

Monroe County Schools Pre-K Application for 2017-2018
CHILD INFORMATION

Name (First) _____ **(Middle)** _____ **(Last)** _____

Date of Birth _____ **Social Security #** _____ **Sex:** M F

Birth Certificate Number: _____

Race: White Hispanic African American Native American Asian Pacific Is. Other/Specify: _____

Primary Language: English Spanish French Other/Specify: _____

State of Birth Tennessee Other/Specify: _____

County of Birth Monroe Blount McMinn Knox Other/Specify: _____

Country of Birth United States Other: _____ Date entered country: _____

Custody of Child: Both Parents Father Mother Grandparent Other/Specify _____

Mother's Maiden Last Name _____

Parent/Guardian Information

Name(s) _____

Relation to child _____

Address _____

City _____

State/Zip code _____

Email Address _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Emergency Contact (other than person/persons listed on previous page)

Name _____

Relation to child _____

Address _____

Home Phone _____

Cell Phone _____

Does the child have a disability or special need? Yes _____ No _____
Suspected? _____ If yes, give diagnosis, date, and source: _____

Were there any problems during pregnancy? _____

Was the pregnancy full term? _____

At what age did the child talk? _____

At what age did the child walk? _____

Are there any developmental concerns about your child? _____

Was child referred to program? Yes _____ No _____

If yes, by whom? _____

Any specific family need or crisis? Yes _____ No _____

If yes, describe: _____

Is child fully potty trained? Yes _____ (no pull-ups) at what age? _____ No _____

Is child enrolled in Imagination Library? Yes _____ No _____

Pre-K Program

As a parent who has enrolled my child in the Monroe County Schools Pre-K Program, I give my permission:

Yes ___ No ___ 1. For my child to receive all health services provided by the Monroe County Schools' Pre-K Program which may include immunizations, vision, dental, hearing, speech, mental health services, physical examinations, and follow up treatment (if needed) using other resources to pay for the treatment.

Yes ___ No ___ 2. I understand that the birth certificate, Social Security card, immunization record and current physical must be complete and turned in on the 1st day of school

Yes ___ No ___ 3. For my child to receive emergency medical treatment if his/her parents or guardians cannot be immediately reached.

Yes ___ No ___ 4. For my child to have his/her picture or video taken for the purpose of being used in newspaper articles by the Monroe County Schools Pre-K Program for publicity, brochures, bulletin boards, program websites or visual presentations about the program.

Yes ___ No ___ 5. For my child to participate in field trips.

Yes ___ No ___ 6. For my child's application, health, and classroom information to be placed in a computer system for use in record keeping and in the Monroe County Schools Pre-K Program.

Yes ___ No ___ 7. I understand that my family and child's Monroe County Schools Pre-K Program written and computerized information will remain confidential and that I have the right to review those records at any time, upon my request.

Yes ___ No ___ 8. For continuing education purposes the school system may request names and developmental information on my child and I agree for the Monroe County Schools Pre-K Program to share this information in order to insure a smooth transition to the school system.

I am interested in volunteering in the classroom and would like to learn more about this. ___ Yes ___ No

I am interested in attending Parent Meetings and will make an effort to be there: ___ Yes ___ No

Child's name

Parent's name

Date

Date

Child's Name: _____

Please check the school that your child is applying (if applying at more than 1 school, please number 1st choice, 2nd choice, 3rd choice):

_____ **Madisonville Pre-K** _____ **Tellico Pre-K** _____ **Vonore Pre-K**

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature(s) _____ **Date** _____

Phone Number: _____ **Cell phone:** _____

.....
Administration Use Only:

Date application was received at Central Office _____

Number _____

Accepted: _____

Denied: _____ **Reason:** _____

Pre-K Supervisor Signature: _____

Date: _____

Information for Parents:

Pre-K Enrollment Priority Requirements

1st Requirement: Pursuant to state law 49-6-101: students eligible for free and reduced lunch program.

2nd Requirement: Students with disabilities, students identified as ELL, in state custody, or those identified as educationally at-risk for failure due to circumstances of abuse or neglect.

If an insufficient number of children meeting the above enrollment requirements are enrolled to fill a specific classroom, the LEA may enroll any child who meets the age requirement and the requirements set forth by the Community Pre-K Advisory Council.

3rd Requirement: Students who meet local at-risk criteria as established by the local Community Pre-K Advisory Council or who do not meet any at-risk criteria but are considered unserved or underserved may be enrolled by a process established by the Community Pre-K Advisory Council.

Pre-Kindergarten Frequently Asked Questions:

Enrollment: Enrollment priority requirements will be followed in compliance with the Community Pre-K Advisory Council. If Pre-K classrooms are not at full capacity (20 students per classroom) after the first 20 days of school, then additional students will be accepted. All Pre-K Applications should be turned in to the school to which your child is applying.

Age Requirements: Child must be four years old on or before August 15, 2017.

Immunization Requirements: All shots & physical exams must be in compliance with TN Department of Health requirements for a 4 year old child.

Transportation: Monroe County does **NOT** provide transportation to and from school for Pre-Kindergarten children. It is entirely the parent/guardians responsibility to transport your Preschooler to and from school.

Attendance/Hours: Pre-K students follow the Monroe County attendance policy for elementary schools. Pre-Kindergarten school hours are weekdays beginning at 8:00 a.m. and ending at 1:30 p.m.

Tuition: There are no tuition charges for enrollment in Pre-Kindergarten.

Acceptance in Pre-K Program: Filling out an application does NOT guarantee acceptance in the Pre-K Program. Upon acceptance to the Pre-K Program, letters/phone calls will be sent to parents/guardians by June 1, 2017.

General School Information:

Brooke Johannsen	Monroe County Schools	Pre-K Supervisor	423-442-2373
Amanda Woody	Vonore Elementary	Pre-K Teacher	423-884-6392
Jan Mathews	Tellico Plains Elementary	Pre-K Teacher	423-253-2626
Kelly Davis	Madisonville Primary	Pre-K Teacher	423-442-2236
Debbie McDaniel	Monroe County Schools	Pre-K Secretary	423-442-5592

Check out our Pre-K webpage at www.monroe.k12.tn.us



For Office Use Only
Please Circle One
Income Eligible: Yes / No
If yes, and enrolled, student should be classified as (L) in student information system

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.
 Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student: _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1			
Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2	
Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (√) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(√)	(√)	(√)	(√)	(√)	Case #
Early Head Start	Foster Care	Migrant	Families First (TANF)		
Head Start	Homeless	Food Stamps / EBT			

*If submitting proof of qualifying for any of the above programs, you do **NOT** need to complete Part C.

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes					
A. GROSS work Income	D. Pension(s)	G. Veteran's Benefits	J. SSI Disability		
B. Unemployment	E. Retirement	H. Child Support	K. Other - please list	↓	
C. Workman's Comp	F. Social Security	I. Alimony			

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

Pay Stub / Verification of pay by employer	Retirement Documentation	Foster Care Reimbursement
W-2 Form	Social Security	SSI Documentation
Income Tax Form 1040A or 1040	Veteran's Benefit Letter	TANF Documentation
Unemployment Compensation	Child Support	AFDC / Public Assistance Payment
Workman's Compensation Documentation	Alimony Documentation	TennCare Verification
Pension Stubs	Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____

Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information.
Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____