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
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
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
Fax: 301-334-7621

•Excellence •Effectiveness •Innovation •Community
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: ___________________________ Home ___________________________ Work ___________ Cell ___________

School Attendance Area __________________________________________________________________

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

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

1. Is English your child’s dominant language? ________________
   Yes ______________ No ______________
   If no, which language is used in the home? __________________

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.

   □ Child Find/Pre-school special education   □ Head Start
   □ Department of Social Services   □ Health Department
   □ Physician   □ 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.

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

CERTIFICATION: I hereby certify that my responses to this questionnaire are correct.
Signature of Parent/Guardian: ________________________________ Date: ________________________________

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