



LIFESTEPS PRE-K COUNTS APPLICATION ADDENDUM - 2022-2023

Enrolling Child Information		
Last Name	First Name	Middle Initial

Pre-K Counts Location/Session Information (check all that apply)		
Armstrong 162 South Jefferson St Kittanning, PA 16201	<input type="checkbox"/> Half Day AM 9:00 am – 12:00 pm	<input type="checkbox"/> Half Day PM 12:45 pm – 3:45 pm
Beaver Center 138 Friendship Circle Beaver, PA 15009	<input type="checkbox"/> Half Day AM 8:30 am – 11:30 am	<input type="checkbox"/> Half Day PM 12:30 pm – 3:30 pm
Butler Center 383 New Castle Rd Butler, PA 16001	<input type="checkbox"/> Half Day AM 8:30 am – 11:30 am	<input type="checkbox"/> Half Day PM 12:30 pm – 3:30 pm
	<input type="checkbox"/> Full Day 9:00 am – 2:30 pm	<input type="checkbox"/> Full Day 9:30 am – 3:00 pm
Dutch Ridge 2220 Dutch Ridge Rd. Beaver, PA 15009	<input type="checkbox"/> Full Day 9:00 am – 2:30 pm	
South Butler 328 Knoch Rd Saxonburg, PA 16056	<input type="checkbox"/> Full Day 9:15 am – 2:45 pm	

Application Requirements			
I have attached the following:			
Yes	No	Form needed	
___	___	___	Current Health Assessment
___	___	___	Current Dental Assessment
___	___	___	Birth Certificate
___	___	___	Proof of Income (Please check and attach all that apply)
<input type="checkbox"/> Current W-2	<input type="checkbox"/> 3 consecutive Pay Stubs	<input type="checkbox"/> Zero Income Letter	<input type="checkbox"/> County Case Message
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Child Support	<input type="checkbox"/> Employer Letter	<input type="checkbox"/> TANF Printout
<input type="checkbox"/> Foster Care Letter	<input type="checkbox"/> SSI		
<p>To the best of my knowledge, the income information that I have provided is accurate. I understand that I may be asked to verify or substantiate information provided.</p> <p>Head Start Attestation:</p> <p>I understand that if our household income falls within the guidelines for Head Start qualification (under 130% of the poverty level), Head Start may also be a program option for my child. Supervisor, Children's Services can provide further information about the Head Start program if requested.</p>			

		____/____/____
Parent/Guardian (Print)	Parent/Guardian (Signature)	Date