

**FREDERICK COUNTY PUBLIC SCHOOLS
PREKINDERGARTEN APPLICATION 2023-2024 SCHOOL YEAR**

Applying for FCPS public prekindergarten program, regardless of the time of year, DOES NOT automatically guarantee enrollment. Every attempt is made to provide space for as many children as possible, but because of funding restrictions, spaces are limited. In order for your application to be considered, all appropriate information must be completed and accompanied by ALL required documentation. Incomplete applications will not be processed and may affect your child's placement.

Please Fill Electronically:

Child's Name	Date of Birth (Must be 4 years old by 9/1/23)
Parent/Guardian Name	Home Phone
Email	Work Phone
School	Cell Phone

Documentation Requirements for Pre-Kindergarten Enrollment

Yes	No	Item(s)
		Copy of Child's Birth Certificate
		<p>Proof of Residency in Frederick County – only need to one of the items; check the item(s) providing:</p> <p>Current utility bill <input type="checkbox"/> electric <input type="checkbox"/> water <input type="checkbox"/> gas</p> <p><input type="checkbox"/> Current and signed rental agreement (renter)</p> <p><input type="checkbox"/> Current Property Tax bill (homeowner)</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Note: Not accepted as proof of residency: phone bill, cable bill or driver's license</p>
		<p>Parent Residency Affidavit/Multi Family Form (if applicable)</p> <ul style="list-style-type: none"> Signed/Notarized by the parent and the property owner, AND Proof of residency for the property owner/lessor in the form of a copy of a current property tax bill or lease holder's original lease and current utility bill, AND 3 current pieces of documentation addressed and mailed to the parent at the shared housing address.
		<p>Does your child have a documented disability? Please check all that apply.</p> <p><input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Other (Please Explain)</p> <p>_____</p> <p>_____</p> <p><i>* Documentation in the form of a current IEP must be provided</i></p>
		<p>For English Learners, if applicable</p> <ul style="list-style-type: none"> What language(s) did your child first learn to speak? _____ What language(s) does your child use most often to communicate? _____ What language (s) are spoken in your home? _____

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Household Income Verification Requirements

Income information **MUST** be documented for eligibility and consideration for Pre-kindergarten

- **Group 1** – placement in Pre-K – Families with documented household income up to 300% of the Federal Poverty Level; **OR**
- **Group 2** – on the waitlist – Families with documented household income exceeding 300% of the Federal Poverty Level

Please check the box for the income documentation you are providing:

A. FOOD SUPPLEMENTAL PROGRAM (FSP) OR TEMPORARY CASH ASSISTANCE (TCA) <input type="checkbox"/> FSP Verification Current Letter <input type="checkbox"/> TCA Verification Current Letter
B. FOSTER CHILD: <input type="checkbox"/> Yes, Child is in Foster Care. Please attach court documentation. The foster parent/official representing the child must sign the application.
C. HOMELESS: <input type="checkbox"/> Yes, the child is considered homeless. <i>School to complete FCPS Notification of New Homeless Student Form.</i> If the family indicates shared housing, further inquiry from FCPS's Department of Student Services to determine whether the student should be considered homeless.
If A, B or C (above) do not apply, TOTAL HOUSEHOLD GROSS INCOME must be verified to determine placement in Group 1 or Group 2. "Household member" – Anyone who is living with you and shares income and expenses, even if not related." List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each income source. If they do not receive income from any source, write "\$0". If you enter "\$0" or leave any fields blank, you are certifying (promising) that there is no income to report. Household Gross Income <u>MUST</u> be documented by submitting one of the following for <u>EACH</u> Household Member receiving income: <input type="checkbox"/> Three (3) current, consecutive paystubs from each employer; <input type="checkbox"/> 2021 W2's from all employers <input type="checkbox"/> 2021 Tax return (1040) with accompanying schedules for self-employment, child support, rental income, retirement income, social security income, etc. <input type="checkbox"/> Unemployment verification <input type="checkbox"/> Other: _____

FIRST & LAST NAMES OF ALL HOUSEHOLD MEMBERS (Including All Children)	Relationship & Age of Children (i.e. parent, significant other, etc.)	GROSS EARNINGS FROM WORK (Before Taxes + other Deductions)	Child Support, Alimony, Public Assistance	Pension, Retirement, Social Security, Other Income
		Monthly Income	Monthly Income	Monthly Income
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
		\$Total Monthly Income:	# Adults:	# Children:

*** Total Monthly Income x 12 Months = \$ _____ Annual Household Gross Income**

Certification: I hereby certify that this information is correct and that all income reported is accurate. If required, I have attached proof of income for each "household member" to this application. I understand that this information is being provided for consideration for my child's placement in the Pre-kindergarten program. I understand that 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.
Confidentiality: Pre-Kindergarten applications are confidential and will remain on file for one year. School officials use this information to determine eligibility. The eligibility information for 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.

Parent/Guardian Signature _____

Date ____/____/____