



40 South Second Street • Oakland, Maryland 21550  
Telephone: 301-334-8900 • <http://www.garrettcountryschools.org>

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*Superintendent of Schools*  
Ms. Barbara L. Baker

February 1, 2018

Dear Parent(s):

Thank you for your interest in enrolling your child in the Garrett County Public Schools Prekindergarten Program. Your child must be born between September 2, 2013 and September 1, 2014, to apply for the 2018-2019 school year, and your child must meet certain criteria for enrollment. To help determine eligibility, please complete and return the attached questionnaire.

The application process for the Prekindergarten Program begins February 1, 2018. Upon completion of the application process, applicants will receive a letter with additional information regarding their application status. This application and registration process will be done at the same time as Kindergarten. However, the application process for Pre-K still requires income verification, which is included in the attached questionnaire.

Return the completed form with your signature to:

**Garrett County Public Schools  
Attn: Elementary Education  
40 South Second Street  
Oakland, MD 21550**

If you should have any questions in this regard, please contact Mrs. Penny R. Proudfoot, Director of Early Childhood/Elementary Education, at 301-334-7644, or Mark Greene, Administrative Assistant, Elementary Education Department at 301-334-8927.

Sincerely,

Mrs. Penny R. Proudfoot  
Director of Early Childhood/Elementary Education

PP:mg



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## **NOTIFICATION OF INTEREST FOR PREKINDERGARTEN PROGRAM 2018-2019 School Year**

Applications for enrollment in the Garrett County Board of Education's **Prekindergarten Program** for the 2018-2019 school year that is currently operated at Accident, Broad Ford, Friendsville, Grantsville, Route 40, and Yough Glades Elementary Schools are now being accepted. If you have a child who was born between September 2, 2013 and September 1, 2014, and you are interested in enrolling him or her in the **Prekindergarten Program**, please complete the attached information packet and return it to the Elementary Education Office at the Board of Education building in Oakland, or to your local school. The Prekindergarten questionnaire is the official registration form and will ask specific information about your family's income and your child's developmental and health data. This information will be used to determine your child's eligibility for the Prekindergarten Program.

Enrollment information concerning the Prekindergarten Program can be obtained from Mrs. Penny R. Proudfoot, Director of Early Childhood/Elementary Education at 301-334-7644, or Mr. Mark Greene, Administrative Assistant Elementary Education Department at 301-334-8927.

### ***Please note:***

The Prekindergarten Program is a needs-based program funded through the Maryland State Department of Education. Enrollment is determined by the following criteria:

1. Those students who qualify for the free and/or reduced meals program;
2. Those students who have a documented need and live within the school's attendance area;
3. Those students who have no documented need but live within the school's attendance area;
4. Those students who have a documented need but live outside the school's attendance area; and,
5. Those students who have no documented need and live outside the school's attendance area.

Updated: 10/14 based on PS JEBA Criteria and Guidelines



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**GARRETT COUNTY PUBLIC SCHOOLS  
Prekindergarten Notification of Interest  
2018-2019 School Year**

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email Address \_\_\_\_\_

Preference for receiving correspondences\*:  Email  Mail

*\*(IF NOT INDICATED, CORRESPONDENCES WILL BE EMAILED)*

Local School \_\_\_\_\_

Please describe the specific location of your home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you be making an out of area request? \_\_\_\_\_ If yes, which School? \_\_\_\_\_

**Reason:**  Before/After school care out of home school area  No Pre-K in my school district  Sibling with IEP

Is your child enrolled in a Head Start Program?  Yes  No

If yes, then which Head Start Center? \_\_\_\_\_

Please return this form to either your **LOCAL ELEMENTARY SCHOOL** or  
**Garrett County Public Schools**  
**40 South Second Street**  
**Oakland, Maryland 21550**  
**Attention: Elementary Education**  
**Email: [mark.greene@garrettcountyschools.org](mailto:mark.greene@garrettcountyschools.org)**  
**Fax: 301-334-7621**

**For School Use Only:**

Number \_\_\_\_ Automatic Enrollment \_\_\_\_ Prioritized Enrollment \_\_\_\_ Exemption \_\_\_\_ Waiting List \_\_\_\_

## Garrett County Prekindergarten Program Questionnaire 2018-2019

I. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's SS# (optional) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Child presently lives with \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ School Attendance Area \_\_\_\_\_

Home                      Work                      Cell

II. Household members and monthly income: **MUST BE COMPLETED. APPLICATION WILL NOT BE REVIEWED WITHOUT THE FOLLOWING INFORMATION:**

| Name of Household members<br>(Includes the child named above) | Monthly Earnings from Work<br>(before deductions) | Monthly Welfare payments, Child Support, Alimony | Monthly Payments from Pensions, Retirement, Social Security | Any Other Monthly Income |
|---|---|--|---|--------------------------|
|   | Job 1   |  |   |                          |
| 1. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
| 2. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
| 3. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
| 4. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
| 5. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
| 6. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
| 7. _____  | \$ _____  | \$ _____   | \$ _____  | \$ _____                 |
|   | Job 2   |  |   |                          |
|   | \$ _____  |  |   |                          |
|   | \$ _____  |  |   |                          |
|   | \$ _____  |  |   |                          |
|   | \$ _____  |  |   |                          |
|   | \$ _____  |  |   |                          |
|   | \$ _____  |  |   |                          |

III. **Circle yes or no** to respond to the following questions:

- |   |     |    |
|---|-----|----|
| 1. Is English your child's dominant language?<br>If no, which language is used in the home? _____ | Yes | No |
| 2. Is your child homeless or living in a shelter?   | Yes | No |
| 3. Has your child previously been enrolled in Head Start?   | Yes | No |

IV. Is the child being referred by another agency, program, or physician? \_\_\_\_\_

**Check your response.**

- |  |  |
|--|--|
| <input type="checkbox"/> Child Find/Pre-school special education | <input type="checkbox"/> Head Start        |
| <input type="checkbox"/> Department of Social Services           | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Physician                               | <input type="checkbox"/> Other             |

**Referral information must be provided at registration.**

V. Check any of the following "Emergency and Health Situations" or "Home and Family Circumstances" that you think have had an impact on your child's ability to learn.

- |   |  |
|---|--|
| <input type="checkbox"/> Serious emergencies Specify: _____   | <input type="checkbox"/> Child abuse and neglect   |
| <input type="checkbox"/> Hospitalization and chronic illness of parent/guardian   | <input type="checkbox"/> Child's asthma  |
| <input type="checkbox"/> Drug/alcohol abuse of parent/guardian  | <input type="checkbox"/> Child's hearing problems  |
| <input type="checkbox"/> Child's birth weight less than 6 lbs. or premature birth   | <input type="checkbox"/> Child's vision problems   |
| <input type="checkbox"/> Child's exposure to lead   | <input type="checkbox"/> Child's speech/language needs                                       |
| <input type="checkbox"/> Child's serious injury/trauma  | <input type="checkbox"/> Child raised by elderly relative or guardian                        |
| <input type="checkbox"/> Death of parent(s)   | <input type="checkbox"/> Child raised by one parent  |
| <input type="checkbox"/> Long-term use of medications by child  | <input type="checkbox"/> Child of parent(s) who may be adolescents is completing high school |
| <input type="checkbox"/> Child of parent(s) who is incarcerated   | <input type="checkbox"/> Child who has been in foster care                                   |
| <input type="checkbox"/> Child whose parent(s) did not complete high school   | <input type="checkbox"/> Child with a sibling having a history of poor school performance    |
| <input type="checkbox"/> Parent with emotional/mental health problems   | <input type="checkbox"/> Child whose parent/sibling has a disability                         |
| <input type="checkbox"/> Child who is an educationally disadvantaged brother or sister of a previously enrolled Pre-K student |  |

**CERTIFICATION:** I hereby certify that my responses to this questionnaire are correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_