

Prekindergarten/Head Start Application

Prekindergarten/Head Start Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

**MCPS Form 335-8
January 2020**

Student Name (Last, First, Middle) _____ Date of Birth ____/____/____
Preferred Name _____

ADULT(S) RESPONSIBLE FOR STUDENT

Name of adult responsible for student living at current address¹ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Age ____ <input type="checkbox"/> Student <input type="checkbox"/> If student, do you plan to graduate this year Years of Education ____ <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran Check all that apply: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	Name of adult responsible for student living at current address² Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Age ____ <input type="checkbox"/> Student <input type="checkbox"/> If student, do you plan to graduate this year Years of Education ____ <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran Check all that apply: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled
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OTHER DEPENDENTS IN HOME

Adult Name(s)	Verification	Siblings/Children (Under 18) Names	Date of Birth
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

PICK-UP AND DROP-OFF INFORMATION

Pick-up and Drop-Off Address for School Placement Family Child Care Home Center Informal Home Other
 Child care center (or) Name of responsible person _____
 Address _____ City _____ State _____ ZIP Code _____
 Main Phone # _____-_____-_____ Alternate Phone # _____-_____-_____

FINANCIAL WORKSHEET—Include Income for All Family Members

Gross Earnings	Office Use Only	Verification (e.g., 1040, W-2, Pay stubs, etc.)	Medical insurance
Responsible Adult ¹ _____ per ____ x _____ = _____		_____	<input type="checkbox"/> MCHIP Provider: _____ <input type="checkbox"/> Private Provider: _____ <input type="checkbox"/> Care for Kids Provider <input type="checkbox"/> None <input type="checkbox"/> Referred to SEU Medical Assistance # _____ Special learning concerns _____
Responsible Adult ² _____ per ____ x _____ = _____		_____	Emergency Contacts: Name _____ Relationship to child _____ Phone ____/____/____ Alternate ____/____/____ Name _____ Relationship to child _____ Phone ____/____/____ Alternate ____/____/____
TCA _____ per mo. x _____ = _____		_____	
Child Support _____ per mo. x _____ = _____		_____	
Alimony _____ per mo. x _____ = _____		_____	
Foster Program _____ per mo. x _____ = _____		_____	
Retirement _____ per mo. x _____ = _____		_____	
Social Security Benefits _____ per mo. x _____ = _____		_____	
SSI (Adult) _____ per mo. x _____ = _____		_____	
Stipend _____ per mo. x _____ = _____		_____	
Unemployment..... _____ per wk. x _____ = _____		_____	
Workers Compensation _____ per mo. x _____ = _____		_____	
Rental Income..... _____ per mo. x _____ = _____		_____	
Financial Assistance..... _____ per mo. x _____ = _____		_____	
Documentation of no income _____ x _____ = _____		_____	
<input type="checkbox"/> WIC <input type="checkbox"/> HOC	Family Size _____	Total Family Income _____	Category _____

Food Supplement Program (Case # _____)

FOR STAFF USE ONLY

Application taken by: _____ Title: _____ Date: ____/____/____
 Income verified by: _____ Title: _____ Date: ____/____/____

Child care subsidy vouchers? Yes No

CCSP Exp. Date ____/____/____
 WPA Exp. Date ____/____/____

I certify that all information, including the reporting of all income, on this application and on any attachments is accurate, complete, and true to the best of my knowledge. I understand that this information is being given for the receipt of federal, state, and county funds; that school officials may verify the information on the application and that falsification of any information submitted may be cause for rejection of this application or removal from the program after placement. I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.
 Signature of Parent/Guardian _____ Date ____/____/____

FOR OFFICE USE ONLY

Home School for Family Address _____ Home school for pick-up/drop-off address _____
 Assigned School/Location for Prekindergarten/Head Start _____ Date ____/____/____

Student Name