



Charles County Public Schools
PreKindergarten Application: Category 1 ONLY

School #:
AM PM

Child's Name: _____ **Date of Birth:** _____ (must be 4 years old by September 1)

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Category 1 Criteria—One of the following must be met. Check one:

- Income eligibility. Please refer to the income guidelines below. You must provide verification. See page 3 for acceptable forms of income verification.
- Current enrollment in the food supplement (food stamps) program through the Department of Social Services. You must provide a copy of your current eligibility letter.
- Foster care or homelessness. You must provide verification from the CCPS Office of Student Services.

Income Guidelines:

# of Household Members	Income Limit—Before Taxes		
	Weekly	Monthly	Yearly
2	\$578	\$2504	\$30,044
3	\$727	\$3149	\$37,777
4	\$876	\$3,793	\$45,510
5	\$1,024	\$4,437	\$53,243
6	\$1,173	\$5,082	\$60,976
7	\$1,322	\$5,726	\$68,709
8	\$1,471	\$6,371	\$76, 442
For each additional family member, add...	\$149	\$645	\$7,733

Additional Information

1. Please list the names of other children in your household under the age of four and their dates of birth:
2. Please list the names and grade levels of other school-age children in your household:
3. Is there anything else about your child you would like us to know? Use the space below if desired.

Transportation

Bus will pick up at:

- Home Address
- Child Care Provider (Must be in school zone)

Bus will drop off at:

- Home Address
- Child Care Provider (Must be in school zone)

Name and address of child care provider:

Category 1 Income Verification Form

If you are applying for the PreKindergarten program based on your income, complete this form, provide the necessary documentation, and sign your name. All income listed is before taxes and you must include all sources of income for all household members. Acceptable forms of verification include 3 recent, consecutive paychecks, or an official statement of benefits (such as Social Security). If you need assistance completing this form, call the school or the Early Childhood office at 301-934-7380. Incomplete or unsigned applications will not be processed.

Check one:

- I am providing an up-to-date copy of my approval letter for the Food Supplement (Food Stamps) program, showing the names of all household members.

- I am applying based on my household income. The table below lists all household members (including children) and all sources of income. I am providing verification of all sources of income with 3 recent consecutive paychecks, or an official statement of benefits, for each wage earner in the household.

Name	Earnings from Work (Before Taxes)		Additional Income for this person (Child Support, Alimony, Social Security, Pensions, etc.)
	How Much	How Often	

Signature: Read carefully and sign. All applications must be signed. Incomplete applications will not be processed.
I certify that all information provided in this application is true, and all income is reported. I understand that this information is used to determine eligibility for the PreK program in accordance with criteria set by the Maryland State Department of Education and that if I purposely give false information, my child may lose his/her space in the program. I understand that if my child qualifies for PreK and the class at my home school is full, I will be offered a placement at a different school, and transportation will not be provided by the school system.

 Signature of Adult Household Member

 Date

For School Use Only

Received Date _____

Verification Documents (Check when received, copy and keep with application, but do not forward to Early Childhood Office)

- Birth certificate
- Completed CCPS Health Inventory
- Completed CCPS Immunizations Form
- 2 proofs of residency verifying school zone, OR
- VOD from Student Services

If applicable (Keep one copy of these items and forward one copy to the Office of Early Childhood along with the application)

- Food Supplement program approval letter
- Income verification
- McKenney-Vento or foster care verification

Application taken by: CCPS Employee's Signature

School: _____

Circle One: AM zone PM zone

For Central Office Use Only

_____ Date Completed

- Verified assistance letter
- Verified income
- Verified homeless status
- Verified other _____

Placement decision:

- Approved
- Denied

Reason for denial:

Central Office Employee's Signature