



2019-2020 PRE-KINDERGARTEN PARENT QUESTIONNAIRE

Child's Name:	Date of Birth:
Parent's Name:	Home Phone:
School:	Work Phone:
Home Address:	
Bus Pick Up Address:	

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			
1.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Please answer the following questions.

1. What language does your child speak? English Spanish Other: _____
2. Did your child attend the 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 37th week of pregnancy? YES NO
6. Did both of the child's parents finish high school? YES NO
7. Are one or both of the child's parents in high school currently? YES NO
8. Does the child suffer from any chronic health conditions such as asthma, diabetes, heart problems, etc.? YES NO
9. Does the child have a diagnosed hearing, vision, speech problems, IEP or did the child have an IFSP? YES NO
10. Does the child live in a single-parent household? YES NO
11. Has the child been in Foster Care? YES NO
12. Is the child raised by a relative or guardian? YES NO
13. Does the child have a brother or sister with a disability, who has either an IEP or an IFSP? YES NO
14. Is the child adopted? YES NO

Children must register at their home school. If you are interested in transferring your child to another school, a request to transfer form must be filled out after the child is registered at their home school. Federalsburg and Greensboro Elementary Schools are closed for transfers into their Pre-K Program.

Proof of Residency: (Must provide one of the following)

_____Property Tax Bill/Receipt _____Deed _____Mortgage Statement
_____ Electric Bill _____Gas Bill _____Oil Bill _____Renters Agreement/Lease

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, my child's placement in the program could be jeopardized.

Parent/Guardian Signature

Date