



RIVER CROSSING YMCA PRE-K COUNTS 2026/2027 APPLICATION

Please check the location you are applying for:

- Child Care at Forks** 1350 Sullivan Trail, Easton, PA 18040 (610) 250-7193
- Child Care at Bethlehem Branch** 430 E. Broad Street, Bethlehem, PA 18018 (610) 867-7588
- Child Care at Allentown Branch** 425 S. 15th St, Allentown, PA 18102 (610) 351-9622

This information is confidential to the PA Pre-K Counts program. Date form completed: _____

Last Name (Child)		First Name (Child)		Middle Initial
Child's Date of Birth / /		Age 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
				Household Size
Foster children are family size of 1				
Primary Language		Family Type		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)		<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child living with Relative <input type="checkbox"/> Other _____ (Please specify)		
Primary Classroom: Forks		Has this child's sibling attended our Pre-K Counts Program?		
<input type="checkbox"/> 3 year old classroom <input type="checkbox"/> 4 year old classroom		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Primary Classroom: Bethlehem		Primary Classroom: Allentown		
<input type="checkbox"/> 3 year old classroom (8:30 am-3:30 pm) <input type="checkbox"/> 4 year old classroom (8:30 am-3:30 pm)		<input type="checkbox"/> 3 year old classroom (8:30 am-3:30 pm) <input type="checkbox"/> 4 year old classroom (8:30 am-3:30 pm)		
Street Address		County		
City		State (must be PA resident) PA	Zip Code	
Parent's Email Address			School District	
Parent/Legal Guardian Name				
Home Phone	Cell Phone		Work/Other Phone	
PKC Eligibility Results			Notes:	
<input type="checkbox"/> Approved <input type="checkbox"/> Ineligible <input type="checkbox"/> Pending- missing documents <input type="checkbox"/> Accepted to start 26-27 School Year <input type="checkbox"/> Waiting List (waitlist is shared with all 3 sites)				
Date Received	Date Reviewed		Reviewer's Signature	

Please check below for extended care options:

Extended Care Options for Forks Education Center

(Extended care options based on availability)

- AM Extended Care 6:30 am-8:45 am
- PM Extended Care 3:15 pm-6:00 pm
- All Inclusive Care 6:30 am-6:00 pm (cannot exceed 10hrs/day)

*There is a \$100 registration fee for extended care

Extended Care Options for Allentown YMCA

(Extended care options based on availability)

- AM Extended Care 6:30 am-8:30 am
- PM Extended Care 3:30 pm-6:00 pm
- All Inclusive Care 6:30 am-6:00 pm (cannot exceed 10hrs/day)

*There is a \$100 registration fee for extended care

Extended Care Options for Bethlehem YMCA

(Extended care options based on availability)

- AM Extended Care 6:30 am-8:30 am
- PM Extended Care 3:30 pm-6:00 pm
- All Inclusive Care 6:30 am-6:00 pm (cannot exceed 10hrs/day)

*There is a \$100 registration fee for extended care

*****PLEASE FIND ON OUR WEBSITE FOR PRICING ON ANY FURTHER CARE OPTIONS*****

2026 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,950	\$47,850
2	\$21,640	\$64,920
3	\$27,320	\$81,960
4	\$33,000	\$99,000
5	\$38,650	\$115,950
6	\$44,360	\$133,080
7	\$50,040	\$150,120
8	\$55,720	\$167,160
Each Additional	+\$5,680	+\$17,040 for each additional family member

Family income: is at or below 300% of federal poverty level (Required Risk factor). Consider all sources of income. See above for an income chart relative to family size. (Must be verified prior to enrollment).

List Household Members below for determination of family size (required):			
	Name	Relationship to Child	Age
1	ENROLLING CHILD (name)		
2			
3			
4			
5			
6			
7			
8			

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse);
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated;
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker;
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. **If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.**

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

DETERMINED FAMILY SIZE =

Employment Status of parent/guardian	Employment Status of 2 nd parent/guardian (if applicable)
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Household Income Sources (Must check all that apply):

<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF Cash payments
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

Proof of income is required in order to determine eligibility for the program.

Please submit AT LEAST one of the following with the application:

- o 3 Recent Pay Stubs (for each parent)
- o 2025 1040 Tax Form or 2025 W2 (for each parent)
- o Other proof of income (Unemployment, Social Security, etc)

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (100% of FPL or below) has been informed of their eligibility for HS.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____

Other Child Eligibility Risk Factor Criterion (Must check all that apply)

- Preschooler with an Individualized Education Plan (IEP):** A child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
- Migratory (Non-Immigrant) Seasonal Student:** A child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or fisher within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work, including agri-related businesses such as meat or vegetable processing, or work in nurseries such as Christmas and evergreen tree farming.
- English Language Learner:** A child whose first language is not English and is in the process of learning English.
- Homeless:** A child who lacks a fixed, regular, and adequate night-time residence due to the following:
 - Is the child staying with others, and was this a result of a loss of housing, economic hardship, or other similar reason?
 - Is the child living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc)
 - Is the child living in a motel, hotel, or campground?
 - Is the child staying in a public or private place not ordinarily used as regular sleeping accommodation for human beings?
 - Is the child living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings?
 - Is the family living in substandard (limited to no utilities, unsafe conditions, etc.) housing?
 - Has the child been abandoned, in a hospital or awaiting foster care placement?
- Child in or Part of Family in Child Welfare System:** A child who is in foster care, kinship care, or receiving Children and Youth services.
- Child's Family or Living Structure:** A child with a single parent, divorced parents, or with relatives as guardians.
- Child Receiving Behavioral Supports:** A child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification required.
- Teen Parent:** A mother or father who was under the age of 18 when the child was born.
- Incarcerated Parent:** A child for whom one or both of the child's parents are currently incarcerated.
- Education Level of Guardian:** When the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.
- Eligible for or Receives the Following Public Assistance:** A family who can produce documentation of eligibility for or receipt of TANF, SSI, SNAP.
- Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP):** A child enrolled in ITCS and eligible to transition into PA PKC

- Concerns Regarding Physical Development or Existing Medical Condition (Currently Not Receiving EI Services):** If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
- Concerns Regarding Speech or Language Development (Currently Not Receiving EI Services):** If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
- Concerns Regarding Child's Social ,Emotional, or Behavioral Development (Currently Not Receiving EI Services):** If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate the information provided. **Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (100% of FPL or below) has been informed of their eligibility for HS.**

Family Commitments

By signing below, I acknowledge and agree to the following:

- I understand that my child's eligibility for Pennsylvania Pre-K Counts (PA PKC) is subject to the program's two-year participation limit. My child must be at least three years old by the kindergarten cutoff date set by the school district where we live to assure compliance with receiving only two-years of PKC programming.
- Once my child reaches the age required to enroll in kindergarten in the public school district where we live, I understand they will no longer be eligible for PA PKC funding.
- I understand that my child's **enrollment is contingent upon meeting the eligibility criteria**, including income verification and prioritization based on risk factors.
- I understand that the PA Pre-K Counts (PKC) program is an educational program with attendance requirements. I agree to ensure my child's regular attendance and to notify the program in case of absences. My program's PA Pre-K Counts hours of operation are:

- I understand that the **PKC portion of the day will be secular (non-religious) in nature** and will not include religious instruction during the PKC portion of the day. My program's PA Pre-K Counts hours of operation are:

- The Pre-K Counts Program is guided by rules and regulations dictated by OCDEL. The program's attendance policy, as per the parent handbook, indicates children who have 10 or more unexcused absent days can be dismissed from the Pre-K Counts Program.
- Attendance is paramount to the successful implementation of the program. Absences must be excused with a written note from a caregiver. Any absences exceeding 3 consecutive days will need to be excused via a doctor's note. Please sign below in acknowledgement of our attendance policy.

Parent/Guardian Certification

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or give proof of the information provided.

I certify that all the information provided is accurate. I understand that eligibility is subject to verification and providing false information may result in disqualification.

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/Legal Guardian (Signature)

Date

Parent/Legal Guardian Name (Print Name)

Is this child currently receiving CCW subsidy (at any program?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)? Referral for ELRC # <u>14</u> Contact email or phone number shared with family _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back? Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 local Head Start location _____
- Application and/or assistance with referral
- Brochure or website with information about Head Start

Parent/Guardian Signature

Date

-----**FOR OFFICE USE ONLY**-----

Pay Frequency Calculation Guide:

Weekly	Multiply gross weekly income by 52
Bi-Weekly	Multiply gross income by 26
Semi-Monthly	Multiply gross income by 24
Monthly	Multiply gross income by 12

INCOME CALCULATION GRID

Name	Income Source	Pay Frequency	Gross Amount	Annualized Amount
1.				
2.				
3.				
4.				
			Total Annual Income: \$ _____	

Actual Annual Verified Gross Household (Family) Income: \$ _____

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

Family Size (per PKC guidelines): _____

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

Staff Verifying Income and Risk Factors Signature

Date

Staff Verifying Income and Risk Factors Signature #2

Date