

2021-22 SF Pre-K Counts Application

Date Form Completed: ____ / ____ / ____
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		County	
City	State PA	Zip Code	
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	
<input type="checkbox"/> Hispanic	Primary Language
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____
	(please specify)

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: center;">(please specify)</div>	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: center;">(please specify)</div>
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Role

- Primary Guardian
 Secondary Guardian

- Legal Guardian
 Other _____

(please specify)

Household/Family Size (required) check box:

- 1 4 7
 2 5 8
 3 6 _____

Household Income (required) check box:

- 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-\$70,000
 \$70,001-\$100,000 More Than \$100,000

300% of the Federal Poverty Level Guidelines

Family Size	Annual	Monthly	Weekly
1	\$ 38,640	\$3,220	\$743
2	\$52,260	\$4,355	\$1,005
3	\$65,880	\$5,490	\$1,267
4	\$79,500	\$6,625	\$1,529
5	\$93,120	\$7,760	\$1,791
6	\$106,740	\$8,895	\$2,053
7	\$120,360	\$10,030	\$2,315
8	\$133,980	\$11,165	\$2,577
Each Add'l	\$13,620	\$1,135	\$262

For Office Use Only:**Actual Annual Verified Gross Household (Family) Income:**

\$ _____

*Attach copies of documents used to verify income prior to enrollment

- Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

