



SUM Child Development PA PRE-K COUNTS APPLICATION

Snyder Union Mifflin Child Development, Inc. (SUMCD), in partnership with several local school districts, is pleased to offer Pre-K Counts to families living in Snyder, Union, and Mifflin Counties. Pre-K Counts is a state-funded quality pre-kindergarten program operating for 180 days, with a focus on school readiness, and is free to families who qualify.

Location Please check. (You must reside in the school district of listed location.)

- | | |
|--|--|
| <input type="checkbox"/> Middleburg Elementary School | <input type="checkbox"/> Susquehanna Children's Center |
| <input type="checkbox"/> Mid-West Middle School | <input type="checkbox"/> West Snyder Elementary School |
| <input type="checkbox"/> Mifflinburg Children's Center | <input type="checkbox"/> Lewistown Children's Center |
| <input type="checkbox"/> Mifflinburg Elementary School | <input type="checkbox"/> Mifflin County Academy |
| <input type="checkbox"/> Selinsgrove Elementary School | |

To be considered for the program, complete this application, and send to one of the offices below.

Please submit the following information:

- ✓ Completed Application Form
- ✓ Proof of Family Income
- ✓ Child's Immunization Record

MAIL TO:

For Union & Snyder Counties:

SUM Child Development
14 South 11th Street
Mifflinburg, PA 17844
Attn. Brooke Penepacker
570-966-2845
BPenepacker@sumcd.org

For Mifflin County:

SUM Child Development
10 Bollinger Road
Lewistown, PA 17044
Attn. Carla Diven
717-242-3032
Carla@sumcd.org

Date form completed: _____

Last Name (Child)		First Name (Child)		Middle Initial
Child's Date of Birth		Age	Gender	County of Residence & School District
		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Parent(s)/Legal Guardian Name			Household (Family Size)	
Telephone: Home/Cell		Telephone: Work		Email
Address: Street		City	State	Zip

Primary Language		Family Type	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child Living with Relative <input type="checkbox"/> Other _____	
Race (optional)		Ethnicity	
<input type="checkbox"/> Black/African America <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other	

Other Child Eligibility Risk Factor Criterion (Please check all that apply.)

- 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.
- Child Protective Services:** A child who is a foster child or kinship care child or who is receiving Children and Youth services.
- Education Level of Guardian:** Does not have a high school diploma or GED or post-secondary degree.
- 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.
- Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:
 - 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 the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - Children who are living in cars, parks, public spaces, abandoned buildings, sub-standard housing, bus or train stations, or similar settings.
- Incarcerated Parent:** A child for whom one of the child’s parents is currently in prison
- 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.
- 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 has been 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 or working in nurseries such as Christmas and evergreen trees farming.
- Teen Mother:** A child whose mother was under the age of 18 when the child was born.

Prenatal/Birth History

At what time during pregnancy with this child did you (or your child’s mother) first receive prenatal care:	
<input type="checkbox"/> First 3 months of pregnancy	<input type="checkbox"/> No prenatal care received
<input type="checkbox"/> Middle 3 months of pregnancy	<input type="checkbox"/> Don’t remember/don’t know
<input type="checkbox"/> Last 3 months of pregnancy	
Was there any prenatal exposure to drugs such as alcohol, excessive caffeine, prescription drugs, cigarettes, etc.?	
Where was your child born?	Birth Weight
Was your child born more than 3 weeks early or late?	
Did your child or the mother stay in the hospital for medical reasons? If yes, why?	

Health History Information

Child's Health Insurance Provider: <input type="checkbox"/> None <input type="checkbox"/> Access <input type="checkbox"/> CHIP <input type="checkbox"/> Private	
Child's Primary Health Care Provider	Date of Last Exam
Child's/Family's Dental Provider	Date of Last Exam
Does your child have any medical condition we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Has your child ever been hospitalized or had an operation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (where, when, why):	
Does your child have problems with ears/hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No (ear pain, frequent ear aches, infections, tubes, etc.)	
Does your child have problems with eyes/sight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child wearing or supposed to wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last eye exam	Provider
Has your child ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate date, how often, medication taken:	
Is your child currently taking any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of medications:	
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foods:	
Medicines:	
Other	
Reactions: <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Sneezing	

Nutritional Information

Please explain your child's eating habits, including any dietary concerns. Do you have any concerns?
Does your child eat anything that is not food? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Is your child currently receiving WIC services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family receive SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Development

Please explain your child's sleep habits (such as naps, bedtime, comfort items, how long, sleeping arrangements, routines before bedtime).

How would you describe your child's personality?

When things don't go your child's way, how does he/she act?

Is your child toilet trained? Yes No Day Night Accidents

Does your child need help going to the toilet? Yes No

When your child misbehaves, what do you do?

What are some of the things that your child does that please you or make you proud?

Does your child use: single words 3-5 word phrases complete sentences

Does your child follow simple instructions? Yes No

Do you or others have any trouble understanding your child? Yes No

Do you have any other concerns about your child's speech or language? Yes No Please explain:

Do you or your doctor have any developmental concerns about your child? Yes No Please explain:

Concluding Questions

How did you hear about our program?

Does your family receive any services for this child from other programs (Children & Youth Services, Behavioral help such as TSS, Counseling Services, Home Visiting Programs)? Yes No If yes, please list:

Are there any problems/changes in the family that may affect your child or anything else you want us to know about your child or family?

Are there any custody orders/concerns related to your child? Yes No *(If yes, we will need a copy if enrolled.)*

Do you have any other concerns or questions not covered in this application?

Your earnings must be less than 300% of poverty. Attach proof of income to this application. (See chart below for amounts based on family size.) If you are eligible for a slot with Pre-K Counts, it will be required that you provide income documentation such as paystubs, W-2, or 1040 tax forms.

The information you have provided will be evaluated and applicants will be ranked according to the needs assessment criteria pre-determined by Pre-K Counts guidelines. We will then contact you with information regarding your eligibility and/or selection into the program. For those who have qualified for the program, a visit and orientation will be scheduled to explain the program and paperwork necessary to start your child on the road to school readiness.

My signature below indicates that I understand the guidelines outlined above and that I have answered all questions honestly and to the best of my ability. My signature also indicates that I give permission for appropriate information to be shared with the holders of the grant in order to complete the terms within the grant relative to statistics and tracking of Early Childhood practices.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian Name – Please Print

Parent/Guardian Signature

Date

Staff Verifying Income and Risk Factors – Please Print

Staff Signature

Date

Office use only

Actual Annual Verified Gross Household (Family) Income: _____

(Attach copies of documents used to verify income prior to enrollment.)

Family income is at or below 300% of the 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).

2018 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	\$12,140	\$24,280	\$36,420
2	16,460	32,920	49,380
3	20,780	41,560	62,340
4	25,100	50,200	75,300
5	29,420	58,840	88,260
6	33,740	67,480	101,220
7	38,060	76,120	114,180
8	42,380	84,760	127,140