

Date Application Received: _____

Cuddle Zone Learning Center
445 Allentown Dr Allentown PA 18109 (610) 434-2644
PREK COUNTS APPLICATION FORM FOR 2020-2021
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 2019 1040 page 1 for verification of income for eligibility

Less than \$ 5,000 \$ 5,001 - \$10,000 \$10,001 - \$15,000
 \$15,001 - \$20,000 \$20,001 - \$25,000. \$25,001 - \$30,000
 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000
 \$45,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$75,300
 \$70,001 - \$72,900 \$72,901 - \$85,320 OVER \$75,300

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

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

PreK Counts Only Summer Care needed
 Wraparound Care needed Title XX funding

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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: _____

Staff Verifying Income and Risk Factors Signature/Title

PreK Counts Only

Wraparound Care needed

Summer Care needed

Title XX funding