



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.
- 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 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 2026 - 2027

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.

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 2026 - 2027

Child Name: _____

Birth Date: _____

# of Persons in Household	2026 Federal Poverty Level for the 48 Contiguous States (Annual Income)			
	%100	%150	%200	%300
1	\$15,960	\$23,940	\$31,920	\$47,880
2	\$21,640	\$32,460	\$43,280	\$64,920
3	\$27,320	\$40,980	\$54,640	\$81,960
4	\$33,000	\$49,500	\$66,000	\$99,000
5	\$38,680	\$58,020	\$77,360	\$116,040
6	\$44,360	\$66,540	\$88,720	\$133,080
7	\$50,040	\$75,060	\$100,080	\$150,120
8	\$55,720	\$83,580	\$111,440	\$167,160

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 two of your most recent pay stubs 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 must 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!

(please specify)

List Household Members below for determination of family size (required):

	<i>Relationship to Child</i>	<i>Age</i>
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 2nd 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

Enrollment Priority Criteria (Must check all that apply): These indicators help us learn more about your family and understand what supports may be helpful. Your answers also help us determine enrollment priority so we can serve families with the greatest need first. Every family's situation is unique, and all information is kept confidential.

	Risk Factor	Definition
<input type="checkbox"/>	Preschooler with an Individualized Education Program (IEP)-	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
<input type="checkbox"/>	Migratory (Non-Immigrant) Seasonal Student	Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or 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, or work in nurseries such as Christmas and evergreen tree farming.
<input type="checkbox"/>	English Language Learner	Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner: 1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school).
<input type="checkbox"/>	Homeless	If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the National Center for Homeless Education . <ul style="list-style-type: none"> - If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason? - Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.) - Is the family living in a motel, hotel, or campground? - Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings? - Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings? - Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing?
<input type="checkbox"/>	Child in or Part of Family in Child Welfare System	Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services.
<input type="checkbox"/>	Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
<input type="checkbox"/>	Child Receiving Behavioral Supports	Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.
<input type="checkbox"/>	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.
<input type="checkbox"/>	Education Level of Guardian	Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.

<input type="checkbox"/>	Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP	This risk factor was added in 2024. Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. (Categorically eligible for Head Start, please refer to HS program if available.)
<input type="checkbox"/>	Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP)	Defined as a child enrolled in ITCSP and eligible to transition into PA PKC.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services) Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services) 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 of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI regardless of enrollment.

Family Assurances

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.
- 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 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/Legal Guardian (Signature)

Date

Parent/Legal Guardian Name (Print Name)

Family and Program Administrator to Complete This Portion Together

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Check if not applicable

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- Contact information for the following Head Start location

- Application and/or assistance with referral

- Brochure or website with information about Head Start

- I understand that my signature below indicates that I have been informed about my options for Head Start, and that I may choose to enroll in either the Pre-K Counts program or Head Start if eligible for both.

Parent/Legal Guardian (Signature)

Date

FOR OFFICE USE ONLY

Income Verification

2026 Federal Poverty Level Guidelines Based On Annual Income

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,960	\$47,880
2	\$21,640	\$64,920
3	\$27,320	\$81,960
4	\$33,000	\$99,000
5	\$38,680	\$116,040
6	\$44,360	\$133,080
7	\$50,040	\$150,120
8	\$55,720	\$167,160
Each Additional	+\$5,680 for each additional family member	+\$17,040 for each additional family member