

PREKINDERGARTEN APPLICATION

(Date Rec'd)

Office Use Only	School District: _____	Pre-K Site: _____
Age Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. Over: _____
IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified _____	
PKT/LTR SENT: _____		SUPERVISOR REVIEW/APPROVAL: _____

SECTION #1: STUDENT INFORMATION

Child's Last Name:	First:	Middle:	<input type="checkbox"/> Male	Birth Date: *Must be 4 years old by 9/1/20
			<input type="checkbox"/> Female	
Mailing Address:		City:	State/Zip Code:	
Actual Address:				
Home Phone:	Cell Phone:	What type of medical insurance do you have for your child: <i>(Circle one)</i>		
		PRIVATE MCHIP OTHER NONE		
Is child in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach court documentation.	Racial/Ethnic Group: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		You must select at least one race, regardless of Hispanic ethnicity:	
Is the custodial parent active military? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> White	
<input type="checkbox"/> Have you experienced a loss of housing due to economic circumstances in the last 12 months.				

SECTION #2: PARENT/GUARDIAN INFORMATION

Male Head of Household/Legal Guardian of Child	Female Head of Household/Legal Guardian of Child
Name:	Name:
Mailing Address:	Mailing Address:
<input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Migratory Ag Worker	
<input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Migratory Ag Worker	

SECTION #3: HOUSEHOLD MEMBERS - Please provide the following information for ALL members living in the home.

Name:	DOB:	Relationship to child:

Do you have a child who will be 3 by 9/1/20 and would like information on parent-child play, social-emotional development, and instructional opportunities available on a first-come first-served basis? Yes No

SECTION #4: HOUSEHOLD INCOME INFORMATION (Attach to Application)

Household income MUST be documented by submitting one of the following for EACH Head of Household:

2019 Federal Tax Form *First Page Only* (1040), not W-2 Three (3) Current pay stubs from each employer Unemployment Verification
 Temporary Cash Assistance Verification Letter Food Stamp Verification Letter Copy of Medical Assistance Card

Male Head of Household/Legal Guardian's Employer/Phone #:	Female Head of Household/Legal Guardian's Employer/Phone #:
Father/Male's Gross Yearly Income: \$ _____	Mother/Female's Gross Yearly Income: \$ _____
Additional Monthly Income: \$ _____	Additional Monthly Income: \$ _____

SECTION #5: EMERGENCY CONTACT - Please provide names/numbers of two(2) local individuals, other than parent.

Name: Relationship to child: Phone #:

Name: Relationship to child: Phone #:

SECTION #6: PREKINDERGARTEN SITE

IF STUDENTS APPLY FOR A SCHOOL OUTSIDE OF THEIR DISTRICT, THEY WILL BE PUT ON A WAIT-LIST UNTIL THOSE WITHIN THE DISTRICT HAVE HAD AMPLE TIME TO APPLY.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Bester | <input type="checkbox"/> Boonsboro | <input type="checkbox"/> Cascade | <input type="checkbox"/> Clear Spring |
| <input type="checkbox"/> Emma K. Doub | <input type="checkbox"/> Fountaindale/North High Little Hubs | <input type="checkbox"/> Fountain Rock | <input type="checkbox"/> Funkstown |
| <input type="checkbox"/> Greenbrier | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hickory | <input type="checkbox"/> Jonathan Hager |
| <input type="checkbox"/> Lincolnshire | <input type="checkbox"/> Maugansville | <input type="checkbox"/> Old Forge | <input type="checkbox"/> Pangborn |
| <input type="checkbox"/> Paramount | <input type="checkbox"/> Pleasant Valley | <input type="checkbox"/> Potomac Heights | <input type="checkbox"/> Rockland Woods |
| <input type="checkbox"/> Ruth Ann Monroe Primary | <input type="checkbox"/> Salem | <input type="checkbox"/> Sharpsburg | <input type="checkbox"/> Smithsburg |
| <input type="checkbox"/> Williamsport | | | |

I am interested in my child being assessed for the Advanced Learner Pre-K at Funkstown or Greenbrier Elementary (*Transportation must be provided.*) Must apply for testing by July 31, 2020.

• IF YOUR CHILD DOES NOT LIVE IN THE SCHOOL DISTRICT IN WHICH HE/SHE WILL ATTEND THE PRE-K PROGRAM, TRANSPORTATION WILL NOT BE PROVIDED.

SECTION #7: SPECIAL EDUCATION/IEP INFORMATION

Does your child have an ACTIVE IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?

Yes No If yes, please indicate what services are provided:

- | | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Other: | |

Please indicate other agencies which provide services to your child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Family Center | <input type="checkbox"/> Healthy Families |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Head Start | ___ this year ___ last year |
| <input type="checkbox"/> Other: | | |

Please indicate where services are provided:

SECTION #8: PARENT ACKNOWLEDGMENT/SIGNATURE - PLEASE READ BEFORE SIGNING

CERTIFICATION:

I HEREBY CERTIFY THAT THIS INFORMATION IS CORRECT AND THAT ALL INCOME REPORTED IS ACCURATE. I HAVE ATTACHED PROOF OF INCOME TO THIS APPLICATION FOR **EACH PARENT / GUARDIAN**. I UNDERSTAND THAT THIS INFORMATION IS BEING PROVIDED FOR CONSIDERATION FOR MY CHILD'S PLACEMENT IN THE PREKINDERGARTEN PROGRAM AND SCHOOL OFFICIALS MAY VERIFY THE INFORMATION ON THIS FORM AT ANY TIME. I UNDERSTAND THAT IF ANY OF THE INFORMATION IS INACCURATE, MY CHILD'S PLACEMENT IN THE PROGRAM MAY BE JEOPARDIZED.

Parent/Guardian Signature (*Application not valid if not signed and dated by parent/guardian*):

Date:

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send verification which shows that your child is eligible to participate in the Prekindergarten program.

Confidentiality: Prekindergarten applications will remain confidential. School officials use this information to determine eligibility. The name and eligibility of your child may be given to local officials for evaluation purposes and may be used for reporting to state officials administering and funding the program.

Mail or hand-deliver this completed form and income documentation to:

***Prekindergarten Program
Washington County Public Schools
10435 Downsville Pike
Hagerstown, MD 21740***

Office of Early Learning • Phone: 301-766-8722 • Fax: 301-766-8712