

Overview

JB's Bright Beginnings has a Pre-K Counts grant from the Commonwealth of Pennsylvania. The grant allows families with children (who are 3 or 4 years old by September 1st) to enroll in an approved high quality, preschool program at NO COST to the family.

Included in this packet is the JB's Bright Beginnings Pre-K Counts application for the 2025-2026 school year. Families living in Pennsylvania with children who meet the required criteria will be considered for this five day-a- week program. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$96,450 a year and still qualify.

Families who qualify financially and also have secondary at-risk factors (for example: English as a Second Language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.

To apply for Pre-K Counts at JB's Bright Beginnings, complete the application on pages 3, 4 and 5 of this packet. If you are completing the application electronically, please print and then sign the application (on page 5) before submitting it.

Application Checklist

Please drop off at the center or email (adminteam@jbsbrightbeginnings.com) copies of the items listed below:

2024 Federal Income Tax Return for all adults (18 and over) residing in your household Please include ONLY the first 2 pages of Federal Form 1040; no other tax forms are required.

Child's Birth Certificate

Parent/Guardian Photo ID

_____Pre-K Counts Application (all 3 pages must be completed)

_____Proof of Residency: (utility bills, vehicle registration, lease/Deed or mortgage Coupon)

The following items are due immediately upon acceptance into the program. You may submit these forms with your application, however it is not required.

Child's Immunization Records

____Child's Physical (completed after September 1, 2024), including vision, hearing, and dental screenings.

Income Eligibility

2025 Federal Poverty Level Guidelines

Household Size	100% (Head Start Eligible)	300% (PreK 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

All documents from the checklist above must be submitted before we can review or accept any application.



Pre-K Counts

2025-26 APPLICATION

Please print clearly.

SECTION 1: CHILD INFORMATION						
Child's Name		Today's Date				
Ethnicity (Check One): Non-Hispanic	Hispanic	Unknown				
Race (Check One):Black or African American	American Indian	or AlaskanOther				
Asian White or Caucasian	Hawaiian Pacific	Hawaiian Pacific Islander				
Child's Age (Must be age 3 by Sept 1, 2025)	Male	Female				
Child's Birth Date	Please submit a c	Please submit a copy of child's birth certificate.				
If you have English as a Second Language, please complete						
Language(s) spoken at home	Language(s) child speak	(S				
Special Needs/Concerns Related to the Child:						
If the child is receiving early intervention services, please su	ubmit a copy of the child's	S IEP.				
My local Elementary School:	in	School District.				
		1011				
SECTION 2: PARENT	GUARDIAN INFORMAT	ION				
Parent/Guardian #1: Name	D	ate of Birth				
Employment Status: Full Time Part Time						
Home Address		Apt				
City	State PA	Zip Code				
Primary Phone Number Alternate Phone Num		er				
Email Address						
Parent/Guardian #2: Name	D	ate of Birth				
Employment Status: Full Time Part Time Unemployed Military (Active, Reserve, or Vete						
Home Address		Apt				
City	State PA	Zip Code				
Primary Phone Number Alternate Phone Number						
Email Address						
Highest education level completed: Parent #1 Parent #2						

ist Household Members below for determination f family size: (required):		ermination	Household Income Sources (Must check all that apply)	
	Relationship to Child	Age	Employment Unemployment Compensation	
1	ENROLLING CHILD			
2			Child Support Child Support	
3			Social Security Worker's Compensation	
4			SSI TANF Cash Payment	
5				
5			Alimony Self-Employment	
7			Other	
8			DETERMINED 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 PA PKC.

SECTION 4: OTHER ELIGIBILTY RISK FACTORS (Required)

Is your child enrolled in Infant Toddler Contracted Slots Program? (ITCSP)	Yes	No
Is your child enrolled in Child Care Works (subsidized child care)?	Yes	No
Does your child receive behavioral supports or been referred for behavioral supports?	Yes	No
Does your child currently have and Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)?	Yes	No
Is your family experiencing housing instability (living in a shelter, lack a fixed nighttime residence, doubled up/living with another family due to financial hardship)?		No
Does your family live in a geographic region (school district or zip code) with higher rates of poverty?		No
Is your child in foster care, kinship care, or receiving Children & Youth Services?	Yes	No

Was the child's mother less than 18 years of age when he/she was born?	Yes	No
Is one of the child's parents incarcerated?	Yes	No
Does a parent not have a high school diploma or GED?	Yes	No
Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)?	Yes	No
Is the parent a migrant (non-immigrant) or seasonal worker?	Yes	No
Is the child an English Language Learner? (A child whose first language is NOT English)	Yes	No
Is your child's household a single parent, divorced parents, or with relatives as guardians	Yes	No
is your child's nodseriold a single parent, alvoroca parents, or with relatives as guardians	103	NO

SECTION 6: PROGRAM ASSURANCES & SIGNATURE

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.

I understand once my child reaches the age required to enroll in kindergarten in the public school district where we live, I understand my child is no longer 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 families are considered for enrollment in Pre-K Counts after the completed application and all supporting documents have been received. 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 8am-1pm.

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 8am-1pm portion of the day.

I understand that once an enrollment start date is confirmed, the child's PA Pre-K Counts 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/Guardian Signature

Date

Parent/Guardian Name (Printed)