



**CAROLINE COUNTY PUBLIC SCHOOLS  
PRE-KINDERGARTEN PARENT/GUARDIAN  
QUESTIONNAIRE  
2020-2021**

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

**HOUSEHOLD MEMBERS AND MONTHLY INCOME:**

<b>Name of Household Members</b> (Include the child named above)	<b>Check Block if Foster Child</b>	<b>Monthly Earnings from Work</b> (before deductions)		<b>Monthly Welfare Payments, Child Support, Alimony</b>	<b>Monthly Payments from Pensions Retirement, Social Security</b>	<b>Any Other Monthly Income</b>
		<b>Job 1</b>	<b>Job 2</b>			
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. Do you (parent) suffer from a chronic illness or are 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 you (and other parent) finish high school?  |         |         |            | Yes | No |
| 7. Are you (or the other parent) in high school currently?   |         |         |            | Yes | No |
| 8. Does your child suffer from any chronic health conditions such as asthma, diabetes, heart problems, etc.? |         |         |            | Yes | No |
| 9. Does your child have a diagnosed hearing or vision concern?   |         |         |            | Yes | No |
| 10. Does your child have an IEP or had an IFSP?  |         |         |            | Yes | No |
| 11. Does your child live in a single-parent household?   |         |         |            | Yes | No |
| 12. Has your child been in Foster Care?  |         |         |            | Yes | No |
| 13. Is your child being raised by a relative or guardian?  |         |         |            | Yes | No |
| 14. Does your child have a brother or sister with a disability who has either an IEP or an IFSP?             |         |         |            | Yes | No |
| 15. Is your 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.

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