

Parent/Guardian _____ Occupation _____
Home Address _____

Phone _____ (Select one: ____ Cell ____ Home ____ Work)

Email Address _____

My Child calls me: _____

Parent/Guardian _____ Occupation _____

Home Address (if different than above) _____

Phone _____ (Select one: ____ Cell ____ Home ____ Work)

Email Address _____

My Child calls me: _____

Legal Guardian (Select One): __Mother__Father__Both

Other _____

Family Members or Others Living in the Home

Name

Date of Birth

| Name | Date of Birth |
|------|---------------|
| | |
| | |
| | |
| | |

ABOUT YOUR CHILD

What language(s) are spoken in your home?

What language does your child use most often to communicate?

I would describe my child in this way:

| |
|--|
| |
| |

Has your child had previous experience in group childcare or preschool? __Yes __No

Please describe:

| |
|--|
| |
| |

PREGNANCY AND BIRTH

Did the mother experience any serious health problems during the pregnancy? __Yes __No

If yes, please describe:

| |
|--|
| |
| |

Did your child have any birth problems or require special care after birth? __Yes __No

If yes, please describe:

| |
|--|
| |
|--|

MEDICAL HISTORY

Please check below any illnesses or problems that your child has had:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Allergies (bee sting, food, medicine) | <input type="checkbox"/> Ear or hearing problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Serious accident/ injuries | <input type="checkbox"/> Epilepsy, seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Lead poisoning | <input type="checkbox"/> Eye or vision problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Meningitis/encephalitis | <input type="checkbox"/> Attention deficit | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Speech problems | <input type="checkbox"/> Hyperactivity disorder | |
| <input type="checkbox"/> Physical problems | <input type="checkbox"/> Temperatures above 104 | |
| <input type="checkbox"/> Frequent colds or operations | <input type="checkbox"/> Sickle cell anemia | |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Reactions to immunizations | |
| <input type="checkbox"/> Dietary problems | <input type="checkbox"/> Head injury, concussion | |

Other: _____

Describe any of the illnesses or problems checked above.

List any diagnoses your child has been given. _____

Describe any serious accidents, illnesses, hospitalizations, or surgeries:

| Type | Date | Child's Age |
|------|------|-------------|
|------|------|-------------|

Does your child have a medical condition that may require medical or health services during the school day? ☐ Yes ☐ No

If yes, please describe:

Does your child have any physical activity restrictions? ☐ Yes ☐ No

If yes, please explain:

Do you have any concerns about your child's development? ☐ Yes ☐ No

If yes, please explain:

Are you currently having your child evaluated due to developmental concerns ie: speech and language delays, developmental delays, Autism, etc.? If yes, describe

Are you interested in receiving information about referring your child to determine eligibility for special education and related services? Yes No

SOCIAL-EMOTIONAL AND BEHAVIORAL CHARACTERISTICS

My child enjoys or is interested in:

My child plays with (describe play with other children ie: in the neighborhood, relatives, etc.)

I have the following concerns about my child's behavior

I encourage my child's acceptable behavior by

I deal with unacceptable behavior by

LEARNING STYLE, MOTIVATORS, AND REINFORCERS

My child does best when

My child enjoys or is interested in

My child does not like or avoids

During the daily routine, my child....

| | Independently | With a little help | With lots of help | Not at this time |
|----------------------------|---------------|--------------------|-------------------|------------------|
| Uses utensils to eat meals | | | | |

| | | | | |
|--|--|--|--|--|
| Drinks from an open cup with some or no spillage | | | | |
| Takes coat off | | | | |
| Puts coat on | | | | |
| Takes shoes off | | | | |
| Puts shoes on | | | | |
| Washes hands | | | | |
| Is toilet trained | | | | |
| Puts away his or her toys or belongings | | | | |

OTHER

I would like my child to learn or get better at _____

I would like help with _____

Is there any additional information that you feel would be helpful? _____

ACKNOWLEDGEMENTS

__ I acknowledge that if accepted, during the registration process, I will be required to provide financial documentation.

I give my permission for the school team to use the information on this form in the selection process for the Learning Together Program. I understand that this information will be kept confidential and cannot be read by anyone other than Howard County School Officials who have a legitimate educational interest. I am aware that this information may not be sent to anyone outside of the Howard County Public School System without my permission and that I may request this information be removed from my child's folder if it is inaccurate, misleading, or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records. **If my child participates in the LTP program he/she will enter kindergarten based on HCPSS entrance date requirements (child must be 5 years old by September 1 of the Kindergarten year) unless my child has applied for and been granted early admission in accordance with HCPSS policy.**

Signature of Parent or Guardian

Date

Based on your home address, please submit LTP applications to:

| Based on your address, if your home elementary school is: | Pick up and/or submit your application to: | Based on your address, if your home elementary school is: | Pick up and/or submit your application to: |
|--|---|--|---|
| Atholton ES | Atholton ES | Jeffers Hill ES | Talbott Springs ES |
| Bellows Spring ES | Bellows Spring ES | Laurel Woods ES | Forest Ridge ES |
| Bollman Bridge ES | Bollman Bridge ES | Lisbon ES | Bushy Park ES |
| Bryant Woods ES | Pointers Run ES | Longfellow ES | Longfellow ES |
| Bushy Park ES | Bushy Park ES | Manor Woods ES | Bushy Park ES |
| Centennial Lane ES | Waverly ES | Northfield ES | Ilchester ES |
| Clarksville ES | Pointers Run ES | Phelps Luck ES | Phelps Luck ES |
| Clemens Crossing ES | Atholton ES | Pointers Run ES | Pointers Run ES |
| Cradlerock ES | Cradlerock ES | Rockburn ES | Rockburn ES |
| Dayton Oaks ES | Dayton Oaks ES | Running Brook ES | Running Brook ES |
| Deep Run ES | Deep Run ES | St. John's Lane ES | Waverly ES |
| Ducketts Lane ES | Ducketts Lane ES | Stevens Forest ES | Stevens Forest ES |
| Elkridge ES | Elkridge ES | Swansfield | Swansfield ES |
| Forest Ridge ES | Forest Ridge ES | Talbott Springs ES | Talbott Springs ES |
| Fulton ES | Fulton ES | Thunder Hill ES | Bellows Springs ES |
| Gorman Crossing ES | Gorman Crossing ES | Triadelphia Ridge ES | Dayton ES |
| Guilford ES | Running Brook ES | Veterans | Veterans ES |
| Hammond ES | Fulton ES | Waterloo ES | Waterloo ES |
| Hanover Hills ES | Hanover Hills ES | Waverly ES | Waverly ES |
| Hollifield Station ES | Worthington ES | West Friendship ES | Dayton Oaks ES |
| Ilchester ES | Ilchester ES | Worthington ES | Worthington ES |

*Children who are 4 by September 1, 2025, HCPSS is anticipating LIMITED SLOTS and is not accepting Learning Together Peer applications for this age group. For information about our HCPSS PreK program, please go to: <https://www.hcpss.org/schools/pre-k-programs/>.