

Mechanicsburg Learning Center Pre-K-Counts  
Overview and Family Application

Pre-K Counts is part of a high-quality early learning education system serving children from ages 3 up to age 5 and their families. Tuition is free for eligible families. Research says that early education will make children ready to learn when they enter kindergarten as well as provide them with a better chance of doing well in school, going on to college or career training, and having opportunities for employment. Our children in Pre-K Counts programs learn through play and teachers use the PA Early Learning Standards to guide their teaching.

**ALL FUNDING FOR PRE-K COUNTS IS CONTINGENT UPON PA LEGISLATURE**

Who is eligible for Pre-K Counts?

- Children between the age of 3 (by September 1) and kindergarten entry age
- Families earning up to 300% of the federal poverty level (for a family of four earning \$83,250 or less)
- Additional at-risk factors as noted on the following application

**Mechanicsburg Learning Center** is accepting applications for the pre-school program for the 2022-2023 school year.

- In order to be considered for this program, the application must be completed and the documents must be attached that meet the state qualifications.

Families may mail the application (2022 PA Pre-K Counts Enrollment Form) and all supporting documents to Mechanicsburg Learning Center, 601 E. Simpson Street, Mechanicsburg, PA 17055.

If you have any questions, you may contact Billy Jo Burger (717)697-6379 or email: [bjburger@mlckids.org](mailto:bjburger@mlckids.org) Please put PKC in the subject line.

Thank you for your interest in the Pre-K Counts program. Please submit the following documents with your application to be considered.

\_\_\_ completed application

\_\_\_ copies of your most recent W-2 forms (preferred) or two current pay stubs

\_\_\_ copy of your child's birth certificate

# 2023 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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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other
<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 _____ <div style="text-align: right; font-size: small;">(please specify)</div>

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 _____ <div style="text-align: right; font-size: small;">(please specify)</div>	<b>(Select)</b> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div>
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**Other Child Eligibility Risk Factor Criterion (Must check all that apply):**

<input type="checkbox"/>	<b>Behavioral Supports:</b> 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"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> 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"/>	<b>Individualized Education Plan (IEP):</b> 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"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: 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 nighttime 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"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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"/>	<b>Teen Mother:</b> 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 information provided.

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

\_\_\_\_\_  
**Date**

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

**FOR OFFICE USE ONLY**

**Income Verification**

**2023 Federal Poverty Level Guidelines Based On Annual Income**

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$14,580	\$43,740
2	\$19,720	\$59,160
3	\$24,860	\$74,580
4	\$30,000	\$90,000
5	\$35,140	\$105,420
6	\$40,280	\$120,840
7	\$45,420	\$136,260
8	\$50,560	\$151,680
Each Additional	+\$5,140	+\$15,420 for each additional family member

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 \_\_\_\_\_
- 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