

**The Howard County Public School System  
Prekindergarten Program Application Form**

NOTE: Confidential Information  
Applications will remain on file  
for one year.

FOR SCHOOL USE ONLY  
Completed application received  
on:  
\_\_\_\_\_

Name of Student: \_\_\_\_\_ Male or Female (circle one)

Birth Date of Student: \_\_\_\_\_

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 <input type="checkbox"/>	No <input type="checkbox"/>
Even Start	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Day Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Preschool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Please describe)	_____	

If the answer is 'yes' to Head Start or Even 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?

Never Frequently Sometimes (circle one)

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)

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

Location \_\_\_\_\_

Address \_\_\_\_\_

Dates of participation \_\_\_\_\_

6. Has your child ever received a referral through the Department of Social Services or the Department of Health and Mental Hygiene? If the answer is yes, please attach supporting information or copies of the referral form. Yes  No

7. Do you, your spouse, or any of your children have a chronic illness, emotional or mental health problems, or disability? If the answer is yes, please explain. Yes  No

---

8. What was your child's weight at birth? \_\_\_\_\_

9. Was your child premature? Yes  No  How many weeks premature? \_\_\_\_\_

10. Has your child ever experienced a serious injury? If the answer is yes, please describe below: Yes  No

---

11. Has your child ever been in foster care? If so, when? \_\_\_\_\_ Yes  No

12. Is your child on any long-term medications? If so, please describe: Yes  No

---

13. Does your child have brothers or sisters who have experienced learning difficulties in this school system? If yes, please provide names of siblings and grades. Yes  No

Names and grades \_\_\_\_\_

\_\_\_\_\_

Years of School Completed by Father: \_\_\_\_\_

Years of School Completed by Mother: \_\_\_\_\_

**Section III**

Please check either 14a or 14b below.

14a.  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 Schools to disclose this information to the school principal so that he or she may verify my daughter's/son's eligibility for the prekindergarten program.

Name of child/children receiving free or reduced lunch: \_\_\_\_\_

If you checked the boxes above, go to number 15 in Section IV.

14b.  I am completing the financial information section below. I agree to provide a copy of my 2006 tax return if requested.

**Household Members & Monthly Income**

Name of Household Members	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.)

**Section IV**

15. Is there any additional information that you can provide that would indicate your child's special need for the prekindergarten program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 placement in prekindergarten and school officials may verify the information on this form. I understand that if any of the information above is false, it is possible that my child may be removed from the program.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child is eligible for prekindergarten.

Confidentiality: Prekindergarten applications will remain confidential. School officials use the information on the form to determine if your child is eligible for prekindergarten. 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. (Revised 1/08)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_