

Learning Together Program Application for Three Year Olds Children must be 3 by September 1, 2025*

Return this application to the school location identified on the chart on the last page of this application (based on your home address). Only one application is required to apply to multiple schools.

| Child's Name | | | |
|--|---|---|------------|
| First | Middle | Last | Nickname |
| Date of Birth | Gender:MaleFema | le | |
| | | | |
| <u>-</u> | is NOT provided as part of the | e 3-year-old LTP progra | ım. |
| Current LTP Program Sites: | | | |
| Atholton Elementary Bellows Spring Elementary Bollman Bridge Elementary Bushy Park Elementary Cradlerock Elementary Dayton Oaks Elementary Deep Run Elementary | Forest Ridge Elementary Fulton Elementary Gorman Crossing Elem Hanover Hills Elementary Ilchester Elementary Longfellow Elementary Phelps Luck Elementary | Rockburn Elementary Running Brook Elemen Stevens Forest Elemen Swansfield Elementary Talbott Springs Elemen Veterans Elementary Waterloo Elementary | itary V |
| Ducketts Lane Elementary Elkridge Elementary | Pointers Run Elementary | Waverly Elementary Worthington Elementa | art. |
| | ee school(s) you would like your eference". Please note program budget, space, and staffing. | | |
| 1. | 2. | 3. | |
| available to all schools with c | ot have space, I give permission urrent LTP programs. om your home address you woul | | |
| \$180.00 per month. Session preference:more Every effort will be made to a availability are based on budget. | rolds are 4 days, 10 hours/we ningafternoon no prefe accommodate your session reque get, staffing, and space. | rence est, however AM & PM se | ssion |
| packets with virtual check-in | s, full virtual, hybrid, or in perso | n) | |
| current financial needs I would like considerati | on for a fee reduction/waiver ba | ised on our household's c | |
| tinancial needs. Please send r | ne the income verification docur | nents. | |

FAMILY INFORMATION

^{*}Children who are 4 by September 1, 2025, HCPSS is anticipating LIMITED SLOTS for students 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/.

| Parent/Guardian | | _Occupatio | on | |
|--|--------------------|-------------|------------|-------|
| Home Address | | | | |
| Phone Email Address My Child calls me: | | | | Work) |
| Parent/Guardian Home Address (if different than above) | | _Occupatio | on | |
| Phone Email Address My Child calls me: | | | | |
| Legal Guardian (Select One):Mother_ Other | | _ | | |
| Family Members or Others Living in the Name | Home | Dat | e of Birth | |
| ABOUT YOUR CHILD What language(s) are spoken in your ho What language does your child use most | | nicate? | | |
| I would describe my child in this way: | | | | |
| Has your child had previous experience Please describe: | in group childcar | e or presc | hool?Yes | sNo |
| PREGNANCY AND BIRTH Did the mother experience any serious heal If yes, please describe: | th problems during | g the pregn | ancy?Yes_ | No |
| Did your child have any birth problems of the second secon | or require special | care after | · birth?Ye | esNo |

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| MEDICAL HISTORY Please check below any illnesses or problems Allergies (bee sting, food, medicine) Serious accident/ injuries Lead poisoning Meningitis/encephalitis Speech problems Physical problems Frequent colds or operations Tuberculosis Cerebral Palsy Dietary problems Head injury, concust Other: | Ear or hearing problems Epilepsy, seizures Eye or vision problems Attention deficit Hyperactivity disorder Temperatures above 104 Sickle cell anemia Heart condition Reactions to immunization | Asthma Headaches Diabetes |
|---|--|---------------------------------|
| Describe any of the illnesses or problems che | cked above. | |
| List any diagnoses your child has been given. | | |
| Describe any serious accidents, illnesses, hos Type Da | • | s Age |
| Does your child have a medical condition that during the school day?YesNo If yes, please describe: | t may require medical or health | services |
| Does your child have any physical activity res If yes, please explain: | strictions?YesNo | |
| Do you have any concerns about your child's If yes, please explain: | development?YesNo | |

 $^{{\}rm *Children} \ who \ are \ 4 \ by \ September \ 1, 2025, HCPSS \ is \ anticipating \ LIMITED \ SLOTS \ and \ is \ not \ accepting \ Learning \ Together \ Peer \ applications for this \ age \ group. For \ information \ about \ our \ HCPSS \ PreK$ $program, please\ go\ to:\ \underline{https://www.hcpss.org/schools/pre-k-programs/.}$ 3

| 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 With lots of Not at this help help time | Are you currently having your child eva developmental delays, Autism, etc.? If y | | opmental concerr — — | ns ie: speech and l | anguage dealys, |
|--|---|---------------------|-------------------------|---------------------|-----------------|
| 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 With lots of Not at this help help time | - | | g your child to det | ermine eligibility | for special |
| 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 With lots of Not at this help kelp | | | ACTERISTICS | | |
| 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 With lots of Not at this help kelp | | | | | |
| 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 With lots of Not at this help kelp time | My child plays with (describe play | y with other childr | en ie: in the ne | ghborhood, rela | atives, etc.) |
| 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 With lots of Not at this help kelp time | | | | | |
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| 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 With lots of Not at this help help time | I encourage my child's acceptabl | e 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 With lots of Not at this help help time | | | | | |
| 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 With lots of Not at this help time | I deal with unacceptable behavio | or by | | | |
| My child does not like or avoids During the daily routine, my child Independently With a little With lots of Not at this help help time | LEARNING STYLE, MOTIVATOR My child does best when | RS, AND REINFO | RCERS | | |
| During the daily routine, my child Independently With a little With lots of Not at this help time | My child enjoys or is interested i | n | | | |
| Independently With a little With lots of help help time | My child does not like or avoids | | | | |
| Independently With a little With lots of help help time | | | | | |
| help help time | During the daily routine, my chil | | With a little | With lots of | Not at this |
| | Uses utensils to eat meals | тисреписниу | | | |

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| 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 | | | | |
| I would like my child to learn or I would like help with | | | | |
| Is there any additional informat | ion that you feel v | vould be helpfu | ıl? | |
| ACKNOWLEDGEMENTS I acknowledge that if accept to provide financial documen I give my permission for the schoo process for the Learning Together confidential and cannot be read by legitimate educational interest. I a of the Howard County Public School information be removed from my oviolation of the privacy or other rig completed form for my own recordenter kindergarten based on HC by September 1 of the Kindergarten accordance were supported to the privacy of the privacy of the Kindergarten based on HC by September 1 of the Kindergarten based on in accordance were supported to the privacy of the Kindergarten based on in accordance were supported to the privacy of the Kindergarten based on in accordance were supported to the privacy of the Kindergarten based on in accordance were supported to the privacy of the privac | tation. I team to use the information of the inform | formation on thi and that this information may be permission and inaccurate, mislim also aware the requirements | s form in the se formation will be School Officials not be sent to a nd that I may re eading, or other at I may request LTP program I (child must be | lection e kept s who have a myone outside quest this wise in t a copy of this ne/she will 5 years old |
| Signature of Parent or Gu | ıardian | | 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 | Cradelerock 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 |