



FOR SCHOOL USE ONLY
Completed application received on: _____

Application Status:

- Student Qualifies
 Student Does Not Qualify

Status letter sent on: _____

HCPSS Pre-K Program Application for 2017-2018

Registration for HCPSS Pre-K begins in March. Completed applications can be returned to your assigned school OR the school which provides Pre-K services for your neighborhood. For more information, please visit <http://www.hcpss.org/schools/pre-k-programs/locations/>

Name of Student: _____
(Last, First)

Male or Female (circle one) Birthdate of Student: _____

Parent(s)/Guardian(s) Name(s): _____
(Last, First)

Parent(s)/Guardian(s) Name(s): _____
(Last, First)

Parent(s)/Guardian(s) Address: _____

Parent(s)/Guardian(s) Phone: _____

Section I

1. What type of preschool experiences has your child participated in?

Head Start Yes No

Home Day Care Yes No

Private Preschool Yes No

Other (Please describe) _____

If the answer is 'yes' to Head Start, please provide the following information:

Name of center: _____

Address: _____

Dates of participation: _____

2. Is English the main language spoken in your home? Yes No

If not, what is the language? _____

How frequently does your child use English? (circle one) Never Frequently Sometimes

3. Does your child have a regular, fixed place to spend the night? Yes No

Comments: _____

Section II

4. Does your child currently receive special education services? Yes No
(Speech/Language Therapy, Occupational Therapy, Special Education Preschool)

If the answer is yes, please attach supporting information or copies of the referral form.

Location: _____

Address: _____

Dates of participation: _____

5. Has your child ever received a referral through the Department of Social Services or the Department of Health and Mental Hygiene? Yes No

If the answer is yes, please attach supporting information or copies of the referral form.

6. Do you, your spouse, or any of your children have a chronic illness, emotional or mental health problems, or disability? Yes No

If yes, please explain: _____

7. What was your child's weight at birth? _____

8. Was your child premature? Yes No How many weeks? _____

9. Has your child ever experienced a serious injury? Yes No

If yes, please explain: _____

10. Has your child ever been in foster care? Yes No

If yes, please provide dates: _____

11. Is your child on any long-term medications? Yes No

If yes, please describe: _____

12. Does your child have brothers or sisters in HCPSS who have experienced learning difficulties?

Yes No

If yes, please provide names of siblings and grades.

Name(s) and grade(s): _____

13. Years of School Completed by Father: _____ by Mother: _____

Section III

14. Please check either a or b below.

- a. My school-age child/children currently receives/receive (check one) free lunch reduced lunch **and I hereby authorize the Food Service Department of Howard County Public School System to disclose this information to school administration to verify eligibility for the HCPSS Pre-K program.**

Name of child(ren) receiving free or reduced lunch: _____

- b. I am completing the financial information section below.

Family Members & Monthly Income

Names of ALL Family Members Living in Home	Gross Monthly Earnings (before deductions)		Monthly Payments, Child Support, TCA, Alimony, Food Stamps	Monthly Payments, Pensions, Retirement, Social Security	Any Other Monthly Income
	Job 1	Job 2			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$

NOTE: Please check if this application is for: **Foster Child**

List the child’s monthly personal use income: \$_____ (Write “0” if the child has no personal use income.)

I hereby certify that the above information is true and correct, and that all income reported is accurate. I understand that this information is being given for consideration of placement in the HCPSS Pre-K program.

I understand that if any of the information above is false, it is possible that my child may be removed from the program. Please note: Program eligibility may be checked at any time during the school year and school officials may ask you for income eligibility documents to verify your child is eligible for HCPSS Pre-K.

Confidentiality: HCPSS Pre-K applications are confidential and will remain on file for one year. School officials use the information on the form to determine if your child qualifies for the HCPSS Pre-K program. The name and eligibility of your child may be given to local officials for evaluation purposes and may be used for reporting to state officials administering and funding the program.

Parent/Guardian Signature: _____ Date: _____