

Date Application Received: \_\_\_\_\_

**Cuddle Zone Learning Center**  
445 Allentown Dr Allentown PA 18109 (610) 434-2644  
**PREK COUNTS APPLICATION FORM FOR 2018-2019**  
**SCHOOL YEAR**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Social Sec # \_\_\_\_\_

School District: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_ Household Size: \_\_\_\_\_

Primary Language:  English  Spanish  Other \_\_\_\_\_  
(please specify)

Family Type:  One Parent  Two Parent  
 Foster  Relative  Other

Household Income (required) check box: Attach a copy of 2017 1040 page 1 for verification of income for eligibility

- |  |   |  |
|--|---|--|
| <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 - \$75,300 |
| <input type="checkbox"/> \$70,001 - \$72,900 | <input type="checkbox"/> \$72,901 - \$85,320  | <input type="checkbox"/> OVER \$75,300       |

Family Income is at or below 300% of federal poverty level

- |   |   |
|---|---|
| <input type="checkbox"/> PreK Counts Only       | <input type="checkbox"/> Summer Care needed |
| <input type="checkbox"/> Wraparound Care needed | <input type="checkbox"/> Title XX funding   |

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- Family Income is at or below 100% of federal poverty level and Head Start eligible (make referral to Head Start \_\_\_\_)

Other Child Eligibility Risk Factor Criterion (Check all that apply):

Disability or developmental delay (verified with copy of IEP or other source of documentation from the parent or EI provider) and/or participation in one of the Early Intervention programs

Specify which one: \_\_\_\_\_

English Language Learner: A child whose first language is not English and who is the process of learning English is considered an English Language Learner

Behavior Supports (A child who is receiving mental health treatment or who was referred from a health practitioner)

Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth Services

Education level of Guardian: does not have a high school diploma or GED

Homeless: A child who lacks a fixed, regular and adequate nighttime residence

Incarcerated Parent: A child for whom one of the child's parents is currently in prison

Teen mother: A child whose mother was under the age of 18 when the child was born

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 Printed Name: \_\_\_\_\_

For Office Use:

Actual Annual Verified Gross Household (Family) Income: \_\_\_\_\_

- PreK Counts Only
- Wraparound Care needed
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Staff Verifying Income and Risk Factors Signature/Title

- PreK Counts Only
- Wraparound Care needed

- Summer Care needed
  - Title XX funding