

PA Pre-K Counts Application

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed:	Completed by:	Relationship to Child:
----------------------	---------------	------------------------

Child's Information:

Last Name	First Name	Middle Initial
Street Address <input type="checkbox"/> Check if same as below		County
City	State	Zip Code
School District of Residence		
Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other _____ (please specify)	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)

Parent/Legal Guardian Information:

Last Name	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		County
City	State	Zip Code
School District of Residence		
Home Phone:	Work Phone:	Email Address:
Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	Select: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Step Parent <input type="checkbox"/> Other _____ (please specify)	Role: <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____ (please specify)

Household (family) size: 1 2 3 4 5 6 Other: _____ (Please Specify)

Household Income (required) check box:		
<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 - \$70,000
<input type="checkbox"/> \$70,001 - \$100,000	<input type="checkbox"/> More Than \$100,000	

