



APPLICATION FOR EARLY ADMISSION to HCPSS Pre-K for 2025-2026

FOR EARLY CHILDHOOD USE ONLY

Application Received: ____/____/____

Financial Documents Received:

☐ YES ☐ NO

Application Status:

☐ Student Qualifies

☐ Student Does Not Qualify

ASQ Forms Mailed: ____/____/____

Status Letter Mailed: ____/____/____

The HCPSS Pre-K program is provided, per Maryland State Department of Education (MSDE) regulations, to any child who meets first-priority criteria (income-eligibility, homelessness, or foster care). This eligibility is based on information submitted on the HCPSS Pre-K Early Admission application and the supporting documentation that is provided.

In addition, children must also meet the following requirements:

- fourth birthday must fall between September 2 and October 13, inclusive; and,
- must demonstrate a need for early intervention as defined by **at-risk developmental factors** that critically impact potential success in kindergarten.

Please complete this application, attach supporting financial documentation, and submit via email to early_admission@hcpss.org or mail to the Office of Early Childhood Programs, 10910 Clarksville Pike, Ellicott City, MD 21042.

*If your child qualifies based on first priority criteria listed below, additional materials will be mailed to you. All materials must be submitted by **June 30, 2025**. For more information about the process visit <https://www.hcpss.org/enroll/early-admission/prek/>*

Families that need language assistance may call the Multilingual Family Registration Center at 410-313-1525.

Name of Child: _____
(Last, First)

Child's Birthdate (**must turn four between Sept. 2nd and Oct. 13th**) September October/____/____
Circle month date year

Please review and check the following:

☐ I understand that this information is being given for consideration of placement in the HCPSS Pre-K program. I hereby certify that the above information is true and correct, and that all regular income is reported. I understand that if any of the information provided is found to be false, my child may be removed from the program.

☐ Students granted early admission to prekindergarten may be considered for promotion to kindergarten after successful completion of prekindergarten. Decisions regarding promotion of early admitted Pre-K students to kindergarten are based on performance during the Pre-K year. I understand that if accepted, early admission does not guarantee that my child will be promoted to the next grade and that my child may be enrolled in Pre-K for a second year.

Parent/Guardian Signature: _____

Date: _____



Pre-K Program Instructions & Application

School Year 2025-2026

For consideration and enrollment into the Howard County Public School System (HCPSS) [Pre-K Program](#) parent(s)/guardian(s) of prospective pre-K students, who will **be four years old by September 1, 2025**, must first apply for Pre-K by completing this application. In addition to the application, you **must** also provide documentation of **income verification**. This documentation is **required** by the Maryland State Department of Education (MSDE) and will be used to determine eligibility for the program as well as state reporting.

Applications that are incomplete or missing income documentation cannot be considered and will result in delayed processing.

HCPSS Pre-K Application Instructions & Guidance

Section I – Student Information

Children **must** be **four (4) years old** on or before **Sept. 1, 2025**, to be considered for enrollment (DOB 9/2/2020 - 9/1/2021).

Section II – Legal Parent/Guardian Information

The parent/legal guardian who completes this application should have an established residence in Howard County. The address recorded on this application will be used to determine the Pre-K placement of the child. If the address at the time of registration differs, this may affect the child's placement.

Section III – Eligibility Criteria

[Eligibility](#) for Pre-K is defined by State Law and requires that Pre-K be provided to any child who meets first priority/Tier I criteria and whose parent/guardian(s) seek enrollment. Families who do not meet first priority/Tier I criteria will be placed on a waitlist. The waitlist will be evaluated frequently throughout the school year but **does not** guarantee enrollment. Families will only be contacted by our office if we are able to offer them placement from the waitlist.

▪ **First Priority Criteria ([Tier I](#))**

Students who are either income eligible, homeless or in foster care.

▪ **Waitlist Enrollment Consideration**

When space allows, as defined by State Law, second priority (Tier II) applicants may be considered for enrollment with priority being given to children from homes in which English is not the primary language spoken. Additional priority criteria may be considered for Tier III applicants.

Section IV - Maryland Home Language Survey

In accordance with federal and state requirements, the Maryland Home Language Survey is used to determine if a student needs English Language Support Services.

All applications are processed centrally by the Office of Early Childhood Programs and should be submitted **one** of the following ways:

- E-Mail to hcpss_pk@hcpss.org (preferred)
- Drop off at any HCPSS elementary school
- Mail to: Office of Early Childhood Programs
10910 Clarksville Pike, Ellicott City, MD 21042

Section V - Household Members & Monthly Income

When applying for Pre-K you are **required** to list **ALL** household members and provide income documentation. Household members **include children** and anyone who is living in the home that shares income and expenses, even if not related.

- Please list **all** people living in the household (**adults and children**). Include their date of birth, relationship to the applicant, and **total gross monthly income (before taxes and deductions)**. **If a household member does not receive any income, please enter a "0"**.
- You must provide **proof of income** for **EACH** Household Member receiving income.

Acceptable proofs are as follows:

- **Three (3)** recent, consecutive, pay stubs from your employer showing **gross wages**
- **2024 Tax Return** - W-2/1040/1099
- Social Service Determination Letter (includes WIC eligibility)
- **Other:** Military Income, Child Support/Court Order, Unemployment Verification, Disability Income, Supplemental Security Income (SSI), Social Security Benefits, Documentation of Income Received from the State/Foster Care Agency for a Child in Foster Care or a Notarized Letter from your Employer with the hourly Rate of Pay and weekly Hours Worked.
- **Pre-K Income Eligibility Direct Certification:** If you receive and can provide a **current letter of verification** for one the following services, no other income proofs are needed.
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Cash Assistance (TCA)
 - Temporary Assistance to Needy Families (TANF)
 - Medicaid
- If there is **no household income** you must **state in writing** that **you have no legal household income, sign, date and have notarized.**

[Multilingual Family Services](#)

Español - [Más Información sobre la OISFS](#)

Korean - [OISFS 에대한자세한정보](#)

Chin (Myanmar) - [Thawngthanhnak](#)

Chinese - [关于国际学生与家庭服务办公室的更多信息](#)



2025-2026 Pre-K Program Application

Section I - Student Information

This application is for children who were born between September 2, 2020 and September 1, 2021.

Child's Name:

(First)

(Middle)

(Last)

Date of Birth:

(MM/DD/YYYY)

Section II – Legal Parent/Guardian Information

Parent/Guardian Name: _____ E-Mail: _____
(First) (Last)

Home Address: _____ Phone: _____

Please choose the housing scenario that best describes your bona fide residence.

I am a Howard County resident:

With a current deed/lease/settlement statement in my name.

In a housing situation where the lease or deed is in someone else's name.

In a temporary housing situation (e.g. hotel/motel, shelter, vehicle, sharing the housing of other persons) due to an emergency that causes loss of housing or to an economic hardship.

Section III - Eligibility Criteria

1. Does the child currently have an IEP (Special Education and/or Related Services)? Yes No Unsure
2. Is the child currently being assessed by [Child Find](#)? Yes No Unsure
3. Is the child in formal or informal foster care? Yes No
4. Does the child/legal guardian receive any of the following (check all that apply)? Yes No
Supplemental Nutrition Assistance Program (SNAP/Food Stamps)
Temporary Cash Assistance or Temporary Assistance to Needy Families (TCA/TANF)
Medicaid

If Yes:

Maryland
Other State/Country

Section IV - Maryland Home Language Survey

If multilingual, please choose the primary language for each.

1. What language did the child first learn to speak?
2. What language is spoken in your home?
3. What language does the child use most often to communicate?

Section V - Household Members and Monthly Income

Names of all Household Members (Adults and Children) Use additional paper if needed	Date of Birth (MM/DD/YYYY)	Relationship to Applicant	Total Gross Monthly Income Job 1	Total Gross Monthly Income Job 2	Other Income

Household members include children and anyone who is living in the home, even if not related, that shares income and expenses for the applicant.

Total Household Members:

Total Gross Monthly Household Income:

FAILURE TO COMPLETE THE ENTIRE APPLICATION AND PROVIDE THE REQUIRED INCOME DOCUMENTATION WILL RESULT IN DELAYED PROCESSING.

By signing, I understand that this information is being given for consideration of placement in the HCPSS Pre-K program. I hereby certify that the above information is true and correct, that all regular income has been reported, and when entering "0," there is no income to report. I understand that if any of the information provided is found to be false, my child may be removed from the program. Income documentation received by the HCPSS is confidential and will remain on file for one year or as determined by the MSDE.

Parent/Guardian Signature: _____ Date: _____