



Western Beaver County School District Pre-K Counts Program 2024-2025 School Year

Western Beaver County School District is pleased to announce that two Pre-K Counts classrooms will continue to be offered in the district. Consider applying for our **FREE** Pre-Kindergarten program by completing the application on the following pages. Determination of enrollment will not be given until late summer 2024. You will be notified by mail if your child is enrolled in the program.

Requirements:

- Your child should be 3 or 4 years of age on or before September 1, 2024.
Four year olds will receive preference.
- Income verification is **required**. Income verification examples include: copy of most recent pay stub(s), government issued assistance (i.e. Social Security Income, unemployment) or other forms of income. Please note: We **do** accept out-of-district children but they must qualify by age **and** income. Transportation will be the parent's responsibility for out of district students.
- A copy of your child's birth certificate.
- A copy of your child's immunization records is **required!** Immunizations must be provided at the Pre-K Screening appointment.

Overview of the program:

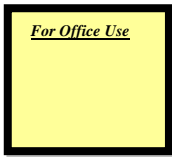
- A lunch and snack is provided each day at **no cost!**
- Full-day program (6 hours), Monday through Friday.
- Developmentally appropriate curriculum in the following areas: language and literacy, mathematics, creative arts, personal and social interactions, physical development, health, science, and social studies.
- Pre-K Screening Days are held over the summer. Your child is required to attend.
- Pre-K Orientation held prior to the start of the school year.

Classroom Activities:

- Play-based classroom: Students learn through play (centers) majority of the day.
- Classrooms are made up of 13 centers that are changed on a weekly/biweekly basis according to the curriculum and needs of students (Dramatic play, Blocks, Discovery (Science), Literacy, Writing, Library, Math, Table Toys/Manipulatives, Art, Technology, Sensory, Easel)
- Gross Motor Time
- Outdoor Time
- Small and large group learning
- Many opportunities to interact socially with peers
- Curriculums used: Writing Without Tears, Open The World of Learning (OWL)

How to apply:

- Read and complete ALL areas of the Pre-k Counts Application.
- Attach a copy of your child's birth certificate
- Attach income verification
- Mail or email application and supporting documents to: jennifer.dubrowa@westernbeaver.org or Western Beaver County School District, Attn: Pre-K Counts, 343 Ridgmont Dr., Midland, PA 15059



Western Beaver County School District

PRE-K COUNTS

2024-2025 APPLICATION

Last Name (Child)		First Name (Child)		Middle Initial
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
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) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable			Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify)	
Name of Parent or Guardian completing this application				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please specify)		(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <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)				

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.

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.

Teen Mother: A child whose mother was under the age of 18 when the child was born.

INCOME INFORMATION:

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

	Relationship to Child	Age
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		
8		

Number of Household Members Dependent on Total Household Income: _____

Employment Status of parent/guardian

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Other _____

Employment Status of 2nd parent/guardian (if applicable)

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Other _____

How often is income received? Weekly Every 2 weeks/bi-monthly Monthly
 Amount of household income _____ (circle: weekly/bi-monthly/monthly/annual)

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 |

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate.

Parent/Guardian (Signature) _____



_____ Date

Parent/Guardian Name (Print Name) _____

WESTERN BEAVER COUNTY SCHOOL DISTRICT OFFICE USE ONLY

Date Received: _____

Time Received: _____

Staff Initials: _____