



# PRE-K COUNTS 2016-2017 APPLICATION

Administrative Offices  
200 Camp Hill Road  
Fort Washington, PA 19034  
www.playandlearn.com  
215-643-4142

Child's Name

Date of Birth

Age

Address

School District

City

State

Zip

**Administrative Use:**

**LEVEL:** \_\_\_\_\_ **GROUP:** \_\_\_\_\_ **ENTRANCE DATE:** \_\_\_\_\_

**Please check all that apply:**

**Required:**

\_\_\_ Child is between the ages of three and up to the entry age for Kindergarten

\_\_\_ Federal Poverty Level 300% or below (see attached chart)

**Additional:**

\_\_\_ Documented Special Need (IEP or IFSP)    \_\_\_ English as Second Language    \_\_\_ Child Protective Services

\_\_\_ Incarcerated Parent    \_\_\_ Homeless

**Income and age verification required. Please provide proof of age and proof of income (W-2, current tax forms, and/or current pay stubs)**

**Please check the center where you would like to attend:**

\_\_\_ Blue Bell

\_\_\_ Hatboro

\_\_\_ Lansdale

SUPPLEMENTAL CARE NEEDED BEFORE 9:00AM AND/OR AFTER 3:00PM:

	From	To	Special Arrangements
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Referral Source: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_



Play & Learn is a non-profit, equal opportunity early education organization



# PRE-K COUNTS APPLICATION (p.2)

## 2016 Federal Poverty Guidelines

Names and Ages of People in **Household\***: \_\_\_\_\_

Gross Household Income from all sources\*\* **(required)** check:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Less than \$5,000  | <input type="checkbox"/> \$5,001-\$10,000       | <input type="checkbox"/> \$10,001-\$15,000 |
| <input type="checkbox"/> \$15,001-\$20,000  | <input type="checkbox"/> \$20,001-\$25,000      | <input type="checkbox"/> \$25,001-\$30,000 |
| <input type="checkbox"/> \$30,001-\$35,000  | <input type="checkbox"/> \$35,001-\$40,000      | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$45,001-\$50,000  | <input type="checkbox"/> \$50,001-\$60,000      | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$70,001-\$100,000 | <input type="checkbox"/> \$ more than \$100,000 |  |

Household Size	100% of FPL	200% of FPL	300% of FPL
1	\$11,880	\$23,760	\$35,640
2	\$16,020	\$32,040	\$48,060
3	\$20,160	\$40,320	\$60,480
4	\$24,300	\$48,600	\$72,900
5	\$28,440	\$56,880	\$85,320
6	\$32,580	\$65,160	\$97,740
7	\$36,730	\$73,460	\$110,190
8	\$40,890	\$81,780	\$122,670
For each additional person, add:	\$4,160	\$8,320	\$12,480

**\*Household:** Family Size includes the child's parents or caretakers, any children ages 18 and under, and children ages 18-22 who are enrolled in postsecondary education\*

**\*\*Income** must include all earned and unearned income for the child's parents or caretakers, including gross wages, alimony, child support, and/or public assistance\* **Please provide one of the following as proof of financial eligibility: W2, current tax forms, and/or current pay stubs).**

**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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name—Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Verifying Income and Risk Factors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Verifying Income—Please Print

\_\_\_\_\_  
Date

