



Overview of Family Application

(PENDING COMMONWEALTH APPROVAL OF FUNDING)

PA Pre-K Counts funding is awarded on a competitive basis. Duck Hollow Learning Center-Lead Agency, ABC School House-Partner, and **Tiny Town Early Learning Center Partner (Westmoreland County)**, Albert Gallatin Early Learning Center joined a partnership in order to provide quality care in our Centers to all families that meet the required criteria.

We are currently accepting applications for the 2023-24 school year.

Our PA Pre-K Counts provides FREE quality pre-school education for children ages 3 and 4 years of age who qualify financially for the program. (Please refer to the 2023 poverty guidelines as well as your residing school district's cutoff date for kindergarten. Your child can only participate in the PKC program for 2 years.)

Your child will be expected to attend Monday thru Friday from 9 am-2 pm. We offer care before 9 am and after 2 pm for a fee, for families that may need additional care while working. We operate on a 180-day schedule just like our local school districts and absences must be accounted for and excuses provided in order to continue enrollment.

Please review the application attached to this packet and feel free to contact me with any questions that may arise.

Sincerely,

Lindsay Stevens

724-834-6899

tinytownlearning@gmail.com

Office Use Only:
Child's Name: _____
Child's Age: _____
Family Size: _____
Income: _____
Accepted/Waitlisted/Over-Income



Tiny Town Early Learning Center
Pre-K Counts
Application Checklist

Please return completed application and the required documents listed below to:

Tiny Town Early Learning Center **tinytownlearning@gmail.com**
1270 Middletown Rd
Greensburg, PA 15601

Applications will not be reviewed until the application and all supporting documents have been received. Thank you for your cooperation in this matter.

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

- _____ **Proof of Income (1st page of 2022 Fed Income Tax Return or W2's or 3 consecutive paystubs)**
- _____ **Birth Certificate (child)**
- _____ **Proof of Residency (utility bill with name and address of parent applying)**
- _____ **Photo Id (Parent/Guardian)**
- _____ **Confidential Pre-K Counts Application (all 3 pages must be completed)**
- _____ **IEP (if applicable)**

Total Household Size/Income

To qualify your family must be at or below the following income guidelines

1 - \$43,740	2 - \$59,160	3 - \$74,580	4 - \$90,000	5 - \$105,420
6 - \$120,840	7 - \$136,260	8 - \$151,680	9 - \$156,820	10 - \$161,960

The following items will be due at open house in August so please ensure health and dental assessments are up to date.

- _____ Child Health Assessment with updated immunizations including vision and hearing screenings (updated annually)
- _____ Child Dental Assessment (updated every 6 months)

Please Note: Students may not begin the program until all health records are submitted and reviewed

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"/> Other		
Race (Check One): <input type="checkbox"/> African American <input type="checkbox"/> American India <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other		
Child's Date of Birth _____		<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 also 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 Child: _____ If your child is receiving early intervention services, you MUST submit a copy of their IEP.		
My local Elementary School: _____ in _____ School District.		

SECTION 2: Parent Information

Parent/Guardian #1: Name _____		Date of Birth _____
Employment Status (Check One): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed		
Address _____		Apt. _____
City _____ State: PA		Zip Code _____
Primary Phone Number _____		Alternate Phone Number _____
Email Address _____		
Parent/Guardian #2: Name _____		Date of Birth _____
Employment Status (Check One): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed		
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

All adults that live in the household must submit proof of income and be included in amount of income.

Amount of income from all sources for all household members = _____

Number of Adults (everyone over age 18) in the household: _____	Ages _____
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Number of Children in the household: _____	Ages _____
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Check one: I own my home I rent my home I am living with another family

SECTION 4: Program Assurances & Signature

- Families are considered after the completed application and all supporting documents have been received.
- Families are enrolled on the basis of need 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 PKC classroom to which they are assigned.
- Families are required to attend parent/guardian conferences.
- Attendance is essential. Except for illness, children must be prompt and present on a daily basis.
- The parent must complete the information on the next page of this application.

Please check below:

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 _____
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Parent/Guardian Name (Printed) _____

FOR PROGRAM USE ONLY Verification of Income _____ Date _____
Staff Signature

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:

Intermediate Unit Yes No

My local school district (_____) Yes No

Pennsylvania Department of Education Yes 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: Additional Child Information (Required)

Is your child currently enrolled in a Child Care Facility? If Yes, Name of Center: _____ Yes No

Has applicant or a sibling been enrolled in our PKC or ITCS Program? (circle) Yes No

Is your child currently receiving Child Care Works (subsidized child care)? Yes No

Is your family part of the Child Welfare System? Yes No

Is your child currently receiving behavioral support? Yes No

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

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

Is your child homeless (living in a motel, shelter, in substandard housing)? Yes No

Is the parent a migrant/seasonal worker? Yes No

Was the child's mother less than 18 years old when born? Yes No

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

All documents listed on page 1 must be included with your application.

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

Please submit this application and all documents requested to Duck Hollow Learning Center-7822 National Pike Uniontown, PA 15401

Please call Rebecca Belski with any questions. 724-438-6123