



FOR SCHOOL USE ONLY
Completed application received
on: _____

Prekindergarten Program Application Form

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

Name of Student: _____ Male or Female (circle one)
(Last), (First)

Birthdate of Student: _____

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

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 most recent tax return if requested.

Household Members & Monthly Income

Names of ALL 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: _____