Jim Thorpe Area School District Now Accepting Enrollments for Pennsylvania Pre-K Counts Program 2026-2027

Pennsylvania Pre-K Counts classrooms provide a qualified teaching staff and offer small class sizes which are rich in learning activities that help prepare our young children for future success in school.

The 2026-2027 Pre-K Counts guidelines target students at risk of school failure. Examples of risk factors include children who are from low-income families (income which is up to 300% above the federal poverty guideline), children with disabilities, children who are English Language Learners, children who reside in areas of high concentrations of poverty and children who are homeless.

Although Pennsylvania Pre-K Counts is free to families who qualify, transportation is NOT provided by the district.

Locations:
Penn Kidder Campus – 8:45 AM – 11:30 AM
High School – 12:45 PM – 3:30 PM

Age Eligibility:
Child must be 3 or 4 years of age by September 1, 2026

Starting on **April 7th 2026** we will be taking registration applications **by appointment only** for the Pre-K Counts Program. Please refer to our district website at www.jimthorpesd.org , and click on the the Pre-K enrollment tab at the top of the screen. Download a 2026-2027 school year Pre-K Counts registration packet, and bring the completed application to your scheduled registration appointment along with all required documentation.

For further information, call the Jim Thorpe Area School District Registrar at 570-732-3908. The Jim Thorpe Area Pre-K Counts Program is currently open to students who reside within the district.

Final Notification of Enrollment into the Pre-K Counts Program will be determined in August 2026.

2026-2027 Pre-K Counts Program Checklist
Required Information for Registration

PLEASE NOTE ALL OF THE REQUIRED INFORMATION AND DOCUMENTS MUST BE COMPLETED FOR YOUR REGISTRATION APPOINTMENT. FAILURE TO PROVIDE DOCUMENTS WILL RESULT IN THE RESCHEDULING OF YOUR APPOINTMENT FOR ANOTHER DATE WHEN YOU WILL BE ABLE TO PROVIDE A COMPLETED APPLICATION.

Registration requires the following information:

Student's Name: _____

Proof of Age:

____ Birth Certificate

____ Baptismal Certificate

____ Passport

_____Physical Form or Appointment Date: _____

_____Dental Form or Appointment Date:_____

_____ Proof of Residency(2) ____ Proof of Residency Statement

____ Proof of Residency Affidavit & DL (Needed only if living with someone in the District)

_____ Home Language Survey

_____1302 Guardianship Form (if applicable)

PLEASE NOTE: Not Mandatory; however, if Guardianship Forms are not supplied to the school, both parents will have access to Child Services and Records.

_____ Proof of Income (Income Tax Return, W-2 and/or 4 pay stubs)

_____ Early Intervention Services (IEP, Evaluation Report)

_____ Single Parent _____ Custody Agreement _____ Foster Child

2026-2027 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**

Street Address			
City:	State: PA	Zip Code	County
Mailing Address:			
Email Address:			
School District of Residence			
Guardian #1 Phone:	Guardian #2 Phone:		Work Phone:

Child's Date of Birth	Age: ☐ 3 ☐ 4	Gender: ☐ Female ☐ Male

Race

☐ Black or African American
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Not Applicable
☐ American Indian or Alaskan Native
☐ White
☐ Other_____ (Please Specify)

Ethnicity

☐ Hispanic
☐ Non-Hispanic
☐ Not Applicable

Primary Language

☐ English
☐ Spanish
☐ Other _____
(Please Specify)

Name of Parent or Guardian Completing this Application:

Relationship to Child	**(Select)**
☐ Father	☐ Biological
☐ Mother	☐ Foster
☐ Guardian	☐ Adoptive
☐ Other _____ (Please Specify)	☐ Other (Please Specify)

Role

☐ Primary Guardian ☐ Legal Guardian

☐ Secondary Guardian ☐ Other _____ (Please Specify)

List Household Members Below for Determination of Family Size				
	Name	**Relationship to Child**	**Age**	**Highest Education Level**
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, 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, 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)
☐ Employed Full-Time ☐ Employed Part Time ☐ Unemployed ☐ Other _____	☐ Employed Full-Time ☐ Employed Part Time ☐ Unemployed ☐ Other _____

Household Income Sources (Check all that apply)

- ☐ Employment
- ☐ Social Security
- ☐ Self-Employment
- ☐ SSI
- ☐ Alimony
- ☐ Workers Compensation
- ☐ Child Support
- ☐ Unemployment Compensation
- ☐ TANF Cash Payments
- ☐ Other _____

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

☐ **Behavioral Supports:** A child who was referred to a 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.
☐ **Child in or Part of Family in Child Welfare System:** A child who is a foster child; a kinship care child receiving Children and Youth Services.
☐ **Education Level of Guardian:** Does not have a high school diploma or GED or post-secondary degree.
☐ **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.
☐ **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.
☐ **Incarcerated Parent:** A child for whom one of the child's parents is currently in prison.

Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following (McKinney-Vento)

- ☐ 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 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 or evergreen tree farming.

☐ **Teen Parent:** A child whose parent was under the age of 18 when the child was born.

☐ **Child's family or living structure:** Defined as a child with a single parent, divorced parents, or with relatives as guardians.

☐ **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).**

☐ **Child enrolled in Infant Toddler Contracted Slots Program (ITCSP):** Defined as a child enrolled in ITCSP and eligible to transition in PA PKC.

☐ **Concerns regarding child's physical development or existing medical condition, speech or language development, or social, emotional or behavioral development:** If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.

☐ **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.

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 prioritizing based on risk factors.
- ☐ I understand that the PA Pre-K Counts (PA 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.
- ☐ 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.
- ☐ 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 Early Learning Resource Center (ELRC) or Early Intervention, to ensure proper coordination of funding and services.

To the best of my knowledge, the information in this application and the associated income documentation is accurate. I understand that I may be asked to verify or substantiate 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 (Print Name)

For Office Use Only

Income Verification

2026 Federal Poverty Level Guidelines

Persons in Family	100% of Poverty	300% of Poverty
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

Actual Annual Verified Gross Household (Family) Income: $_____
*Attach copies of documents used to verify income prior to enrollment

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

_____ _____
Staff Verifying Income and Risk Factors Signature Date

For Head Start Eligible families (100% of FPL 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

FEDERAL INCOME GUIDELINES FOR 2026

Federal Register Notice, January 2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary
Annual Update of the HHS Poverty Guidelines
AGENCY: Department of Health and Human Services
Action: Notice

SUMMARY: This notice provides an update of the HHS poverty guidelines to account for last year's increase in prices as measured by the Consumer Price Index.

DATES: Effective Dates of publication, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

Persons in Family	100% of Poverty	200% of Poverty	300% of Poverty
1	$15,960	$31,920	$47,880
2	$21,640	$43,280	$64,920
3	$27,320	$54,640	$81,960
4	$33,000	$66,000	$99,000
5	$38,680	$77,360	$116,040
6	$44,360	$88,720	$133,080
7	$50,040	$100,080	$150,120
8	$55,720	$111,440	$167,160

Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)

This section helps process the PA PKC verification form, which documents a child's enrollment in the PA PKC program and is submitted to the ELRC (Early Learning Resource Center). Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

Is this child currently receiving a Child Care Works subsidy (at any program)?	☐ Yes ☐ No
Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)? Referral for ELRC # 12_____ Contact email or phone number shared with family (570) 468- 8144	☐ Yes ☐ No
Has the PA PKC program submitted a verification form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back? **Use the PA PKC and CCW Dual Enrollment Contact List on the PKC portal for this information.**	☐ Yes ☐ No

Attestation

By signing this form, I am verifying that all the information and documentation provided/submitted in this Jim Thorpe Area Pre-K Counts application is accurate and truthful. I understand that, if a discrepancy is found, dismissal from the Jim Thorpe Area Pre-K Counts program will be the recourse.

Print Name:

Parent/Guardian Signature Date

HOME LANGUAGE SURVEY
JIM THORPE AREA SCHOOL DISTRICT

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

District School Attending: _____ **Date:** _____

Student's Name: _____ **Grade:** _____

Birth Date: _____ **Birth Place:** _____

1. **What is/was the student's first language?** _____

2. **Does the student speak a language(s) other than English?**
   (Do not include languages learned in school.)

   • **Yes** • **No**

   If yes, specify the language(s): _____

3. **What language(s) is/are spoken in your home?** _____

4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

   • **Yes** • **No**

   If yes, you must complete the following:

Name of School	State	Dates Attended
_____	_____	
_____	_____	
_____	_____	

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district in the future.