Pre-K Counts Bucks County

2025-2026 School Year

Overview

Bucks County has six Pre-K Counts grants from the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by September 1st) to enroll in an approved high quality, pre-school program at no cost to the family.

Included in this packet is the Bucks County 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 in Bucks County, 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. Families may submit the Pre-K Counts application and all supporting documents to the school district or other contacts listed below.

Local Pre-K Counts Contacts

Bristol Township School District
Amy Coleman
5 Blue Lake Road
Levittown, PA 19057
267-599-2015
amy.coleman@bristoltwpsd.org
https://www.bristoltwpsd.org/community/pre_k_counts

Palisades School District
c/o LifeSpan School & Day Care
Kimberly Day
2460 John Fries Highway
Quakertown, PA 18951
215-536-4417 ext. 2024
kday@lq.org
https://www.lifespanchildcare.org/enroll-today-new/

Refuge Childcare Academy
Angela Cary
1230 Plymouth Avenue
Bristol, PA 19007
215-781-9698
rcaorg@yahoo.com
https://www.refugechildcare.org/

Bucks County Intermediate Unit
Katelyn Plunkett
705 N. Shady Retreat Road
Doylestown, PA 18901
215-348-2940 ext. 1228
kplunkett@bucksiu.org
https://www.bucksiu.org/child-student-services/pre-k-counts

Pennsbury School District
Laurie Ruffing
Village Park
75 Unity Drive
Levittown, PA 19054
215-428-4100 ext. 20815
https://www.pennsburysd.org/departments/student_services/pre-k_counts

United Way of Bucks County
Kristi Moreno
413 Hood Boulevard
Fairless Hills, PA 19030
215-949-1660 ext. 108
Kristim@uwbucks.org
https://www.uwbucks.org/prek-education-get-help/

Neshaminy School District
Kim Johnson
MPMS-Pupil Services
2250 Langhorne-Yardley Road
Langhorne, PA 19047
215-809-6558
kjohnson@neshaminy.org
https://www.neshaminy.org/Page/41738

Quakertown School District
c/o LifeSpan School & Day Care
Kimberly Day
2460 John Fries Highway
Quakertown, PA 18951
215-536-4417 ext. 2024
kday@lq.org
https://www.lifespanchildcare.org/enroll-today-new/

Pre-K Counts Bucks County

Application Checklist

Please submit copies of the items listed below with your application:

_____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

_____Child's Social Security Card or Number on Tax Return

_____Parent/Guardian Photo ID

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

_____Proof of Residency: Lease/Deed or Mortgage Coupon

_____Three (3) additional proofs of residency (utility bills, vehicle registration, home or car ins.)

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

Please Note: A family is eligible for Head Start (100% of poverty or lower), Child Care Works (200% of poverty or lower), Pre-K Counts (300% of poverty or lower)

2025 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	$15,650	31,300	46,950
2	$21,150	42,300	63,450
3	$26,650	53,300	79,950
4	$32,150	64,300	96,450
5	$37,650	75,300	112,950
6	$43,150	86,300	129,450
7	$48,650	97,300	145,950
8	$54,150	108,300	162,450

U.S. Department of Health & Human Services: https://aspe.hhs.gov/poverty-guidelines

All documents from the checklist above must be included with your application. We will not review or accept any application without all supporting documents.

Pre-K Counts Bucks County
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 Alaskan	☐ Other
☐ Asian ☐ White or Caucasian	☐ Hawaiian Pacific Islander	☐ Unknown
Child's Birth Date_____	☐ Male	☐ Female
Child's Social Security Number_____	***Please submit a copy of the child's birth certificate.***	
If you have English as a Second Language, please complete this section.		
Language(s) spoken at home_____	**Language(s) child speaks**_____	
Special Needs/Concerns Related to the Child:_____		
If the child is receiving early intervention services, please submit a copy of the child's IEP.		
My local Elementary School:_____ **in**_____ **School District.**		

SECTION 2: PARENT/GUARDIAN INFORMATION		
Parent/Guardian #1: Name_____		**Date of Birth**_____
Employment Status: ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Military (Active, Reserve, or Veteran)		
Address_____		**Apt**_____
City_____ **State** PA		**Zip Code**_____
Primary Phone Number_____	**Alternate Phone Number**_____	
Email Address _____		
Parent/Guardian #2: Name_____		**Date of Birth**_____
Employment Status: ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Military (Active, Reserve, or Veteran)		
Address_____		**Apt**_____
City_____ **State** PA		**Zip Code**_____
Primary Phone Number_____	**Alternate Phone Number**_____	
Email Address _____		
Highest education level completed: Parent #1_____ Parent #2_____		

SECTION 3: HOUSEHOLD INCOME	
*A copy of the **first two pages** of the **2024 federal income tax return for ALL adults** in the household must be submitted with this application.*	
Income from all sources for all household members_____/year	
Number of Adults (everyone over age 18) in the household_____	**Ages**_____
Number of Children in the household _____	**Ages**_____
Check one: ☐ I own my home ☐ I rent my home ☐ I am living with another family ☐ Homeless living w/ another family	
FOR PROGRAM USE ONLY **Income Verified by**_____**Date**_____	

SECTION 4: ADDITIONAL CHILD INFORMATION (Required)		
Are you currently enrolled in the Head Start Program?	☐ Yes	☐ No
Is your child enrolled in Child Care Works (subsidized child care)?	☐ 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 your family experiencing housing instability (living in a shelter, lack a fixed nighttime residence, doubled up/living with another family due to financial hardship)?	☐ Yes	☐ No
Is your child in foster care, kinship care, or receiving Child Protective services?	☐ 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 (ISFP)?	☐ 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 the parent have a high school diploma or GED?	☐ Yes	☐ No
Are there concerns about the child's physical development or existing medical issues?	☐ Yes	☐ No
Are there concerns about the child's speech or language development?	☐ Yes	☐ No
Are there concerns about the child's social, emotional, or behavioral development?	☐ Yes	☐ No
If there is anything else that we should know about your child or your family, please explain here:		

SECTION 5: RELEASE OF INFORMATION

Child's Name _____

When necessary to the fulfillment of the Pre-K Counts grant or to enhance services provided to my child or family, I authorize release and sharing of information to:

Bucks County Intermediate Unit	☐ Yes	☐ No
My local school district (_____)	☐ Yes	☐ No
Pennsylvania Department of Education	☐ Yes	☐ No

When necessary for the fulfillment or enhancement of the Pre-K Counts grant, I authorize the use of photographs in which my child appears for purposes including, but not limited to, newsletters, press releases, and/or brochures.

I authorize the use of my child's photo as described above. ☐ Yes ☐ No

Parent/Guardian Signature_____ **Date**_____

SECTION 6: PROGRAM ASSURANCES & SIGNATURE

- Families are considered for enrollment in Pre-K Counts after the completed application and all supporting documents have been received.
- Families are accepted on a "need" basis and not from the date the application was submitted.
- Families whose children are selected for the Pre-K Counts program *must provide transportation on a daily basis to and from the pre-school to which they are assigned.*
- Families are required to attend parent/guardian conferences and at least one family engagement workshop.
- Attendance is essential. Students must be present for 85% of the school year. Except for excused absences, children must be prompt and present on a daily basis.

☐ ***Please check and sign:***_____

HEAD START ELIGIBLE FAMILIES:

I understand I am eligible for Head Start, and have received information, but I prefer to enroll in the Pre-K Counts program.

Parent/Guardian Signature_____ **Date**_____

☐ To the best of my knowledge the information on this application is accurate.

☐ I accept the responsibilities of a Pre-K Counts family.

Parent/Guardian Signature_____ **Date**_____

Parent/Guardian Name (Printed) _____

All documents listed on page 2 must be included with your application.

We will not review or accept any application without all supporting documents.

Please submit this application and all documents requested to the Lead Agencies listed on Page 1.

Thank you!

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: River Crossing YMCA - Morrisville Branch		
FACILITY PHONE: 215-736-8077	COUNTY: Bucks	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

Child's Height: _____ IN/CM	Child's Weight: _____ LB/KG
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): ☐ NONE	CHILD'S ALLERGIES (DESCRIBE, IF ANY): ☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) ☐ YES ☐ NO	**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.