



Caroline County Preschool Program Application (Part 2)

Completion of this application **does not** guarantee acceptance into the prekindergarten program. Accepted applicants will be notified by postal mail.

Section I: Family Information

Please list and complete information for all of the family members (adults and children) who **reside** in the house with the child applying for the preschool program:

Name	Age	DOB	Relationship to Child	Name of School or Employer

Check all of the following characteristics or situations that apply to your family.

- ☐ Homeless or living in a shelter, hotel, or campground
- ☐ Living with relatives or others due to a loss of housing or economic hardship
- ☐ Child raised by other relatives
- ☐ Child's mother is currently incarcerated
- ☐ Child's father is currently incarcerated
- ☐ Child is in foster care
- ☐ Child has been abused
- ☐ Military Deployment
- ☐ Single Parent
- ☐ None of these apply to my child

Section II: Family Assistance Information

If your family is currently receiving any of the following forms of income and/or assistance, please check all that apply.

- ☐ Alimony/Spousal Support
- ☐ Child Care Assistance from DSS
- ☐ Child Support
- ☐ Disability

- ☐ Rents and Royalties
- ☐ Social Security and SSI
- ☐ Survivor Benefits
- ☐ TANF (Temporary Assistance for

Needy

- ☐ Educational Assistance
- ☐ Estates and Trusts
- ☐ Pension or Retirement Income
- ☐ Financial assistance from outside the household

- ☐ Unemployment Payments
- ☐ Veterans Benefits
- ☐ Workers Compensations Payments

Section III: Parent/Legal Guardian Agreements & Certifications

I certify that all the information on this application and that the documents I have provided are true and accurately reflect my family's current situation. I understand if any of this information changes, I am to notify the program immediately. I certify that all income and assistance is reflected on this application and the documentation I have provided. I understand that deliberate misrepresentation of information may result in my child to be unenrolled/removed from the preschool program. I further understand that completion of all application information (including physical examination, immunizations, original or certified birth certificate, proof of residence, etc.) is required.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only

Date Application Received: _____

Documents Received w/ Application: ☐ Income Verification ☐ Parent Questionnaire

Birth Certificate Verification: Verified By: _____ Date: _____

State of Birth: _____ Certificate Number: _____

Date of Certificate Issuance: _____

Residency Verification: Proof of Residency: 1. _____ 2. _____

Income Verification: 1. _____ 2. _____

Total # in Family: _____ Annual Household Income: _____

Verification of documents By: _____ Date: _____

☐ Eligible for Preschool

☐ Ineligible for Preschool