

Calvert County Public Schools  
Department of Instruction  
1305 Dares Beach Road  
Prince Frederick, MD 20678  
(443) 550-8040  
(410) 286-1367 (FAX)



## 2020-2021 PRE-KINDERGARTEN APPLICATION

Complete and mail to the address above, fax, or email to [PreKApplications@calvertnet.k12.md.us](mailto:PreKApplications@calvertnet.k12.md.us). Please make sure to include all needed documentation with your application submission.

Thank you for your interest in the pre-kindergarten program. The pre-kindergarten program was developed in 1979 by the Maryland State Department of Education to meet the needs of low-income students who may not have the necessary readiness skills to be successful in school. Students are selected for pre-kindergarten based on the criteria and guidelines set by the Maryland State Department of Education and Calvert County Public Schools.

**Children must be four years old by September 1, 2020 to apply. Children must meet at least one of the following prioritized categories:**

### CATEGORY I

- Child's family is eligible for free or reduced meals.
- Child's family is deemed homeless.

### CATEGORY II

- Child participated in State or Federal Early Childhood programs that are income based (example: Head Start).
- Child is an English Speaker of Other Language (ESOL)/English Language Learner (ELL).

### CATEGORY III

Other Academic (Educational) Needs:

- Child has an IFSP/IEP (Special Education).
- Child has a Child Find Referral.
- Child identified with demonstrated academic delay (as measured by a CCPS identified developmental assessment).
- Child's family income is up to ten percent over the Free and Reduced Meals Guidelines.

### OPEN ENROLLMENT

- Child does not meet any of the eligibility criteria. *Consideration is based on available slots. Applicants do not need to complete Category I, II, or III sections.*

### **Important Notes:**

- ❖ Children meeting the income eligibility criteria in **Category I** will receive **IMMEDIATE NOTICE** of a Pre-Kindergarten assignment.
- ❖ Children meeting eligibility under **Categories II and III MAY NOT** receive notice of a Pre- Kindergarten assignment until the **end of September**, which is determined by available slots.
- ❖ All other applicants are considered "open enrollment." These assignments will be considered **after October 15<sup>th</sup>**.

Four-year old students granted a half-day (AM/PM) session in the CCPS Pre-Kindergarten program may also be eligible for participation in the CCPS Head Start program. The CCPS Head Start program runs in half-day sessions. Concurrent enrollment in both programs will provide students with a full day early learning experience. If interested, you must also complete and submit the Head Start application. Head Start programs are located at Barstow Elementary, Patuxent-Appeal Campus, and Sunderland Elementary. For more Head Start program information, contact (443) 550-8062.

Pre-Kindergarten programs are located at the following schools: Barstow Elementary, Beach Elementary, Calvert Elementary, Dowell Elementary, Huntingtown Elementary, Patuxent-Appeal Campus, St. Leonard Elementary, Sunderland Elementary, and Windy Hill Elementary.

# Calvert County Public Schools

## Pre-Kindergarten Application 2020-2021



CCPS Pre-K Programs are at no cost to participants.  
**Child must be 4 years old by September 1, 2020**

Application Received:

For District Use Only

### Child's Information

Last Name	First Name
Date of Birth (Child must be 4 years old by September 1, 2020)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Parent/Guardian Information

Mother/Guardian Name:	Father/Guardian Name:
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PHYSICAL/HOME Address (No P.O. Boxes)

City	Zip Code
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MAILING Address (If different than physical/home address, complete section.)

City	Zip Code
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BUS Route Address (If pick-up/drop off location is different than the physical/home address, complete section.)  
Reason child is not being picked up/dropped off at home address: \_\_\_\_\_

Bus Pick-up/Drop-Off Address (If Child Care Center, provide name and address.)

City	Zip Code
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Home Phone	Cell Phone	Parent/Guardian Work Phone
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Email Address(es):

Please check below if interested in receiving more information regarding CCPS program to support preschool readiness. (See info and details on last page of this application.)

- Infants and Toddlers
- Child Find Identification
- The Judy Center
- Healthy Families
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Adult Education Program/GED
- Adult Education Program/GED
- Adult Education Program/college/training programs
- Head Start

## Category I: Household Income

**Check and sign if you DO NOT wish to have income considered as an eligibility criterion.**

Signature: \_\_\_\_\_

**\*\*\*Information that is inaccurate or false will jeopardize your child's placement in this program.\*\*\***

We are homeless or living in a shelter.  Yes  No

Maryland Senate Bill 856 requires that family income be used to identify students for Category 1 placement into public Pre-Kindergarten. Household income must be documented by submitting one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Federal Tax Form W-2/1040 (gross income) | <input type="checkbox"/> Active Temporary Cash Assistance Award Letter |
| <input type="checkbox"/> Active Food Stamp Award Letter           | <input type="checkbox"/> Foster Care Proof of Income                   |
| <input type="checkbox"/> Independence Card                        | <input type="checkbox"/> TCA Case Number                               |

### Household Members and Monthly Income

ALL Household Members (including child named above)	Last Month's Gross Earnings from Work (Before Deductions)		Last Month's Welfare Payments, Child Support, Alimony	Last Month's Payments from Pension, Retirement, Social Security	Any Other MONTHLY income (including Housing, allowance, COLA)	Check if no income
	Job 1	Job 2				
1.	\$	\$	\$	\$	\$	
2.	\$	\$	\$	\$	\$	
3.	\$	\$	\$	\$	\$	
4.	\$	\$	\$	\$	\$	
5.	\$	\$	\$	\$	\$	
6.	\$	\$	\$	\$	\$	
7.	\$	\$	\$	\$	\$	
8.	\$	\$	\$	\$	\$	

Check box if Foster Child.

Indicate the child's monthly personal use income. If the child has no personal use income write "0". \$ \_\_\_\_\_

If the child is receiving food benefits, list the INDEPENDENCE Card (Food Benefits) # \_\_\_\_\_  
or list the TCA case number \_\_\_\_\_ if applicable. A copy of the Independence Card **MUST** be attached.

## Category II:

**Please check items below that are relevant to your child.**

<input type="checkbox"/>	English Speaker of Other Language(s) (ESOL)/English Language Learner (ELL). Primary Language spoken at home _____. <b>Complete attached language survey on page 6.</b>
<input type="checkbox"/>	4-year old Head Start (current applicant/already enrolled in the program.) <b>Attach documentation.</b>
<input type="checkbox"/>	Participated in State or Federal Early Childhood Program(s) (example: Head Start) <b>Attach Documentation.</b>

### Category III: Other Academic Needs

<input type="checkbox"/>	Child with IFSP/IEP (Special Education)
<input type="checkbox"/>	Child Find Referral (Scheduled Meeting date: _____)
<input type="checkbox"/>	Child whose family income is up to ten percent over the Free and Reduced Meals Guidelines
<input type="checkbox"/>	Child identified with demonstrated academic delay (as measured by a CCPS identified developmental assessment)

### OPEN ENROLLMENT

Child **does not** meet any of the eligibility criteria but would like to be considered for an available slot.

**Open Enrollment Only:** If willing to drive to an available slot at an alternative site, indicate by checking the school(s) that you are interested.

- Barstow Elementary (AM/PM Sessions and Head Start Location)
- Beach Elementary (AM/PM Sessions)
- Calvert Elementary (AM/PM Sessions)
- Dowell Elementary (AM/PM Sessions)
- Huntingtown Elementary (AM/PM Sessions)
- Patuxent-Appeal Campus (AM/PM Sessions and Head Start Location)
- Saint Leonard Elementary (Full Day Session)
- Sunderland Elementary (Full Day & AM/PM Sessions, and Head Start Location)
- Windy Hill Elementary (Full Day Session)

Check **ALL** that apply:

- I wish for my child to be considered for a **full day Pre-K classroom**, if available in my area.
- I wish for my child to be considered for a **half day Pre-K classroom**, if available in my area.
- I wish for my child to be considered for a **half day Pre-K classroom** because I am applying for or are already enrolled in **Head Start** to build a full day experience for my child.

**Important Note:**

❖ **Calvert County Public Schools reserves the right to transfer students involuntarily from one school to another based on availability in the schools.**

I certify that all the information above is true and correct and that all income is reported and accurate to the best of my knowledge. I understand that this information is being given for placement in Pre-Kindergarten, and school officials may verify the information on the form. Deliberate misrepresentation of the information will jeopardize my child's Pre-Kindergarten placement.

<b>Printed Name of Parent/Guardian</b>	<b>Signature</b>	<b>Date</b>
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## Pre-Kindergarten Application Checklist

Check ALL categories that you applied:

**CATEGORY I:**

- Child's family is eligible for free or reduced meals
- Child's family is deemed homeless

**CATEGORY II:**

- Child participated in State or Federal Early Childhood programs (example: Head Start)
- Child is an English Speaker of Other Languages (ESOL)/English Language Learner (ELL)

**CATEGORY III:**

Other Academic (Educational) Needs:

- Child has an IFSP/IEP (Special Education)
- Child has a Child Find Referral
- Child identified with demonstrated academic delay (as measured by a CCPS identified developmental assessment)
- Child's family income is up to ten percent over the Free and Reduced Meals Guidelines

**OPEN ENROLLMENT:**

Child does not meet any of the eligibility criteria. (Consideration is based on available slots.)

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### Document Submission Checklist:

- Pre-Kindergarten Application pages 1 to 4 (**ALL**)
- Documentation of income if applying for **Category I** (examples: W-2, 1040, pay stub)
- Documentation of State and Federal Early Childhood Program(s) if applying for **Category II** (examples: Head Start, The Judy Center, HIPPIY/Healthy Families) based on participation in the program(s).
- Language Survey if applying for **Category II** based on ESOL/ELL criterion
- Documentation of IEP/IFSP or date/time of Child Find scheduled meeting and/or copy of Child Find referral if applying for **Category III**

## **Calvert County Public Schools Early Childhood Programs to Support Preschool Readiness**

**Infant and Toddlers** is *birth to age 3 years of age* and provides an array of early intervention services for children and their families birth to the age of three. Children, birth through the age of three, who are experiencing a developmental delay, or who have an established condition or disability are eligible. Early intervention services are family-centered, functional and based on individual family routines and activities. Services may include: Physical Therapy, Occupational Therapy, Speech and Language Therapy, Special Instruction, Audiology, Family Counseling and Training and Vision Services. The goal of the Calvert County Infants and Toddlers Program is to provide family-centered support and services to infants and toddlers with delays/disabilities to help them reach their potential and be prepared for school. (443-550-8405)

**Child Find** Identifies preschoolers *age 3 through 5* who are suspected of having a disability. The Child Find Program will screen, evaluate and work with families to develop an Individualized Education Program (IEP) for children eligible to receive special education services. Special education services will be based upon a child's individual need(s) and may include Special Education Instruction (pre-school or kindergarten), Speech/Language Therapy, Physical Therapy, and/or Occupational Therapy. (443-550-8381)

**The Judy Center** a partnership of community agencies working together to help parents as they prepare their young children for school. Judy Centers promotes school readiness through collaboration among community – based agencies and organizations. They offer a variety of services including Tummy Time and Toddler Playgroups for parents of children aged 0-4 in the Lusby community. (443-550-8077)

**Healthy Families** is a home visiting program offering parents weekly in-home visits prenatally or immediately after birth to help new parents identify their own strengths, needs and goals. HFCC provides information on child development and offers materials and ideas to strengthen the parent-child relationship, which later prepares children for school. (443-550-8050)

**The Home Instruction for Parents of Preschool Youngsters (HIPPY)** is a weekly home visiting program. The goal is to empower parents to be their child's first teacher. HIPPY fosters parent involvement which maximizes the chances of successful early school experiences. All activities and materials are free. (443-550-8050)

**Head Start** implements a comprehensive curriculum that meets the full range of children's developmental needs and is aligned to the Maryland Kindergarten Readiness Standards. Head Start instructors are encouraged to individualize instructional practices based on the interests and skill levels of each child. In addition, Head Start provides comprehensive services to families who qualify, such as family support services and assistance in accessing health, dental, and nutrition services. (443-550-8062)

### **Collaborative Partner Program**

The College of Southern Maryland Adult Education Program offers free classes, for adults and out-of-school youth, to improve basic skills to prepare for either the GED Test or the National External Diploma Program. English for Speakers of Other Languages (ESOL) classes are available for foreign born adults who wish to improve their English speaking, reading, writing and listening skills. (443) 550-6179

# Calvert County Public Schools

## Pre-Kindergarten Language Survey

District Use Only
Home School: _____
School of Attendance: _____

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian completing survey: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Primary language spoken at home: \_\_\_\_\_

*This survey should **ONLY** be completed by ESOL/ELL families applying for Pre-Kindergarten under Category II. For each question, please check the one box that best describes your family.*

Language spoken at home by mother or caregiver: \_\_\_\_\_

Language spoken at home by father or caregiver: \_\_\_\_\_

### What language is primarily spoken to the child at home?

- Only English                       Mostly English                       English and another language
- Mostly other language                       Only other language

### What language does the child use when talking at home?

- Only English                       Mostly English                       English and another language
- Mostly other language                       Only other language

### What language does child use when talking to siblings at home?

- Only English                       Mostly English                       English and another language
- Mostly other language                       Only other language

### What language does the child use when talking with friends outside of school?

- Only English                       Mostly English                       English and another language
- Mostly other language                       Only other language