

2019 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.

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

Family Type

<input type="checkbox"/> One Parent	<input type="checkbox"/> Two Parents
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Relative
<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)
 Subsidized Child Care Funding (ELRC – Child Care Works)

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

Pre-K Counts ONLY (8:00 AM - 3:00 PM) (Taylor Center 8:30 AM – 3:00 PM)

Before Pre-K Counts (Hours Available 6:30 AM – 8:00 AM)
 (Taylor Center until 8:30 AM) (Scranton Center 6:00 AM – 8:00 AM)
 (Additional Fees Will Apply) Anticipated Arrival Time _____

After Pre-K Counts (Hours Available 3:00 PM – 6:00 PM)
 (Additional Fees Will Apply) Anticipated Departure Time _____

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

Subsidized Child Care Funding Private Pay Other: _____

Parent/ Guardian (Print) _____

Parent/Guardian (Signature) _____

Date _____

*** Proof of Income Must Be Attached to Application**