



FOR OFFICE USE ONLY			
Application Received _____	Percentage of FPG% _____		
Initials of Official Reviewing Document _____	Supporting Documents Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Application Status: <input type="checkbox"/> Qualifies <input type="checkbox"/> Doesn't qualify	Accept or Denial Letter sent _____		

# Pre-K Program Application 2023–24

Please complete this form and submit it with the supporting documents listed to any Howard County Public School System (HCPSS) elementary school or email to [hcpss\\_pk@hcpss.org](mailto:hcpss_pk@hcpss.org). Contact The Office of Early Childhood at 410-313-6836 with questions. Families that need language support should contact the Multilingual Family Registration Center at 410-313-1525. **The HCPSS Pre-K program is only located at selected school sites. Students attend the school to which they are assigned.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name First, First Name Last) (Must be 4 years old by September 1, 2023)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**First Priority Criteria** - Maryland State Department of Education requires that the Pre-K program be made available to children who are homeless, in foster care, or whose families qualify based on household income. **Please check all that apply:**

- Meets household income up to 300% of the Federal Income Eligibility Guidelines.
- Child lacks a fixed, regular, and adequate nighttime residence, regardless of income.
- Child is in formal or informal foster care, regardless of foster family income.

**Second Priority Criteria** - When space allows, as determined by the Superintendent/Designee, children who meet second priority criteria **may** be enrolled. **Please check all that apply:**

- From a home in which English is not the primary spoken language
- Has health concerns
- Has a family history of learning difficulties
- Has a history of receiving other services (Early Intervention, special education, social services, etc.)

**Household Members and Monthly Income** - List **all** people living in the household **including all children**. List all current household income, where applicable, before expenses and deductions for taxes, etc., and how often it is paid: weekly (**wk**), every two weeks (**bi-wk**), twice a month (**twice**), or monthly (**mo**). If your income varies, write the amount you usually earn. If a household member does not receive any income, please enter a "0" next to their name. Use additional paper if needed.

Name <small>Last name first, First name last</small>	Relationship to child	Date of Birth	Work Earnings before deductions Job 1		Work Earnings before deductions Job 2		All Other Income <small>Child support, Alimony, TCA, Disability, Social Security; financial support.</small>	
			Amount	How often	Amount	How often	Amount	How often
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	

**Proof of Family Income/Supporting Documents Required** - Documentation of income for prekindergarten students is required for all children, including those in first priority criteria, children with an IEP or Extended IFSP, children from homes in which English is not the primary spoken language, or other second priority criteria. The documents listed below are necessary to determine if your child qualifies for Pre-K. Families may be asked to provide additional information to determine eligibility. All applicants must submit a copy of **one** of the following (a legible scanned copy is acceptable):

- Tax return - 1040, W2s, Schedule C/1099
- Notarized Employment Letter
- Military Income
- Pay stubs (one consecutive month submitted within 30 days of the application)
- Notarized letter of no income
- Food Stamp approval letter and number
- Social Service Determination Letter (includes WIC eligibility)
- Proof of additional income (TCA letter, child support, rental income, unemployment verification, etc.)
- Documentation of income received from the state or foster care agency for a child in foster care.

Total Number of Household Members (Family Size) \_\_\_\_\_ Total Family Annual Household Income \$ \_\_\_\_\_

**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.**

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

Howard County Public School System Pre-K applications are confidential and will remain on file for one year.