



# Prekindergarten/Head Start Application

Division of Title I & Early Childhood Programs and Services  
PREKINDERGARTEN/HEAD START PROGRAMS  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 335-8**  
**February 2018**

Student Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### ADULT(S) RESPONSIBLE FOR STUDENT

<b>Name of adult</b> _____	<b>Name of adult</b> _____
Age ____ Student <input type="checkbox"/> Years of Education ____	Age ____ Student <input type="checkbox"/> Years of Education ____
Check all that apply: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	Check all that apply: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled

### 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
Father ..... 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
Mother ..... per ____ x ____ = ____		_____	Medical Assistance # _____
TCA ..... per mo. x ____ = ____		_____	Special learning concerns _____
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 ____ = ____		_____	

**Emergency Contacts:**

Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone \_\_\_\_/\_\_\_\_/\_\_\_\_  
Alternate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone \_\_\_\_/\_\_\_\_/\_\_\_\_  
Alternate \_\_\_\_/\_\_\_\_/\_\_\_\_

<input type="checkbox"/> WIC <input type="checkbox"/> HOC	<b>Family Size</b> _____	<b>Total Family Income</b> _____	<b>Category</b> _____
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Food Supplement Program (Case # \_\_\_\_\_)

Application taken by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Income verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check all that apply:**

Homeless  IEP  
 Foster Child  Infants & Toddlers  
 Early Head Start

**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.

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