

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

## Cuddle Zone Learning Center

445 Allentown Dr Allentown PA 18109 (610) 434-2644

### PREK COUNTS APPLICATION FORM

2022-2023 SCHOOL YEAR

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_M\_\_\_F Social Sec # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

List Household Members below for determination of family size (required):		
	Name	Relationship to child
1	Enrolling Child	-----
2		
3		
4		
5		
6		

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

Name of Parent/Guardian Completing this  
Form: \_\_\_\_\_

Relationship to child:  Mother  Father  Legal Guardian  Other \_\_\_\_\_  
(please specify)

Family Type:  One Parent  Two Parent  Adoptive  
 Foster  Relative/Guardianship  Other \_\_\_\_\_  
(please specify)

Race (optional):  Black or African American  White  Other \_\_\_\_\_  
(please specify)

Asian  Native Hawaiian or Pacific Islander  American Indian or Alaskan Naive

Ethnicity (Optional):  Hispanic  Non-Hispanic  Non-Applicable

### Household Information

Income Sources: (Must Check all that apply)

- Employment    Self-Employment    Unemployment    Worker's Compensation    TANF Cash Compensation payments
- Social Security    SSI    Child Support    Alimony    Other \_\_\_\_\_(please specify)

Household Income check box: Attach a copy of 2021 1040 page 1 (required) 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

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
- Behavioral 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
- Migrant (Non-Immigrant)/Seasonal Student
- 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 Only:

Family Size	100% (Head Start Eligible)	300% (PreK Counts Eligible)
1	\$12,880	\$38,640
2	\$17,420	\$52,260
3	\$21,960	\$65,880
4	\$26,500	\$79,500
5	\$31,040	\$93,120
6	\$35,580	\$106,704
7	\$40,120	\$120,360
8	\$44,660	\$133,980
Each Additional	+\$4,540	+\$13,620

Verified Household Size: \_\_\_\_\_

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

- 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 (made referral to Head Start \_\_\_)

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

\_\_\_\_\_  
Date

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

**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:**  
Head Start of the Lehigh Valley 1520 Hanover Ave, Allentown PA 18109  
P: 610 437-6000 www.CSCinc.org

**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