

**CAROLINE COUNTY PUBLIC SCHOOLS  
PARENT QUESTIONNAIRE  
PREKINDERGARTEN  
2016-2017**

**DATE:** \_\_\_\_\_

Child's Name:	Date of Birth: <small>(Must be born on or after 9/2/11 and on or before 9/1/12)</small>
Parent's Name:	Home Phone:
School:	Work Phone:

Home address:

Bus pick-up:

**Household members and monthly income:**

Name of Household members (Include the child named above)	Check block if Foster Child	Monthly Earnings from Work (before deductions)		Monthly Welfare payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other Monthly Income
		Job 1	Job 2			
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Please answer the following questions. Selection will be based on the needs of other children who apply.**

- |   |            |          |       |
|---|------------|----------|-------|
| 1. What language does your child speak?   | English    | Spanish  | Other |
| 2. Did your child attend 3 year old Head Start or Family Support Center?  | Yes        | No       |       |
| 3. Are you renting, buying a home, paying a mortgage or already own a home?   | Yes        | No       |       |
| 4. Does the parent suffer from a chronic illness or is hospitalized?  | Yes        | No       |       |
| 5. Did your child weigh less than 5 pounds when born or was born before the 37 <sup>th</sup> week of pregnancy when born? | Yes        | No       |       |
| 6. Did both of the child's parents finish high school?<br>Is the child's parent/s still in high school?                   | Yes<br>Yes | No<br>No |       |
| 7. Does the child suffer from any chronic health conditions such as asthma, diabetes, heart problems, etc.?               | Yes        | No       |       |
| 8. Does the child have a diagnosed hearing, vision, speech problem, IEP or did the child have an IFSP?                    | Yes        | No       |       |
| 9. Does the child live in a single-parent household?  | Yes        | No       |       |
| 10. Is the child raised by a relative or guardian?  | Yes        | No       |       |
| 11. Has the child been in foster care?  | Yes        | No       |       |
| 12. Does the child have a brother or sister with a disability, who has either an IEP or an IFSP?                          | Yes        | No       |       |
| 13. Is the child adopted?   | Yes        | No       |       |

**Children must register at their home school. If you are interested in transferring your child to another school (DES, RES, PES), a request to transfer form must be filled out after child is registered at their home school. Federalsburg & Greensboro Elementary Schools are closed for transfers into their Pre-Kindergarten programs.**

Proof of residency: Property tax bill or receipt    Deed    Mortgage Acct. Statement  
Renters agreement or lease                      Electric, gas or oil bill (heating)

I hereby certify that this information is accurate and true to the best of my knowledge. In the event that this information is found to be inaccurate, the child's placement in the program could be jeopardized.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**