**Kennedy Krieger Institute**
ATTN: Diane Appel, Pre-K Program
3901 Greenspring Avenue
Baltimore, MD 21211

**PACT's Pre-K Program**
ATTN: Sharon Holloway
7000 Tudsbury Road
Baltimore, MD 21244

# Pre-K Program Application

Thank you for your interest in our community-based pre-K programs. Our classrooms follow a standard curriculum to provide pre-academic school-readiness skills. Applications are reviewed in the order they are received. Please complete this application and send it to one of the addresses above, email it to **Pre-K@KennedyKrieger.org** or submit it in person. If you'd like to submit the application in person, or if you have any questions, please contact one of the following program directors:

Diane Appel, Pre-K Program director, at **Appel@KennedyKrieger.org** or **443-923-7699** (at Kennedy Krieger's Greenspring Campus)

Sharon Holloway, PACT program director, at **Holloway@KennedyKrieger.org** or **410-298-9280** (at PACT's campus)

| GENERAL | |
|---|---|
| Name of individual completing this form: | Date: |

How did you hear about the Pre-K Program?

☐ I'm a Kennedy Krieger employee ☐ I know a current/former student: _____

☐ Referral: _____ ☐ Internet: _____ ☐ Other: _____

At which location are you interested in enrolling your child? If you are interested in either location, please indicate your first choice:
☐ Kennedy Krieger's Greenspring Campus ☐ PACT's campus

| CHILD 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: | |

Received on: _____

## 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.

| 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 | $43,740 | 5 | $105,420 |
| | 2 | $59,160 | 6 | $120,840 |
| | 3 | $74,580 | 7 | $136,260 |
| | 4 | $90,000 | 8 | $151,680 |

## 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.

Does your child have an IFSP or IEP? If so, please describe. You must provide a copy of your child's most recent IFSP or IEP to be considered for enrollment.

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)
- Sit and attend for a full read-aloud session
- Play cooperatively with up to 15 children in a classroom
- Walk safely in a line from the classroom to the playground without an adult holding their hand
- 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?

**Thank you for your interest in our program. We look forward to talking more with you about your child!**