PA Pre-K Counts Partnership of Fayette — Family Application

492 COOLSPRING ROAD
UNIONTOWN, PA 15401
Phone: 724-437-2590 x 234 *Fax: 724-437-8159*

Application Date: _____ Program Year: _____

General Information – PRIMARY ADULT: (Please PRINT CLEARLY all information)

Last Name:	First Name:	Middle:	Suffix:

Primary Adult Living Address	City	State	Zip	County
Primary Adult Mailing Address (if different)	City	State	Zip	Date of Birth

Phone Number	Type: Home, Work, Cell, etc.	Primary	Notes
		□	
		□	
		□	

Number in Household _____ Num. in Family _____ Total Num. of Children _____ Num. Age 3-5 _____

Parental Status □One □Two | Primary Language at Home □English □Spanish □Other Specify:_____

Family Income *Agency staff will complete shaded boxes.*

Family Member	Income Source	Amount	Per	Annual Amount	Type[1]	Desc.[2]	Verif.[3]	Staff Initials
				$				
				$				
				$				

1. Type Codes
ERN–Earned **SUB**–Subsidized (not from a wage)

2. Description Codes
PEN–Pension **SSI**–SSI
SS–Social Security
SSD-Social Security Disability

3. Verification Codes
CS–Check Stub **W2**–W-2 **EL**–Employer Letter
DL-Determination Letter TR-Tax Return

Income Notes

Emergency Contacts

Contact 1	Name	Relationship to Child	□Emergency Contact	□Release Child to	
	Address	City	State	Zip	
	Phone 1 Notes	Type /	Phone 2 Notes	Type /	Phone 3 Type / Notes
Contact 2	Name	Relationship to Child	□Emergency Contact	□Release Child to	
	Address	City	State	Zip	
	Phone 1 Notes	Type /	Phone 2 Notes	Type /	Phone 3 Type / Notes
Contact 3	Name	Relationship to Child	□Emergency Contact	□Release Child to	
	Address	City	State	Zip	
	Phone 1 Notes	Type /	Phone 2 Notes	Type /	Phone 3 Type / Notes

Doctor/Dentist

Doctor Name	Address	City	State	Zip	Phone
Dentist Name	Address	City	State	Zip	Phone

Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature _____ Date _____

Verifying Staff Member_____ Date _____

Family Member Information

Primary/Legal Guardian Adult

Last	**First**	**Middle**	**Preferred**	**Gender**

Birthday

Relationship to Child:

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other: _____

Race (*check all that apply*)

☐ American Indian or Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian
☐ Pacific Island
☐ White

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Highest Grade Completed

Employment Status [1]

☐ Lives with this Family
☐ Provides Financial Support
☐ Teen Parent (18 yrs or younger) ☐ Incarcerated Parent

Email Address: _____

Secondary Adult

Last	First	Middle	Preferred	Gender

Birthday

Relationship to Child:

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other: _____

Race (*check all that apply*)

☐ American Indian or Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian
☐ Pacific Island
☐ White

Ethnicity

☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Highest Grade Completed

Employment Status [1]

☐ Lives with this Family
☐ Provides Financial Support
☐ Teen Parent (18 yrs or younger) ☐ Incarcerated Parent

Email Address: _____

Secondary Adult Living Address (if not living with applicant) City State Zip County

Other Family Members

Adult/Child	Last	First	Birthday	Gender	Relationship

Notes

1. Employment Status Codes: **F**- Full Time, **P** - Part Time, **R** - Retired or Disabled, **T** - Training or School, **B** - Full Time & Training, **I** - Part Time & Training, **S** - Seasonally Employed, **U** - Unemployed

Agency Referral: _____

School district you live in: _____
Home Elementary School: _____

NOTICE: "All meals served to children under the Child Care Food Program are served at no separate charge regardless of race, color, sex, age, handicap, or national origin. There is no discrimination in admissions policy, meal service, or use of facilities. "Any complaints of discrimination should be submitted in writing within 180 days, of the incident to the Secretary of Agriculture, Washington, DC 20250."
Information from this application will be used for ongoing reporting/monitoring and assessment on a secured web-based system that is shared with multiple agencies (i.e. OCDEL, Head Start, CCIS, and Early Intervention.

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Child Information

Site Applying For:	☐ Cub's Den ☐ D.Ferd Swaney Elementary School ☐ Duck Hollow Discovery Learning Center ☐ Kooser Group Home, Hatfield Lane	☐ Lafayette Elementary School ☐ Little Kid Zone, Uniontown ☐ Masontown Elementary School ☐ Wharton Elementary School

Last	First	Middle	Preferred	Suffix

Address	City

Birthday	Gender	Verification of Birth
		☐ Birth Cert. #_____ State: _____ Verified by: _____ Title: _____

Race (*check all that apply*)

☐ Asian
☐ Black
☐ White
☐ Native American
☐ Pacific Island
☐ Other: _____
☐ Unspecified

Ethnicity

☐ Black
☐ Hispanic
☐ White
☐ Mexican/Chicano

English Proficiency

☐ None ☐ Poor ☐ Moderate ☐ Proficient
☐ Primary

Other Language Spoken: _____
☐ Poor ☐ Moderate ☐ Proficient
☐ Primary

Check if you have any of the following concerns regarding your child:

☐ Speech ☐ Behavioral ☐ Developmental
☐ Physical ☐ Health ☐ Hearing
☐ Vision ☐ Other:
_____

Please Explain (optional):

Does this child have an active IEP or Behavior Plan?
☐ Yes ☐ No If yes, please provide.

Primary Health Coverage Source:

☐ Private ☐ CHIP
☐ None ☐ Unknown
☐ Medical Assistance

Health Information

Child's Birth Weight:_____
Immunizations Up-to Date?
☐ No ☐ Yes
Does your Child have a physician they see regularly:
☐ No ☐ Yes
Does your Child have a dentist they see regularly?
☐ No ☐ Yes

Have you applied with Pre-K Counts or Head Start for this child?
☐ No ☐ Yes If yes, Year: _____

Is this child in childcare? ☐ No ☐ Yes
If yes, where? _____

Is anyone in the household enrolled in child care, private school or college/university?
☐ No ☐ Yes If yes, who is enrolled?
_____

Is there a custody agreement regarding this child?
☐ No ☐ Yes If yes, please provide.

Is this child under the care of a physician?
☐ No ☐ Yes If yes, why?

How often do family members read to your child?

☐ At least once day ☐ At least once a week
☐ At least once a month ☐Less than once a month

How many children' books are in your home?

☐ 0-5 ☐5-10 ☐11-20 ☐More than 20

Is this child income eligible for HS/EHS? Yes No	Primary Site:

Computer: _____
Initial & date

☐ Verified Disability: _____
Initial & date