



**Please Choose a Program Location**

\_\_\_\_\_ Pinky Toes Childcare & Development Center

\_\_\_\_\_ Crayon Clubhouse

**2020 PA Pre-K Counts Enrollment Form**

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed         **MM**         **DD**         **YY**

<b>Last Name (Child)</b>	<b>First Name (Child)</b>	<b>Middle Initial</b>

<b>Street Address</b>		<b>County</b>	
<b>City</b>	<b>State</b> PA	<b>Zip Code</b>	
<b>School District of Residence</b>			
<b>Home Phone</b>	<b>Work Phone</b>	<b>Email Address</b>	

<b>Child's Date of Birth</b>	<b>Age</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Gender</b> <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"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	<b>Primary Language</b>
<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)

<b>Last Name (Legal Guardian)</b>	<b>First Name (Legal Guardian)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Relationship to Child</b>	<b>(Select)</b>
<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 _____	<input type="checkbox"/> Other _____
(please specify)	(please specify)







**Pinky Toes Childcare & Development Center  
Crayon Clubhouse**

**Application Checklist**

Please submit copies of the following items with your completed application:

- 3-page application
- 2019 Federal Tax Return; 2019 W2; or 4 Consecutive Paystubs
- Child Birth Certificate
- Parent/Guardian Photo ID
- Utility Bill
- Child Health Report including certification of vision and hearing screening
- Current Vaccination Record
- Child Oral Health Report

**Parent Acknowledgements (please initial)**

1. Once a completed application packet is received, I understand enrollment is based on child need, NOT date of application. \_\_\_\_\_
2. Parents/Guardians must attend conferences. \_\_\_\_\_
3. Attendance is essential and will be monitored as per the Attendance policy. Children must attend regularly, apart from illness. \_\_\_\_\_

<b>Parent/Guardian Name (Print)</b>	
<b>Parent/Guardian Signature</b>	<b>Date</b>



Pre-K Counts Enrollment Prioritization

STUDENT NAME	DATE OF BIRTH
ENROLLING PARENT/GUARDIAN	DATE OF APPLICATION

AGE ELIGIBLE?	YES	NO
INCOME ELIGIBLE?	YES	NO

HEAD START ELIGIBLE?	YES	NO	REFERRED TO HS	PARENT SIGN	PKC CHOICE
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PRIORITY POINTS

CHECK IF APPLICABLE	RISK FACTORS	POINTS APPLIED
	BEHAVIORAL SUPPORT	
	CHILD PROTECTIVE SERVICES	
	PARENT EDUCATION LEVEL	
	ENGLISH LANGUAGE LEARNERS	
	CURRENT ACTIVE IEP	
	INCARCERATED PARENT	
	HOMELESS	
	MIGRANT (NON-IMMIGRANT) STUDENT	
	TEEN MOTHER	
	<b>TOTAL POINTS</b>	
	<b>ADDITIONAL FACTORS</b>	
	1 YEAR OUT FROM KINDERGARTEN	
	SIBLINGENROLLED STUDENT OF A CURRENTLY	
	<b>TOTAL POINTS</b>	
	<b>OVERALL TOTAL POINTS</b>	

SLOT OFFERED	YES	NO	ACCEPTED	YES	NO
ATTENDED OPEN HOUSE					
RETURNED DOCUMENTS					
ATTENDED WELCOM EVENT					

STAFF SIGNATURE	DATE
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