Pittsburgh Public Schools Early Childhood PA Pre-K Counts Program

Child's Name: _____

Child's Date of Birth: _____

PA PKC Partner Location: _____

The following completed forms and documents are **_required_** to enroll a child in PA Pre-K Counts:

☐ PA Pre-K Counts Enrollment Form – complete, signed, dated

☐ PA Pre-K Counts Release of Information Form

☐ Copy of Child's Birth Certificate

☐ Proof of Income – for all household members

☐ Child's Health Assessment – completed by a physician

☐ Child's Immunizations – completed by a physician

☐ One Proof of Residency – must match address on application

☐ PA Pre-K Counts Selection Criteria - *For Partner Agency only*

Parent/Guardian: Please complete and provide all forms and documents to Center Director.

Pennsylvania Pre-K Counts Program
Release of Information Form

Child's Name: _____   Date of Birth: _____

Center: _____

I, *(Parent/Guardian)*_____give permission for *(Center Name)*
_____ to release the following information to Pittsburgh Public
Schools Early Childhood Program in order for my child *(Child Name)* _____
to be considered for enrollment in Pennsylvania Pre-K Counts at *(Center Name)*
_____:

- *PA Pre-K Counts Enrollment Form*
- *Proof of Child's Age*
- *Proof of Household Income*
- *Proof of Residency (must match address on application)*
- *Child's Health Assessment*
- *Child's Immunizations*

I understand that this information is a requirement for enrollment in the Pennsylvania Pre-K Counts Program and that my child will be enrolled at the childcare center named above. I understand that my child's enrollment into Pennsylvania Pre-K Counts is not automatic.

In addition to the information and documents noted above, I also understand that the following information will be shared with Pittsburgh Public Schools Early Childhood Program to ensure compliance with Pennsylvania Pre-K Counts Program requirements.

- *Child and Family Demographic Information, including all documents provided for enrollment purposes*
- *Child Outcomes Assessment*
- *Attendance*
- *Screenings - Including developmental, social-emotional/mental health, vision, hearing, and dental*

These records will be used for required documentation for enrollment in the Pennsylvania Pre-K Counts Program.

I understand the following:
- That my or my child's records will not be released or obtained by Pittsburgh Public Schools unless permission is provided for herein as evidenced by the signature on this authorization form.
- That the release of my or my child's records will be for the purpose stated on this form and only those items noted off will be released.
- That the records released by the Pittsburgh Public Schools may possibly be re-disclosed by the facility/agency/person and that the Pittsburgh Public Schools and its staff have no responsibility or liability as a result of the re-disclosure and that such information would no longer be protected by the Privacy Rule.
- That the disclosed information will no longer be protected by HIPPA or privacy act, and the releasing facility will not be responsible for the disclosure of the information.
- That this authorization is valid for the two years of the Pennsylvania Pre-K Counts Program unless documented otherwise.
- That I may revoke this authorization at any time by notifying, in writing, the party responsible for maintaining records, except for the information already disclosed.
- That I am entitled to a copy of this Authorization form.
- I have read this authorization and understand its contents and purpose

Because of the sensitive nature of this information, it will be treated with complete confidentiality. A copy of this authorization shall be considered valid.

_____   _____
Parent/Guardian Signature   Date

_____   _____
Verifying Staff Signature   Date

☐	**Child Lives in Geographic Area of High Poverty**	Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors.
☐	**Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services)**	If a family concern is shared that is not covered by any of the 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 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.
☐	**Other (please note):**	
☐	**None of these Risk Factors**	

Family Assurances

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

☐ This enrollment application and supporting documents will be used for enrollment processing and ongoing reporting/monitoring that is shared with the Lead Agency, Pittsburgh Public Schools, affiliated with this agency. As required by Pennsylvania Pre-K Counts, enrollment information will be entered in the Early Learning Network (ELN), Pennsylvania's secure electronic data system for gathering information on early childhood programs.

☐ 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: _____

☐ I understand that once an enrollment start date is confirmed, the child's PA PKC enrollment status may be shared with other OCDEL-funded programs, such as the Early Learning Resource Center (ELRC) or Early Intervention, to ensure proper coordination of funding and services.

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 information provided.

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

_____   _____
Parent/Legal Guardian (Signature)   **Date**

_____
Parent/Legal Guardian Name (Print Name)

Family and Program Administrator to Complete This Portion Together

Please only complete if child is determined to be Head Start eligible

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 _____

☐ Application and/or assistance with referral

☐ Brochure or website with information about Head Start

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

FOR OFFICE USE ONLY

INCOME VERIFICATION

2025 Federal Poverty Level Guidelines Based on Annual Income

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	$15,650	$46,950
2	$21,150	$63,450
3	$26,650	$79,950
4	$32,150	$96,450
5	$37,650	$112,950
6	$43,150	$129,450
7	$48,650	$145,950
8	$54,150	$162,450
Each Additional	+$5,500 for each additional family member	+$16,500 for each additional family member

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

5

Early Learning Network:

A Guide for Parents

In Pennsylvania, the Office of Child Development and Early Learning (OCDEL) provides funding to a variety of statewide early education programs including: Early Intervention Programs for Infants, Toddlers and Preschoolers, Head Start Supplemental Assistance Programs, Keystone STARS for regulated child care programs, and Pennsylvania Pre-K Counts programs.

Electronic data systems are needed to maintain individual child records and to collect data for improving early childhood programs. OCDEL and your local program use this data to make sure that early childhood programs are of high quality and will enhance the development of young children.

What is the Early Learning Network (ELN)?

The Early Learning Network (ELN) is Pennsylvania's electronic data system for gathering information on early childhood programs and for studying the development of children in those programs. ELN combines information about the program including the quality and experience of the staff, with information on your child's development over time. This information is then used to build and maintain high quality early childhood programs.

Pennsylvania's early childhood programs benefit from information in ELN. The information in ELN will be used to maintain a high level of quality across all early childhood programs, to provide information on the types of programs that work best for children, and to ensure that OCDEL is accountable for state funding that is invested in early childhood programs.

What Information is Collected in ELN?

The information collected in ELN was determined by statewide focus groups that included parents of young children, early childhood teachers, Early Intervention therapists, researchers, and administrators of early childhood programs. The focus groups reviewed the latest early childhood research to determine what information would be most helpful when making decisions about program quality.

As a family participating in a state funded early childhood program, you may find it helpful to know what data is collected about your child and family. Information collected in ELN includes:
- Program demographics (number of days open per week, number of hours per day, education, and experience of teachers or therapists, etc.);
- Family demographics (name, address, contact information, etc.);
- Child demographics (date of birth, program enrollment, etc.);
- For children in Early Intervention, your child's Individualized Family Service Plan (IFSP) or
- Individualized Education Plan (IEP); and
- Information on your child's progress as measured through an ongoing assessment of his/her development.

All of the information that you provide about your child and family will be maintained securely in ELN, following all state and federal data security requirements. Each child in ELN is given a unique identifying number, which provides security, continuity, and consistency.

As part of the process to give your child an identifying number, you may be asked for your child's Social Security Number (SSN). Providing your child's SSN is voluntary. Your decision to provide or not provide your child's SSN will not impact your child's enrollment in any OCDEL program.

ELN only asks for your child's SSN once during the process of assigning your child a unique identifying number. By providing your child's SSN, you help OCDEL ensure that all the data entered into ELN is as accurate as possible and that any required state or federal reporting is as accurate as possible. Your child's SSN is never used in analyzing data.

Federal law requires OCDEL to provide the legal authority for its request for a social security number. That authority is different for each program, as follows: Infant/Toddler and Preschool Early Intervention program - 11 P.S. § 875-305; Head Start Supplemental Assistance program - 24P.S. § 15-1505-D(a); Pennsylvania Pre-K Counts – 24 P.S. §15-1513-D(1)); and Keystone STARS Child Care Centers - 62 P.S. §§ 911(a)(2), 911(b), 916, 1016, 1018.

Who Can See My Child's Information?

All information about your child is kept secure. All federal and state confidentiality, privacy and security requirements are honored. This means that:
- Your child's program will have access to your child's personally identifiable information;
- A child's teacher or therapist will only be able to see information about the children with whom they work;
- Reports to the federal government **do not identify specific children**; only limited staff at the state level can see child level data and
- Information about your child will not be shared outside of your child's program, except as permitted by law.

How will ELN Measure My Child's Progress?

ELN makes it possible to measure quality of early childhood programs and the impact that quality has on children's development. It will do this by gathering information about children's learning and development in areas such as:
- Approaches to Learning,
- Cognitive Thinking,
- Physical Development,
- Language and Literacy Development, and
- Social and Emotional Development

The United States Department of Education, Office of Special Education Programs (OSEP) requires every state to collect accountability data to determine the effectiveness of the Part C (Infant/Toddler) and Part B/619 (Preschool) Early Intervention programs. Progress for children participating in Early Intervention is determined in the following three child outcome measures:
- Positive Social Emotional Skills (including social relationships);
- Acquisition and Use of Knowledge and Skills (including early language/communication); and
- Use of Appropriate Behaviors to Meet Needs.

Information on children's progress will be gathered using an authentic assessment tool. An authentic assessment tool is based on observations of your child in typical activities in their program. There are no formal tests, no traditional grades, and no "pass" or "fail." With these authentic assessment tools, your child's teacher will collect information about your child's development in a number of different ways. For example, your child's teacher or therapist will collect samples of your child's work, ask you what you've noticed about your child's development, and make observations during classroom activities or therapy sessions.
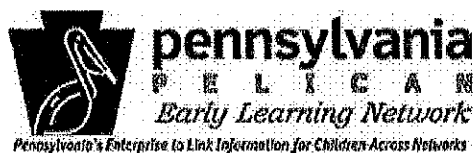
Teachers and therapists will observe and document your child's learning over time. In early childhood programs, information on your child's progress will be gathered several times during the year. In Early Intervention Programs, your child's progress will be gathered at the beginning and end of their participation in the Early Intervention program.

How can Parents and Families Help?

As a parent, you have a great deal of information about your child. Ask your child's teacher about your child's progress; talk with your child's therapist about what your child is learning and doing at home and in the community; and most importantly, ask about ways that you can help your child to learn, grow and develop.

OCDEL values the time you spend helping us continue to shape the policies and programs that benefit children across the Commonwealth.

For more information contact ELN
ra-eln@pa.gov

pennsylvania
P E L I C A N
Early Learning Network
Pennsylvania's Enterprise to Link Information for Children Across Networks

Family Copy

HeadStart.gov

Head Start Approach

Head Start programs support children's growth from birth to age 5 through services that support early learning and development, health, and family well-being. Head Start staff actively engage parents, recognizing family participation throughout the program as key to strong child outcomes.

Head Start services are available at no cost to children ages birth to 5 in eligible families. Head Start Preschool services work with families with children ages 3 to 5. Early Head Start services work with families with children ages birth to 3, and many also serve expectant families. Many programs operate both Head Start Preschool and Early Head Start services. Programs deliver child development services in center-based, home-based, or family child care settings. All Head Start programs continually work toward our mission for eligible children and families to receive high-quality services in safe and healthy settings that prepare children for school and life.
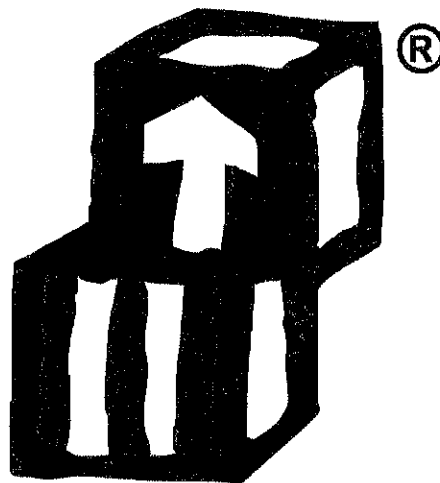
Does my family qualify?

Services for Children and Families

Head Start programs are helping children get ready to succeed in school and in life through learning experiences tailored to their changing needs and abilities.

Early Learning and Development

Our programs are:

- Building strong relationships as the foundational driver for early learning
- Engaging families in their child's learning and recognizing parents as a child's first and most influential teacher

- Implementing effective practices to promote children's growth in five key domains: approaches to learning, social and emotional development, language and literacy, cognition, and physical development
- Encouraging learning through play, creative expression, and guided activities with schedules and lesson plans that include the cultural and language heritage of each child and family in relevant ways
- Creating welcoming learning environments in indoor and outdoor settings that are well-organized and safe
- Conducting ongoing screenings and assessments to ensure each child is making progress, and collaborating with parents and community agencies when further assessment is needed
- Supporting the full inclusion of children with disabilities and building on their strengths

Health and Wellness

Our programs are:

- Engaging all children in both indoor and outdoor physical activity
- Serving breakfast, lunch, and snacks that are healthy and nutritious
- Ensuring children receive medical, dental, hearing, vision, and behavioral screening
- Making sure children brush their teeth after meals and promoting oral health and hygiene
- Helping families understand and support their child's health and behavioral health needs
- Assisting with mental health services for children and families, as needed
- Building resilience to help children and families heal from traumatic experiences or events and overwhelming situations

Family Well-being

Our programs are:

- Providing parenting support and strategies
- Supporting parental health and links to community services during pregnancy
- Connecting families to community and federal assistance
- Assisting families in identifying and reaching their goals and dreams, including those related to finances and economic mobility, housing, employment, and education
- Providing a career pathway in early care and education — *about 25% of program staff are former Head Start parents!*

Family Engagement

Our programs are:

- Inviting parents to share information and insights about their child
- Celebrating the role of fathers and male caregivers through father engagement
- Engaging parents as their child's lifelong advocate
- Welcoming parents to offer ways to improve children and families' experiences in the program, including through leadership roles on the Policy Council
- Supporting child and family transitions when the child is ready for the next step, to Head Start, kindergarten, or another early childhood program

Meeting Community Needs

To reach the children and families who need Head Start services the most, programs are designed according to community need. Directly funded at the local level, Head Start programs tailor their programs as appropriate for families in the designated service area. These programs may be provided in different settings and hours according to the needs indicated by their community assessment.

Federal-to-Local Funding Model

The federal government funds Head Start programs through the U.S. Department of Health and Human Services, Administration for Children and Families. Across the country, school districts, nonprofit and for-profit groups, faith-based institutions, tribal councils, and other organizations qualify to become a Head Start recipient and receive federal funding. The federal-to-local model allows local leaders to create a Head Start experience that is responsive to the unique and specific needs of their community. Many programs are combining funding from federal, state, and local sources to maximize service delivery and continuity. Head Start Collaboration Offices facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low-income children and their families.

Migrant and Seasonal Head Start (MSHS) programs serve children ages birth to 5 from families engaged in agricultural work, either seasonally or across geographic regions. American Indian and Alaska Native (AIAN) Head Start programs serve children from federally recognized tribes and others in their communities.

Head Start programs either provide transportation services or assist families to arrange transportation of children to program activities.

Eligibility and Enrollment

Head Start services are for children from birth to compulsory school age, as well as pregnant people and expectant families. Eligible participants include children whose families meet the federal low-income guidelines — that is, whose incomes are at or below the federal poverty guidelines or who participate in Temporary Assistance for Needy Families, Supplemental Security Income, or Supplemental Nutrition Assistance Program public

assistance services. Other eligible participants include children who are in the foster care system or experiencing homelessness. Programs may also accept a limited number of children who do not meet any of those eligibility criteria.

MSHS programs have specific eligibility requirements for the children of farmworkers. AIAN Head Start programs enroll tribal children from reservations or nearby areas. All programs enroll children with disabilities and welcome children who speak a language other than English at home.

As there are generally more eligible children than is supported by program funding, each program maintains a waiting list according to their selection criteria for when a spot becomes available.

Program Settings

Head Start services are delivered in a variety of settings, sometimes referred to as "options." This consistent, supportive setting is designed to foster strong relationships between program staff, families, and children. The selection of settings offered by any Head Start program is determined by its assessment of community needs.

- Center-based services are located in child development centers. More than half of Head Start children are enrolled in center-based services, five days per week, for at least six hours per day.
- Home-based services are mostly delivered in a family's own home, along with planned group socialization activities. More than a third of children enrolled in Early Head Start programs receive home-based services.
- Family child care services are located in a family-based child care setting.
- Locally-designed services are often delivered through some combination of the above settings, depending on the needs of the community.

Outcomes

Since 1965, Head Start programs have reached 40 million children and their families. Children who enrolled in Head Start programs are more likely to graduate from high school and attend college, have improved social, emotional, and behavioral development, and are better prepared to be parents themselves than similar children who did not attend the program. Children enrolled in Early Head Start programs have significantly fewer child welfare encounters related to sexual or physical abuse between the ages of 5 and 9 than those who don't attend.

Research consistently shows a broad pattern of impacts for children at the end of their Head Start enrollment. While these benefits may appear to diminish in the early grades, economic benefits emerge as children become adults. The Head Start program's two-generation

design — coupled with research-based, high-quality comprehensive services — has the power to change the trajectory for children's outcomes.

Read more:

Programs

Last Updated: November 26, 2024

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO   IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) ☐ YES ☐ NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

CD 51 09/08

Preschool Child Dental Form

Child's Name	Date of Birth:
Preschool Classroom site:	Gender: ☐ Male ☐ Female

Date of Dental Exam: _____

☐ Cleaning ☐ Fluoride treatment

Treatment needs: (check only one based on exam results)

☐ No obvious problems: The child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

☐ Requires Dental Care: Tooth decay or gum infection is suspected. *

☐ Requires Urgent Dental Care: Obvious tooth decay is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain. *

Next scheduled recall visit: _____

*Follow up Treatment:

☐ Treatment is scheduled for _____

☐ Child was referred to _____ for treatment

Provider Name (please print): _____ Provider Business Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider: _____ Date:

_____

Please return completed form to your child's preschool program