



703 Grant Avenue, Altoona, PA 16602

## Kinder Camp

April 21, 2016

Dear Parent/Guardian,

Thank you for inquiring about our Summer Kindergarten Readiness Program (Kinder Camp)! The Kinder Camp classroom will run Monday through Friday, beginning Monday, July 18<sup>th</sup> until Friday, July 29<sup>th</sup>, 2016. Before completing the application, please read the following policies and procedures. You must agree to abide by them in order to participate in the program.

There are two primary eligibility requirements that all children must meet in order to be considered eligible for Kinder Camp: children must be age and income eligible for the program. Families whose income is at or below 300 percent of the federal poverty level are eligible. Income verification is required for every child. Please review the Enrollment Policy below to determine if your child qualifies for enrollment according to age.

Please return the enclosed application by Thursday, June 30<sup>th</sup>, 2016. If accepted, further enrollment information will be provided. If you have any questions, please contact Chelsea Hallinan at 814-515-1044.

Thank you!

Jolie L. Cover  
Executive Director

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### *Enrollment*

Enrollment Policy: Children must be kindergarten eligible based on the date used by the local school district's kindergarten age-eligibility deadline date as follows:

Altoona Area School District: September 30<sup>th</sup>  
Bellwood Antis School District: September 1<sup>st</sup>  
Hollidaysburg Area School District: September 1<sup>st</sup>

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### *Attendance*

Intent: We realize that young children, particularly in group settings, are susceptible to illness and may miss many days of school. In addition to childhood illness, there may be other legitimately-excused absences that could be identified. The development of good attendance practices by families must be established in order to maintain full enrollment in the program.

Attendance Policy: **Children enrolled in Kinder Camp must commit to attendance at all ten (10) half-day sessions.**

If a child must be absent, the following procedure must be followed:

- 1) Parents must telephone the office to report a child's absence by 9:00am each morning.
- 2) Parents must return a child to school with a written excuse to verify absences.

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### *Length of Day*

Length of Day Policy: At least three hours of instructional time must be provided for half-day programs. Children must attend the program Monday through Friday from 8:30am – 11:30am or 12:30pm – 3:30pm. Wrap around services are available at a private pay rate for children who need care before and/or after Kinder Camp.

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### *Program Operational Days*

Program Operational Days Policy: The Kinder Camp program will run Monday through Friday, starting on July 18<sup>th</sup>, 2016, and run through Friday, July 29<sup>th</sup>.



# KINDER CAMP APPLICATION

The following information is confidential to the Pre-K Counts program.

**Date Application Completed:** \_\_\_\_\_

Last Name (Child):	First Name (Child):	Middle Initial:
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Child's Date of Birth:	Child's Age As of September 30, 2016:	Household (Family) Size:
/ /	5 <input type="checkbox"/> Other <input type="checkbox"/>	

Primary Language	Family Type
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child Living with Relative <input type="checkbox"/> Other _____ (Please specify)
Secondary Language: _____	Is there a court order for custody? _____ Yes      _____ No If yes, who has legal custody? _____
<b>Please Indicate Preference of Session:</b> <input type="checkbox"/> Morning (8:30-11:30 a.m.) <input type="checkbox"/> Afternoon (12:30-3:30 p.m.)	<i>Certified court orders must be provided.</i>

Parent's Name:	E-mail Address:
Street Address:	City :
State: <b>PA</b>	Zip Code:
Home Telephone:	County:
Work Telephone:	Cellular Telephone:
School District Child Will Attend:	Elementary School Child Will Attend: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Household Income** (required) check box:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Less than \$5,000</b>    | <input type="checkbox"/> <b>\$5,001 - \$10,000</b>  | <input type="checkbox"/> <b>\$10,001 - \$15,000</b> |
| <input type="checkbox"/> <b>\$15,001 - \$20,000</b>  | <input type="checkbox"/> <b>\$20,001 - \$25,000</b> | <input type="checkbox"/> <b>\$25,001 - \$30,000</b> |
| <input type="checkbox"/> <b>\$30,001 - \$35,000</b>  | <input type="checkbox"/> <b>\$35,001 - \$40,000</b> | <input type="checkbox"/> <b>\$40,001 - \$45,000</b> |
| <input type="checkbox"/> <b>\$45,001 - \$50,000</b>  | <input type="checkbox"/> <b>\$50,001 - \$60,000</b> | <input type="checkbox"/> <b>\$60,001 - \$70,000</b> |
| <input type="checkbox"/> <b>\$70,001 - \$100,000</b> | <input type="checkbox"/> <b>More than \$100,000</b> |   |

**Person completing this application must attach copies of documents used to verify income prior to enrollment.**

<p><b>Income Includes:</b>                      -Earned income: gross wages from work/cash-in-hand/self-employment.                      -Unearned income: alimony, child support, military family allotments, pensions, public assistance, Supplemental Security Income (SSI).                      -Unearned benefits: worker’s compensation, unemployment, lottery winnings, retirement benefits.</p>	<p><b>Income Verification:</b>                      -Pay stubs.                      -W-2s.                      -Internal Revenue Service income tax forms.                      -Written employer statement of anticipated earnings.                      -Self-employment: tax returns, business records.                      -Benefit check, bank statement, court order.</p>
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***The 2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia***

<b><i>Persons in family</i></b>	<b><i>Persons in family</i></b>	<b><i>Persons in family</i></b>	<b><i>Persons in family</i></b>
<b><i>2</i></b>	<b><i>\$16,020</i></b>	<b><i>\$32,040</i></b>	<b><i>\$48,060</i></b>
<b><i>3</i></b>	<b><i>\$20,160</i></b>	<b><i>\$40,320</i></b>	<b><i>\$60,480</i></b>
<b><i>4</i></b>	<b><i>\$24,300</i></b>	<b><i>\$48,600</i></b>	<b><i>\$72,900</i></b>
<b><i>5</i></b>	<b><i>\$28,440</i></b>	<b><i>\$56,880</i></b>	<b><i>\$85,320</i></b>
<b><i>6</i></b>	<b><i>\$32,580</i></b>	<b><i>\$65,160</i></b>	<b><i>\$97,740</i></b>

***For families with more than 6 persons, add \$4,060 for each additional person.***

**Federal Income Guidelines for 2016**, <http://aspe.hhs.gov/poverty/16poverty.cfm>, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Office of the Secretary Annual Update of the HHS Poverty Guidelines AGENCY: Department of Health and Human Services.

**Family income is at or below 300% of federal poverty level** (Required Risk Factor for enrollment). All sources of income will be considered. Income will be reviewed and verified prior to enrollment.

To the best of my/our knowledge, the information provided is accurate. I/We understand that I/we will be asked to verify or substantiate the information provided.

\_\_\_\_\_  
 Parent/Guardian Signature                      Parent/Guardian Name Please Print                      Date

\_\_\_\_\_  
 Parent/Guardian Signature                      Parent/Guardian Name Please Print                      Date

\_\_\_\_\_  
 Staff Verifying Income and Risk Factors Signature                      Date

\_\_\_\_\_  
 Staff Verifying Income and Risk Factors - Please Print                      Date

**Office Use Only:**  
**Actual Annual Verified Gross Household (Family) Income:** \_\_\_\_\_