p>	<p>United Way of Bucks County Kristi Moreno 413 Hood Boulevard Fairless Hills, PA 19030 215-949-1660, ext. 108 kristim@uwbucks.org https://www.uwbucks.org/prek-education-get-help/</p>	

Application Checklist

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

- _____ 2023 Federal Income Tax Return for all adults (18 and over) residing in your household **Please include ONLY the first 2 pages of Federal Form 1040; no other tax forms are required.**
- _____ Child’s Birth Certificate
- _____ Child’s Social Security Card or Number on Tax Return
- _____ Parent/Guardian Photo ID
- _____ Pre-K Counts Application (all 3 pages must be completed)
- _____ Proof of Residency: Lease/Deed or Mortgage Coupon
- _____ Three (3) additional proofs of residency (utility bills, vehicle registration, home or car ins.)

The following items are due immediately upon acceptance into the program. You may submit these forms with your application, however it is not required.

- _____ Child’s Immunization Records
- _____ Child’s Physical (completed after September 1, 2023), including vision, hearing, and dental screenings.

Income Eligibility

Please Note: A family is eligible for Head Start (100% of poverty or lower), Child Care Works (200% of poverty or lower), Pre-K Counts (300% of poverty or lower)

2024 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	\$15,060	30,120	45,180
2	\$20,440	40,880	61,320
3	\$25,820	51,640	77,460
4	\$31,200	62,400	93,600
5	\$36,580	73,160	109,740
6	\$41,960	83,920	125,880
7	\$47,340	94,680	142,020
8	\$52,720	105,440	158,160

U.S. Department of Health & Human Services: <https://aspe.hhs.gov/poverty-guidelines>

All documents from the checklist above must be included with your application. We will not review or accept any application without all supporting documents.



Pre-K Counts Bucks County 2024-25 APPLICATION

Please print clearly.

SECTION 1: CHILD INFORMATION	
Child's Name _____	Today's Date _____
Ethnicity (Check One): <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	
Race (Check One): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hawaiian Pacific Islander <input type="checkbox"/> Unknown	
Child's Birth Date _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Social Security Number _____	Please submit a copy of the child's birth certificate.
<i>If you have English as a Second Language, please complete this section.</i>	
Language(s) spoken at home _____ Language(s) child speaks _____	
Special Needs/Concerns Related to the Child: _____	
<i>If the child is receiving early intervention services, please submit a copy of the child's IEP.</i>	
My local Elementary School: _____ in _____ School District.	

SECTION 2: PARENT/GUARDIAN INFORMATION	
Parent/Guardian #1: Name _____	Date of Birth _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Parent/Guardian #2: Name _____	Date of Birth _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Highest education level completed: Parent #1 _____ Parent #2 _____	

SECTION 3: HOUSEHOLD INCOME

*A copy of the **first two pages** of the **2023 federal income tax return** for **ALL adults** in the household must be submitted with this application.*

Income from all sources for all household members _____/year

Number of Adults (everyone over age 18) in the household _____ Ages _____

Number of Children in the household _____ Ages _____

Check one: I own my home I rent my home I am living with another family

FOR PROGRAM USE ONLY Income Verified by _____ Date _____

SECTION 4: ADDITIONAL CHILD INFORMATION (Required)

Are you currently enrolled in the Head Start Program? Yes No

Is your child enrolled in Child Care Works (subsidized child care)? Yes No

Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)? Yes No

Is the parent a migrant (non-immigrant) or seasonal worker? Yes No

Is your family experiencing housing instability (living in a shelter, lack a fixed nighttime residence, doubled up/living with another family due to financial hardship)? Yes No

Is your child in foster care, kinship care, or receiving Child Protective services? Yes No

Does your child receive behavioral supports or been referred for behavioral supports? Yes No

Does your child currently have and Individualized Education Plan (IEP) or Individualized Family Service Plan (ISFP)? Yes No

Was the child's mother less than 18 years of age when he/she was born? Yes No

Is one of the child's parents incarcerated? Yes No

Does the parent have a high school diploma or GED? Yes No

Are there concerns about the child's physical development or existing medical issues? Yes No

Are there concerns about the child's speech or language development? Yes No

Are there concerns about the child's social, emotional, or behavioral development? Yes No

If there is anything else that we should know about your child or your family, please explain here: _____

SECTION 5: RELEASE OF INFORMATION

Child's Name _____

When necessary to the fulfillment of the Pre-K Counts grant or to enhance services provided to my child or family, I authorize release and sharing of information to:

Bucks County Intermediate Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My local school district (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pennsylvania Department of Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When necessary for the fulfillment or enhancement of the Pre-K Counts grant, I authorize the use of photographs in which my child appears for purposes including, but not limited to, newsletters, press releases, and/or brochures.

I authorize the use of my child's photo as described above. Yes No

Parent/Guardian Signature _____ Date _____

SECTION 6: PROGRAM ASSURANCES & SIGNATURE

- Families are considered for enrollment in Pre-K Counts after the completed application and all supporting documents have been received.
- Families are accepted on a "need" basis and not from the date the application was submitted.
- Families whose children are selected for the Pre-K Counts program *must provide transportation on a daily basis to and from the pre-school to which they are assigned.*
- Families are required to attend parent/guardian conferences and at least one family engagement workshop.
- Attendance is essential. Students must be present for 85% of the school year. Except for excused absences, children must be prompt and present on a daily basis.

Please check and sign: _____

HEAD START ELIGIBLE FAMILIES:

I understand I am eligible for Head Start, and have received information, but I prefer to enroll in the Pre-K Counts program.

Parent/Guardian Signature _____ Date _____

To the best of my knowledge the information on this application is accurate.

I accept the responsibilities of a Pre-K Counts family.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____

All documents listed on page 2 must be included with your application.

We will not review or accept any application without all supporting documents.

Please submit this application and all documents requested to the Lead Agencies listed on Page 1.

Thank you!

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: YMCA of Bucks County - Morrisville Child Care Center		
FACILITY PHONE: 215-736-8077	COUNTY: Bucks	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

Child's Height: _____ IN/CM	Child's Weight: _____ LB/KG
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HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE	CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
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DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: _____ DATE FORM SIGNED: _____

Parents may write immunization dates; health professional should verify and complete all data.