



## Pre-K Program Application

Thank you for your interest in our community-based pre-K program. Our classroom follows a standard curriculum to provide pre-academic school-readiness skills. Applications are reviewed in the order in which they are received. Please complete this application and email it to **Pre-K@KennedyKrieger.org**. Contact Diane Appel, Pre-K Program director, at **Appel@KennedyKrieger.org** if you have any questions.

GENERAL		
Name of individual completing this form:		Date:
How did you hear about the Pre-K Program?		
<input type="checkbox"/> I'm a Kennedy Krieger employee <input type="checkbox"/> I know a current/former student: _____ <input type="checkbox"/> Referral: _____ <input type="checkbox"/> Internet: _____ <input type="checkbox"/> Other: _____		
CHILD'S INFORMATION		
Child's name:		Date of birth:
Child's gender:	Primary language:	
Street address:		
City:	State:	ZIP code:
FIRST GUARDIAN'S INFORMATION		
Guardian's name:		
Relationship to child:	Primary language:	
Street address:		
City:	State:	ZIP code:
Email:		Phone:
SECOND GUARDIAN'S INFORMATION		
Guardian's name:		
Relationship to child:	Primary language:	
Street address:		
City:	State:	ZIP code:
Email:		Phone:

## HOUSEHOLD INFORMATION

Please identify all family members who live in the same household as the child.  
Include names and ages of siblings.

1.

2.

3.

4.

5.

6.

## ELIGIBILITY REQUIREMENTS

Is your household income at or below the levels to the right?

Yes  No

NOTE: Please provide a copy of your proof of income when submitting this application.

### Household Size

### Household Income

### Household Size

### Household Income

1

\$46,950

5

\$112,950

2

\$63,450

6

\$129,450

3

\$79,950

7

\$145,950

4

\$96,450

8

\$162,450

What language(s) did the child first learn to speak?

What language does the child use most often to communicate?

What language(s) is/are spoken in your home?

Does your child have an IFSP or IEP? If so, please attach a copy of the most recent version, as it must be submitted with this application for your child to be considered for enrollment.

## HEALTH INFORMATION

Does your child have any health conditions we should know about? Has your child been prescribed any medication(s)? If so, please describe.

Does your child have any allergies or dietary needs we should know about (e.g., food allergies)? If so, please describe.

## ACADEMIC INFORMATION

Has your child ever attended a family- or center-based child care center? If so, please identify the location of the center and tell us about your child's experience.

To fully participate in a pre-academic program such as pre-kindergarten, children are expected to:

- Be potty-trained
- Be able to communicate to staff members if they are hungry, tired or hurt; need to use the bathroom; etc. (for safety reasons)
- Be able to sit and attend a full read-aloud session
- Be able to play cooperatively with up to 15 children in a classroom
- Be able to move safely in a line from the classroom to the playground without an adult holding their hand
- Be able to interact safely with materials, peers and staff members
- Have the skills needed to follow a standard pre-K curriculum, including literacy, math, science and social-emotional skills

Do you have any concerns about your child's participation in a typical pre-K classroom? If so, please describe.

Does your child need any supports to be successful in one of our pre-K classrooms? If so, what supports would help your child be successful?

What goals and wishes do you have for your child?

## COMMENTS

Is there any additional information you would like to share with us about your child?