



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

Kennedy Krieger Institute



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: _____

I'm interested in enrolling my child (select all that apply):

Now (if available) Summer of 2022 Fall of 2022 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 with 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

1

2

3

4

Household Income

\$40,770

\$54,930

\$69,090

\$83,250

Household Size

5

6

7

8

Household Income

\$97,410

\$111,570

\$125,730

\$139,890

HEALTH INFORMATION

Does your child have any health conditions we should know about? Has your child been prescribed any medication(s)? Please describe.

Does your child have any allergies or dietary needs we should know about (e.g., food allergies)?

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 and provide a copy of your child's most recent IFSP or IEP when submitting this application.

*We are currently using 2021 guidelines. These will be updated as of July 2022.

Does your child need any supports to be successful in a typical pre-K classroom of up to 15 children? If so, what supports would you like to be in place for your child?

What goals and wishes do you have for your child?

TECHNOLOGY QUESTIONNAIRE

Due to the COVID-19 pandemic, there may be times throughout the school year when we need to switch from on-site to virtual instruction.

Does your child have access to a computer, smartphone or iPad to attend virtual lessons?

Yes, access to a _____ No, we need assistance

Does your household have access to internet service?

Yes, we have access No, we need assistance

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!