

# Carroll County Public Schools Prekindergarten Application

Child's Name:	Nickname:	Date of Birth: <span style="float: right;">(Must be 4 no later than 9/1/11)</span>
Parent's Name:		Home Phone:
Street Address:		Work Phone:
City, State and Zip Code:		Home School (if known):

**Pick-up/Drop-off address, if bus service is available:**

Street Address:	Phone:
City, State and Zip Code	This is: <input type="checkbox"/> Home <input type="checkbox"/> Daycare

1.  Check block if Foster Child. Indicate the child's monthly personal use income. If the child has no personal use income write "0" \$ \_\_\_\_\_.
2. List the child's **FOOD STAMP** \_\_\_\_\_ or TCA case number \_\_\_\_\_ if applicable. **Enter NA if not applicable.**

**Check the boxes below that apply to your child.**

**Has your child participated in any of the following early learning programs?**  **No**

Head Start    
  HIPPY    
  Even Start    
  Child Find    
  Special Education (IEP)

	<b>Yes No</b>
Is English the primary language spoken by your child?	☐ ☐
Does your child have a regular, fixed place to spend the night?	☐ ☐

**Children who qualify under the Free and Reduced Meal guidelines, and children who are homeless or in foster care meet the intervention requirements for eligibility.**

**If there are spaces left, Carroll County Public Schools may enroll children who have readiness needs who are not economically disadvantaged. However, all economically disadvantaged children who apply must be enrolled first.**

**I further understand that my child's placement in the program would be based on the priority listed above.**

\_\_\_\_\_

**Parent/Guardian's Signature** **Date**

Approved    
  Does not meet eligibility    
 Date: \_\_\_\_\_

Parent requests screening for readiness if space is available