

Please Fill Electronically:

Pre-Kindergarten Application 2023-2024 School Year

Frederick County Public Schools 191 South East Street Frederick, Maryland 21701

Form 400-91F-E Regulation 400-91 April 2023

Clear Form

Child's Name

Email

Parent/Guardian Name

Applying for FCPS public prekindergarten program, regardless of the time of year, DOES NOT automatically guarantee enrollment. Every attempt is made to provide space for as many children as possible, but because of funding restrictions, spaces are limited. In order for your application to be considered, all appropriate information must be completed and accompanied by ALL required documentation. Incomplete applications will not be processed

and may affect your child's placement.

Yes	No	Documentation Requirements for Pre-K							
Yes	Nο	Documentation Requirements for Pre-Kindergarten Enrollment							
	110	Item(s)							
		Copy of Child's Birth Certificate							
		Proof of Residency in Frederick County – only need to one of the items; check the item(s) providing: Current utility bill							
		address. Does your child have a documented disability? Please check all that apply.							
			oilities Other (Please Explain)						
		* Documentation in the form of a current IEP must be provided							
		 For English Learners, if applicable What language(s) did your child first learn to speak? What language(s) does your child use most often to co What language (s) are spoken in your home? 							

Date of Birth (Must be 4 years old by 9/1/23)

Home Phone

Work Phone

Household Income Verification Requirements

Income information **MUST** be documented for eligibility and consideration for Pre-kindergarten

- Tier 1 placement in Pre-K Families with documented household income up to 300% of the Federal Poverty Level
- Tier 2 on the waitlist Families with documented household income between 301% 600% of the Federal Poverty Level; or
- Tier 3 on the waitlist Families with documented income over 600% of the Federal Poverty Level

		entation you are providing:					
A. FOOD SUPPLEMENTAL PROGR	KAM (FSP) OR TEMPO	TCA Verification Current Letter					
B. FOSTER CHILD: Yes, Child is	e in Foster Care Diease						
The foster parent/official representing							
			of New Homeless Stud	lent Form If the			
C. HOMELESS: Yes, the child is considered homeless. <i>School to complete FCPS Notification of New Homeless Student Form.</i> If the family indicates shared housing, further inquiry from FCPS's Department of Student Services to determine whether the student should be							
considered homeless.	ioi inquity iroini i or o o	Dopartment of olddon convicto to dot	ommine whother the etc	dont onodia bo			
	OTAL HOUSEHOLD G	ROSS INCOME must be verified to d	letermine placement i	n Tier 1. Tier 2			
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Or Tier 3. "Household member" – Anyone who is living with you and shares income and expenses, even if not related." List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive							
		o not receive income from any source,					
		no income to report. Household Gros					
submitting one of the following for EA				•			
Three (3) current, consecutive paystubs from each employer; 2022 W2's from all employers							
2022 Tax return (1040) with acco	mpanying schedules for	self-employment, child support, rental	income, retirement inco	ome, social security			
income, etc. Unemployment verif	ication 🗌 Other:						
	Dalatia waliin O Awa	00000 F4 DVIIVOO FD044	01.11.0	Danatan			
FIDOT O LACT NAMES OF ALL	Relationship & Age	GROSS EARNINGS FROM	Child Support,	Pension,			
FIRST & LAST NAMES OF ALL	of Children (i.e. parent, significant	WORK (Before Taxes + other Deductions)	Alimony, Public Assistance	Retirement, Social Security			
HOUSEHOLD MEMBERS (Including All Children)	other, etc.)	(Before Taxes + Other Deductions)	Public Assistance	Other Income			
(including All Children)	other, etc.)	Monthly Income	Monthly Income	Monthly Income			
1.		\$	\$	\$			
		\$	\$	\$			
2. 3.	 	\$	\$	\$			
4.		\$	\$	\$			
5.		\$	\$	\$			
6.		\$	\$	\$			
		\$Total Monthly Income:	# Adults:	# Children:			
	1	,					
* Total Monthly Income x 12 Months = \$ Annual Household Gross Income							
. This monthly moonle x 12 monthle y							
Certification: I hereby certify that this information is correct and that all income reported is accurate. If required, I have attached proof of income for							
each "household member" to this application. I understand that this information is being provided for consideration for my child's placement in the Pre-							
kindergarten program. I understand that school officials may verify the information on this form at any time. I understand that if any of the information							
is inaccurate, my child's placement in the program may be jeopardized.							
Confidentiality: Pre-Kindergarten applications are confidential and will remain on file for one year. School officials use this information to determine eligibility. The eligibility information for your child may be given to local officials for evaluation purposes and may be used for reporting to state officials							
administering and funding the program.							
Parent/Guardian Signature Date							
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