

## PRE-K COUNTS ENROLLMENT FORM

**This information is confidential and will not be used for purposes other than enrollment in the Pre-K Counts Program.**

<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>Child's Middle Initial</b>	<b>Center</b>
<b>Street Address</b>	<b>City</b>	<b>County</b>	<b>Start Date</b>
<b>State</b> PA	<b>Zip Code</b>	<b>Date of Birth</b>	<b>Age (Circle One)</b> 2 3 4 5
<b>Last Name</b> Parent/Guardian	<b>First Name</b> Parent/Guardian	<b>Home Telephone</b>	<b>Work Telephone</b>

Primary Language	Family Type	
<input type="checkbox"/> English	<input type="checkbox"/> One Parent	<input type="checkbox"/> Two Parents
<input type="checkbox"/> Spanish	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Receiving Children and Youth Services

**Check All That Apply** Family Receives:

- TANF (Temporary Assistance for Needy Families)  
 SSI (Supplemental Security Income)  
 Child Care Subsidy (CCIS)

**Check All That Apply** My Child Will Be Enrolled In The Following Program(s):

- Pre-K ONLY (8:00 a.m.-3:00 p.m.) (Taylor Center 9:00 a.m. -3:30 p.m.)  
 Before Pre-K (Hours Available 6:30 a.m. – 8:00 a.m.) (Taylor Center until 9:00 a.m.)  
 (Additional Fees Will Apply) Anticipated Arrival Time \_\_\_\_\_  
 After Pre-K (Hours Available 3:00 p.m. – 6:00 p.m.) (Taylor Center 3:30 p.m. to 6:00 p.m.)  
 (Additional Fees Will Apply) Anticipated Departure Time \_\_\_\_\_

Additional Fees for Before and/or After Pre-K Paid by: **Check One**

CCIS  Private Pay  Other: \_\_\_\_\_

**Parent/ Guardian (Print)** \_\_\_\_\_

**Parent/Guardian (Signature)** \_\_\_\_\_

**Date** \_\_\_\_\_