Pre-K Program Application Instructions 2024 - 25

Howard County Public School System

Families that need language support should contact the Multilingual Family Registration Center at 410-313-1525.

For consideration and enrollment into the Howard County Public School System (HCPSS) Pre-K Program you must first submit a completed application and proof of household income. Household income documentation is **required** by the Maryland State Department of Education (MSDE) and will be used to determine eligibility for the program as well as state reporting. **Families applying for Pre-K must provide income verification. If this is not submitted, your application cannot be considered.**

All applications will be processed centrally by the Office of Early Childhood Programs. Please ensure that **ALL** sections of your application are complete and that all required documentation is included with your application submission. Applications that are not complete or missing documents cannot be processed and will be returned. Contact **The Office of Early Childhood** at **410-313-6836** with questions.

Completed applications and income documentation can be submitted one of the following ways:

➢ E-Mail to **hcpss_pk@hcpss.org** (preferred)
➢ **Drop off** at any HCPSS elementary school
➢ **Mail to:** Office of Early Childhood Programs
10910 Clarksville Pike
Ellicott City, MD 21042

HCPSS Pre-K Application Guidance & Checklist

Section I – Student Information
☐ Children must be four years old on or before September 1, 2024, to be considered for Fall 2024 enrollment.

Section II – Parent/Guardian Information
☐ The parent/legal guardian who completes this application should have an established residence in Howard County. The address recorded on this application is used to determine the Pre-K placement of the child. If the address at the time of registration differs, this may affect your child's placement.

Section III – Eligibility Criteria
Eligibility for Pre-K is defined by State Law and requires that Pre-K be provided to any child who meets first priority criteria and whose parent/guardian(s) seek enrollment. Families who do not meet first priority criteria will be placed on a waitlist. The waitlist will be evaluated frequently throughout the 2024-25 school year and does not guarantee enrollment. Families will only be contacted when and if they have been accepted from the waitlist.

☐ **First Priority Criteria (Tier I)**
Students who are either income eligible, homeless or in foster care.

☐ **Waitlist Enrollment Consideration**
When space allows, as defined by State Law, second priority (Tier II) applicants may be considered for enrollment with priority being given to children from homes in which English is not the primary language spoken. Additional priority criteria may be considered for Tier III children as well.

Section IV - Maryland Home Language Survey
☐ In accordance with federal and state requirements, the Maryland Home Language Survey is used to determine if a student needs English Language Support Services.

Section V - Household Members & Monthly Income
Household members include anyone who is living with you and shares income and expenses, even if not related. Families applying for Pre-K are **required** to provide income documentation to qualify for placement into the Pre-K program. *Applications will not be considered without this documentation.*

☐ You must list **all** people living in the household (**adults and children**), including their date of birth, relationship to the applicant and their total monthly gross **(before deductions)** income. If a household member does not receive any income, please enter a "0".

☐ You must provide **one** of the following proofs for **EACH** Household Member receiving income. *Failure to provide proofs will result in your application being returned and delay processing:*
  o Three most recent, consecutive, pay stubs from your employer showing gross wages.
  o **2023** W-2/1040/1099 form(s).
  o Current letter of Verification for: Food Supplemental Program (**SNAP/FSP**), Temporary Cash Assistance (**TCA**) or Temporary Assistance to Needy Families (**TANF**).
  o Social Service Determination Letter (includes WIC eligibility)
  o **Other:** Military Income, Medicaid Child Support/Court Order, Unemployment Verification, Disability Income, Supplemental Security Income (SSI), Social Security Benefits, Documentation of Income Received from the State/Foster Care Agency for a Child in Foster Care or a Notarized Letter from your Employer with the Rate of Pay and Hours Worked.

☐ If there is **no household income**, you must submit a **notarized letter stating no legal income**.

Pre-K Program Application 2024 – 25

This application is for children who were born between September 2, 2019, and September 1, 2020.

FOR OFFICE USE ONLY

Application Received On:

Received By:

**PLEASE COMPLETE THE ENTIRE APPLICATION. FAILURE TO COMPLETE ENTIRE FORM WILL RESULT IN DELAY OF APPROVAL.**

Section I - Student Information

Child's Name: _____ _____ _____ Date of Birth: _____
   (First)   (Middle)   (Last)

Section II – Parent/Guardian Information

Parent/Guardian Name: _____ _____ E-Mail: _____
   (First)   (Last)

Address:_____ Phone: _____

Section III - Eligibility Criteria

1. Does your family meet the gross household income up to 300% of the Federal Income Eligibility Guidelines (Tier I)?   **Yes   No**
2. Does your family meet the gross household income of 301-600% of the Federal Income Eligibility Guidelines (Tier II)?   **Yes   No**
3. Does the child lack a fixed, regular, and adequate nighttime residence?   **Yes   No**
4. Is the child in formal or informal foster care?   **Yes   No**
5. Is the child from a home in which English is not the primary spoken language?   **Yes   No**

Section IV - Maryland Home Language Survey

1. What language(s) did the child first learn to speak? _____
2. What language does the child use most often to communicate? _____
3. What language(s) are spoken in your home? _____

Section V -Household Members and Monthly Income

Names of all Household Members (Use additional paper if needed)	Date of Birth	Relationship To Child	Monthly Income Before Deductions Job 1	Monthly Income Before Deductions Job 2	All Other Income Child Support, Alimony, TCA, Disability, Social Security, financial support

Please note: Household Members include anyone who is living with you and shares income and expenses, even if not related.

Total Household Members: _____   Total Gross Annual Household Income: $_____

APPLICATIONS WITHOUT INCOME VERIFICATION DOCUMENTATION ARE CONSIDERED INCOMPLETE AND CANNOT BE PROCESSED.

By signing, 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: _____

Income documentation received by the HCPSS is confidential and will remain on file for one year or as determined by the MSDE.