

# Western Beaver County School District – Beaver County Head Start PA PRE-K COUNTS ELIGIBILITY APPLICATION

**PLEASE CHOOSE PROGRAM OPTION YOU ARE APPLYING FOR:** (Please check just one)

**Head Start - 724-375-2300 • 1-877-224-7025**

- Head Start Pre-School Program
- Head Start Pre-School Program with Extended Hours  
Extended hours are for parents who are working or in school.
- Western Beaver County School District - Pre-K Counts Classroom

**How did you find out about Head Start/Western Beaver Pre-K Counts?**

- Friend/Relative  Radio/TV  Flyer/brochure  Newspaper  Current Parent  Other \_\_\_\_\_

**CHILD INFORMATION: Please print**

Child's Birth Certificate Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School District Where You Reside: \_\_\_\_\_

**FAMILY INFORMATION: Please print**

Parent/Guardian Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Telephone: Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Other #: ( ) \_\_\_\_\_  
Specify: \_\_\_\_\_

Parental Status:  Parent  Foster  Legal Guardian

Marital Status:  Single  Married  Separated  Divorced  Other \_\_\_\_\_

Is there another address from which your child will be transported?  Yes  No

**DO YOU RECEIVE ANY OF THESE BENEFITS? (Please check all that apply):**

- CCIS Child Care Subsidy  DPW Child Care Subsidy  DPW Cash Assistance
- DPW Transportation or Work Related Expenses  Supplemental Security Income (SSI)

**INCOME INFORMATION:**

**A. Source of income (Please check all that apply):**

- Wages  Cash Assistance  Child Support  Foster Care Subsidy
- Social Security  Supplemental Security Income  Other (Please List) \_\_\_\_\_

**B. If working, length of time with current employer** \_\_\_\_\_

**C. Income is earned by (Please check all that apply):**

- Mother  Father  Child (Foster Care, SSI)  Other \_\_\_\_\_

**D. Number of Household Members Dependent on Total Income:**

\_\_\_\_\_ Adults \_\_\_\_\_ Ages 0-3 \_\_\_\_\_ Ages 4-5 \_\_\_\_\_ Ages 6+

**E. How often is income received?**  Weekly  Bi-weekly  Bi-monthly  Monthly

**F. Amount of income received** \_\_\_\_\_

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I certify that the information I have given is true and correct and that all income is reported.

\_\_\_\_\_  
Parent or Guardian Signature Date

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**BEAVER COUNTY HEAD START USE ONLY:**

Date Received: \_\_\_\_ Staff Initials: \_\_\_\_ Data Entry Date: \_\_\_\_ Staff Initials: \_\_\_\_ Income Eligible \_\_/Over Income: \_\_

STAMP

**When the application is complete, please attach a copy of your child's birth certificate and income verification, and submit it to Karin Pilarski at Fairview Elementary School.**

FOR MORE INFORMATION CONTACT:

**Karin M. Pilarski, M. Ed.**  
**Supervisor of Curriculum, Instruction, & Special Programs**  
**Western Beaver County School District**  
**Fairview Elementary School**  
**343 Ridgemont Drive**  
**Midland, PA 15059**  
**724-643-8500 ext. 1006**

If your child is accepted, you will be required to submit additional information:

- ◆ Copy of your child's immunization record

**A Collaborative Approach to Learning**