



Learning Together Program Application for Three Year Olds
*Children must be 3 by September 1, 2024**

Return this application to the school location identified on the chart on the last page of this application (based on your home address).

Child's Name _____
 First Middle Last Nickname
Date of Birth _____ Gender: ___Male ___Female

LOCATIONS Transportation is NOT provided as part of the 3-year-old LTP program.

Current LTP Program Sites:

Atholton Elementary Bellows Spring Elementary Bollman Bridge Elementary Bushy Park Elementary Dayton Oaks Elementary Deep Run Elementary Ducketts Lane Elementary Elkridge Elementary	Forest Ridge Elementary Fulton Elementary Gorman Crossing Elem Hanover Hills Elementary Ilchester Elementary Laurel Woods Elementary Longfellow Elementary Pointers Run Elementary	Rockburn Elementary Running Brook Elementary Swansfield Elementary Talbot Springs Elementary Veterans Elementary Waterloo Elementary Waverly Elementary Worthington Elementary
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Please indicate which top three school(s) you would like your child to be considered based on space availability or indicate "no preference". ***Please note program location options are subject to change each year based on budget, space, and staffing.***

1.	2.	3.
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____ If my top 3 schools do not have space, I give permission for my child's application to be made available to all schools with current LTP programs.

***Please indicate how far from your home address you would be willing to transport your child:

Program Hours & Fees

All programs for three year olds are 4 days, 10 hours/week (2.5 hours/day) at the cost of \$180.00 per month.

Session preference: ___morning ___afternoon ___ no preference

Every effort will be made to accommodate your session request, however AM & PM session availability are based on budget, staffing, and space.

____ I acknowledge that fees will be collected regardless of instructional format (quarantine packets with virtual check-ins, full virtual, hybrid, or in person)

LTP students may be eligible for a fee reduction or waiver based on your household's current financial needs.

____ I would like consideration for a fee reduction/waiver based on our household's current financial needs. Please send me the income verification documents.

FAMILY INFORMATION

*Children who are 4 by September 1, 2024, HCPSS is anticipating LIMITED SLOTS for students turning 4 by 9/1/24 and is accepting a limited number of new 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/>.

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
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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 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

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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	Ilchester ES
Bellows Spring ES	Bellows Spring ES	Laurel Woods ES	Laurel Woods ES
Bollman Bridge ES	Bollman Bridge ES	Lisbon ES	Dayton Oaks ES
Bryant Woods ES	Pointers Run ES	Longfellow ES	Dayton Oaks 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	Waterloo ES
Clemens Crossing ES	Atholton ES	Pointers Run ES	Pointers Run ES
Cradlerock ES	Atholton 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	Waterloo 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	Bushy Park 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	Waverly ES	West Friendship ES	Dayton Oaks ES
Ilchester ES	Ilchester ES	Worthington ES	Worthington ES

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