



346 Chestnut Street
Meadville PA 16335

814 807-1607
elc@creatinglandscapes.org

Hello!

Our Early Learning Center family thanks you and your family for your interest in our little school! We have enclosed our general application along with our PreK Counts application.

While you are thinking about this important milestone in your child's education, here is a bit of information about our preschool:

- We are here Monday through Friday and our day begins at 8:30 am and ends at 2 pm.
- In partnership with our next-door neighbor, the YMCA, childcare before and after school is available. Payment for that childcare is between families and the YMCA.
- Breakfast, lunch, and a snack are served – all food is prepared with love by our staff and healthy, wholesome nutrition is a high priority in our meal planning. There is no additional cost to you for meals/snacks served here.
- We are a Keystone Star 4 school – the highest possible rating, and we are a PreK Counts school. Please be sure to fill out the enclosed PreK Counts application as well as our general application. Our PreK Counts grant funding is geared toward hard working middle class families – we are SO pleased to be able to offer that support to families. The financial qualifications are on the PKC application – take a look!
- Our days are filled with play, music, art, and friendship. Each child is celebrated for their natural curiosity and nurtured as a learner. Kindness and joy are most important of all!

Our entire staff is committed to offering a kind and joyful experience for your preschooler. Please call us anytime with thoughts or questions – we look forward to hearing from you!

Kelly Winters
Lead Teacher



Application for Admission 2024 - 2025

Student Information

Child's Full Name: _____

Child's Pronouns _____ Age _____ Date of Birth _____

Address _____

Phone _____

Previous Childcare or Preschool Experience _____

Family Information

Parent/Legal Guardian #1 _____

Address (if different) _____

Phone (if different) _____

Email _____

Employer _____ Occupation _____

Parent/Legal Guardian #2 _____

Address (if different) _____

Phone (if different) _____

Email _____

Employer _____ Occupation _____

Parent/Guardian Signature _____

Private Pay applicants only: \$50 deposit is due with the application and will be applied to your first month's tuition. Please make checks payable to *CL for Families ELC* and send the application to: 346 Chestnut St., Meadville, PA 16335.

Non-Discrimination Policy: Admission is open to all regardless of race, color, religion, national origin, sex, age, or disability.

2024-25 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: / /
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address	County	
City	State PA	Zip Code
School District of Residence		
Home Phone	Work Phone	Email Address

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	Primary Language
<input type="checkbox"/> Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Spanish
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child	(Select)
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

Role	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

List Household Members below for determination of family size <i>(required)</i> :		
	Relationship to Child	Age
1	ENROLLING CHILD	
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

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

<input type="checkbox"/>	Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory 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, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

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 substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Financial Verification for Pre-K Counts

If you qualify for Pre-K Counts we will need income verification from you. The best form of verification is a copy of your most recent tax return (the first two pages are sufficient). If you do not have a tax return or access to yours, then your most recent pay stub can be submitted instead. If you have no income please let us know as we have a Zero Income form you can fill out.

This information should be submitted with your Pre-K Counts application or before the start of the school year. If you have any questions please let us know!

Thank you!

Non Discrimination Policy

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail:***
***U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or***
- 2. fax:***
(833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov

For Head Start Eligible families (100% of FLPL 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/Guardian Signature

Date

Staff Signature

Date



Pre-K Counts

Selection Criteria 2024 - 2025

Child Name: _____

Birth Date: _____

# of Persons in Household	2024 Federal Poverty Level for the 48 Contiguous States (Annual Income)			
	%100	%150	%200	%300
1	\$15,060	\$22,590	\$30,120	\$45,180
2	\$20,440	\$30,660	\$40,880	\$61,320
3	\$25,820	\$38,730	\$51,640	\$77,460
4	\$31,200	\$46,800	\$62,400	\$93,600
5	\$36,580	\$54,870	\$73,160	\$109,740
6	\$41,960	\$62,940	\$83,920	\$125,880
7	\$47,340	\$71,010	\$94,680	\$142,020
8	\$52,720	\$79,080	\$105,440	\$158,160