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|--|
| FOR SCHOOL USE ONLY |
| Application Received: ___ / ___ / ___ |
| Financial Documents Received: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Application Status: |
| <input type="checkbox"/> Student Qualifies |
| <input type="checkbox"/> Student Does Not Qualify |
| Status Letter Mailed: ___ / ___ / ___ |

HCPSS Pre-K Program Application for 2020-2021

HCPSS Pre-K applications are confidential and will remain on file for one year.

Name of Student: _____
(Last, First)

Child's Gender: _____

Child's Birthdate (must be four years old by September 1st) _____ / _____ / _____

Elementary School: _____

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

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

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

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

Please Complete the Following:

Does your child have a regular, fixed place to spend the night? Yes No
If no, please provide details: _____

Has your child ever received special education services? Yes No
(Infants & Toddlers, Speech/Language Therapy, Occupational Therapy, Special Education Preschool)
If yes, please provide details: _____

Has your child ever been in foster care? Yes No
If yes, please provide details: _____

Financial information is necessary to determine program eligibility

Please complete the information on the following page.

I agree to provide a copy of my most recent tax return or one of the following forms of documentation: two weeks of pay stubs, Food Stamp approval letter and number, Social Service Determination letter, or documentation for a child in foster care to verify income eligibility for the HCPSS Pre-K program.

Household Members & Monthly Income

- If any of the information provided below is found to be false, your child may be removed from the program.
- Documentation provided must match income amounts listed here. If not, additional documentation may be requested.
- If you enter ‘0’ or leave any fields blank, you are certifying there is no income to report. Additional documentation may be requested.
- Definition of “household member”: *Anyone who is living with you and shares income and expenses, even if not related.*

| Names of ALL Household Members | Gross Monthly Earnings (before deductions) <i>list income as whole dollars only</i> | | Monthly Payments: Child Support, Temporary Cash Assistance, Alimony | Monthly Payments: Pensions, Retirement, Social Security | Any Other Regular 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 regular income is reported. I understand that this information is being given for consideration of placement in the HCPSS Pre-K program.

Parent/Guardian Signature: _____ Date: _____

Return your complete application and documentation to any of the following:

- Any elementary school. *To find your elementary school, please visit www.hcpss.org then scroll down to School information, then choose School Locator.*
- Via email to hcpss_pk@hcpss.org
- The Howard County Public School System, Office of Early Childhood Programs, 10910 Clarksville Pike, Ellicott City, MD 21042

For assistance with your application please contact the Office of Early Childhood Programs at 410-313-5693 or 410-313-1268.