

Kindergarten and PreK Registration

Our kindergarten and PreK registration begins on March 14th during our Parent Teacher Conference times.

Kindergarten:

If you have a child who will be five on or before September 1, 2013, please register him/her for kindergarten during conference times.

To register your child for kindergarten, please bring to Valley:

1. Birth certificate
2. Immunization records
3. Proof of residency
4. Enrollment form
5. Transportation Information form
6. Kindergarten Information sheet

Additional medical information and forms will be given to you at registration.

Our staffing for next year is based on enrollment numbers, so it is very helpful to have an accurate number of kindergarten students registered.

Pre-K

Next year we will once again have one session of Pre-K .

If you have a child who will be four on or before September 1, 2013, you may qualify to enroll your child for Pre-K at Valley.

To register your child for PreK, please bring to Valley:

1. Birth certificate
2. Immunization records,
3. Proof of residency
4. Proof of income
5. Enrollment Form
6. Transportation information form

Additional medical information and forms will be given to you at registration.

It is a half day program and transportation will be provided.

FCPS Pre-K programs accept students on a priority need basis and not on a first come first served basis. Students who are automatically enrolled into the program would be families who are eligible for the free and reduced meals program. Other children may also qualify for other priority areas.

Please let your friends and neighbors know about registration as well. Thanks for your help in spreading the word. Last year, our early registration was very successful.

If you have any questions regarding kindergarten or PreK registration, please call the school at 240-236-3000.

Pre-Kindergarten Registration Information – 2013/2014

Valley Elementary will again host a half-day Pre-Kindergarten this fall. Pre-Kindergarten is for children who were born between September 2, 2008 and September 1, 2009.

If your child will be five years old on or before September 1, 2013, they **do not** qualify for pre-kindergarten, but would qualify for the regular kindergarten program. The school system will be providing transportation for accepted students.

Registration will begin on March 14th from 1:30 p.m. – 7:30 p.m. and on March 15th from 9:00 a.m. – 3:30 p.m. All parents are encouraged to register at that time. Students will be accepted on a priority basis: Automatic, High Priority, Low Priority and Other, and **not** on a first come basis. Families who qualify for the free and reduced meals program are considered “Automatic.” For more information on the priorities, please see the back of this flyer.

Pre-Kindergarten is a Maryland State Department of Education-funded program for children. The main purpose of the program is to serve children who have a need for pre-school in order to be academically successful in later years. The Maryland Legislature and the Maryland State Department of Education require that specific information on both the child and the family must be gathered to ensure that the children needing the services receive first access to the program.

Documentation is required for proof of:

- Income – must provide one of the following:
 - W-2 form from 2012
 - Three consecutive pay stubs from the past 6 months
 - A letter, on letterhead, from your employer, stating your income
- Documentation if the child is in your care as a foster child
- Participation in Even Start, Head Start, or Special Education Pre-School – must provide:
 - Report card or letter
- Speech, Hearing, Vision, or Physical Disability – must provide:
 - IEP form or an official report from his/her doctor

In addition to the above special documentation, the following documentation is required for all students entering Frederick County Public Schools:

- Proof of Date of Birth
- Proof of Residency
- Immunization Record
- Record of Physical Examination (completed after acceptance)
- Blood Lead Testing Certificate (completed after acceptance)

Applications will not be considered completed or reviewed until all documentation has been received.

All children who meet the requirements under “Automatic” are accepted as they apply and their income is confirmed. If your child qualifies as a “High Priority,” or “Low Priority,” you will not be notified of acceptance until after August 1. Children in the “Other” category will **not** be accepted into the program unless the area Director indicates the school should do so; this will be done only in extraordinary circumstances.

We are very excited to offer this learning opportunity to our community. If you know of families who have a child who meets the qualifications for Pre-Kindergarten, please share this information with them. For more information, please call the Valley Elementary office at 240-236-3000.

Automatic

This category is limited to children who are eligible for free and/or reduced lunch or are in foster care. Below is the income chart to qualify for free and/or reduced lunch:

Household Size	Year	Month	Week
1	\$20,665	\$1,723	\$398
2	\$27,991	\$2,333	\$539
3	\$35,317	\$2,944	\$680
4	\$42,643	\$3,554	\$821
5	\$49,969	\$4,165	\$961
6	\$57,295	\$4,775	\$1,102
7	\$64,621	\$5,386	\$1,243
8	\$71,947	\$5,996	\$1,384
For each add'l member add:	\$7,326	\$611	\$141

High Priority

This category is limited to children who have participated in Head Start, Even Start, pre-school special education (and is no longer eligible) in the past 12 months. It is also for children who do not speak English. In addition, it is for any child who has a **documented** disability, including hearing, speech, vision, or physical disability.

Low Priority

This category is limited to the following risk factors:

- Child's birth weight less than 6 pounds
- Single parent (separation, divorce)
- Hospitalization/chronic illness of parent/guardian/sibling
- Drug/alcohol abuse of parent/guardian
- Parent(s)/sibling death
- Parent(s) are or have been incarcerated
- Parent or sibling has an emotional or physical disability
- Child raised by relative/guardian
- Child has exposure to lead
- Language other than English is the primary language spoken at home
- Child has serious injury/trauma
- Child abuse/neglect
- Chronic illness (e.g. asthma, diabetes, etc, Documentation Required)
- Parent(s) did not complete high school
- Child has long-term use of medications
- Parent(s) are adolescents completing high school
- Child has been adopted
- Child's sibling has a history of poor school performance
- Mother's current age 22 or younger

Other

This category is for all children who are not in any other category mentioned above.

**FREDERICK COUNTY PUBLIC SCHOOLS CONFIDENTIAL
PRE-KINDERGARTEN ENROLLMENT CHECKLIST 2013-2014 SCHOOL YEAR**

Please Print:

Child's Name	Date of Birth (Must be born between 9/2/08 - 9/1/09)
Parent/Guardian Name	Home Phone
School	Work Phone

I. GUIDELINES FOR AUTOMATIC PLACEMENT

FOOD STAMP OR TEMPORARY CASH ASSISTANCE (TCA) INFORMATION

If applicable, list your household Food Stamp or TCA Number. A Social Security Number is not required.
Food Stamp # _____ TCA # _____

FOSTER CHILD: Check if the child is the legal responsibility of the Department of Social Services or court. **Show Documentation.** Monthly income: \$ _____. The foster parent/official representing the child must sign the application. A social security number is not required.

TOTAL HOUSEHOLD GROSS INCOME – Please complete worksheet below.
Income information must be completed for eligibility for Automatic entrance.

NAMES OF ALL HOUSEHOLD MEMBERS (Including All Children)	EARNINGS FROM WORK (Before Deductions)	ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security	ALL OTHER INCOME
	Monthly Income	Monthly Income	Monthly Income
1.	\$ _____	\$ _____	\$ _____
2.	\$ _____	\$ _____	\$ _____
3.	\$ _____	\$ _____	\$ _____
4.	\$ _____	\$ _____	\$ _____
5.	\$ _____	\$ _____	\$ _____
6.	\$ _____	\$ _____	\$ _____

(Names of additional household member names may be placed on back of this form)

* Total Monthly Income x 12 Months = \$ _____ Annual Income

Signature: I certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Parent/Guardian: _____ Date: _____

Signature of School's Designee: _____ Date: _____

II. GUIDELINES FOR HIGH PRIORITY PLACEMENT

Please check any of the following early learning programs that your child has participated in within the last 12 months.

- Head Start
 - Even Start
 - Pre-School Special Education (Child Find, Infants and Toddlers, etc.)
- * Documentation must be provided (I.E. Child Find Report, Head Start Report Card, etc.)

Does your child have **documented** special needs? (Please check any that apply)

- Speech
- Hearing
- Vision
- Physical Disabilities
- Other (Please Explain) _____

* Documentation must be provided (i.e. IEP Forms, Doctor Report)

Does your child speak another language as his/her main language? Yes No

If yes, please specify _____

* Please note: Children will be assessed by a designee of the ELL office.

III. GUIDELINES FOR PRIORITY PLACEMENT

Please check all categories below that apply to you or your child:

- | | |
|--|--|
| <input type="checkbox"/> Child's birth weight less than 6 pounds | <input type="checkbox"/> Language other than English is the primary language spoken in the home |
| <input type="checkbox"/> Single parent (separation, divorce) | <input type="checkbox"/> Child has serious injury/trauma |
| <input type="checkbox"/> Hospitalization/chronic illness of parent/guardian/ sibling | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Drug/alcohol abuse of parent/guardian | <input type="checkbox"/> Chronic illness (e.g. asthma, diabetes, etc., * Documentation Required) |
| <input type="checkbox"/> Parent(s)/sibling death | <input type="checkbox"/> Parent(s) did not complete high school |
| <input type="checkbox"/> Parent(s) are or have been incarcerated | <input type="checkbox"/> Child has long-term use of medications |
| <input type="checkbox"/> Parent or sibling has an emotional or physical disability | <input type="checkbox"/> Parent(s) are adolescents completing high school |
| <input type="checkbox"/> Child raised by relative/guardian | <input type="checkbox"/> Child has been adopted |
| <input type="checkbox"/> Child has exposure to lead | <input type="checkbox"/> Child's sibling has a history of poor school performance |
| | <input type="checkbox"/> Mother's current age 22 or younger |
| | <input type="checkbox"/> None of the above |

Applying for a pre-kindergarten program, regardless of the time of year, DOES NOT automatically guarantee enrollment. Every attempt is made to provide programs for as many children as possible, but because of funding restrictions spaces are limited. In order for your application to be considered, all appropriate information must be completed, accompanied by ALL requested documentation.

In the event this information is found to be inaccurate, the child's placement in the program may be jeopardized.

I certify that the above information is accurate.

Signature: Parent/Guardian _____ Date: _____

(For School Use Only)

Enrollment Date _____	Student ID# _____	Bus # _____
Enrollment Code _____	Teacher Name _____	Walker _____

Frederick County Public Schools Enrollment Form

School _____

Legal Name of Student _____

First	Middle	Last	Date of Birth	Sex
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SOCIAL SECURITY # _____ GRADE: _____

Do you have a proof of custody/guardianship? (Birth certificate/guardianship papers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have current proof of residency? (please circle one below)		
Gas, Electric, Water Bill	Signed Lease Agreement	Other (PPW permission required)
Do you have proof of immunization for your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you do not have all boxes marked yes, please see secretary. MD COMAR requires all the above before a child can attend/enroll in school.</i>		

Is there a court order concerning custody? Yes No N/A

Is there a "NO CONTACT" order*? Yes No

* If there is a NO CONTACT order in any legal form of documentation, FCPS must have a copy to honor the request.

Evidence of Date of Birth: (check one and retain copy)

- Birth Certificate
 Physician's certificate
 Church Certificate
 Passport/Visa
 Hospital Certificate
 Parent's Affidavit
 Other (specify) _____

Is the student Hispanic or Latino? Yes No

Race (check all that apply):

- American Indian/Alaskan Native
 Asian
 Black or African American
 White
 Native Hawaiian or other Pacific Islander

Primary language spoken in home _____

Student's First Language _____

Country of Birth: _____

Home Telephone: _____

Student Address: _____

Is this an out of district residence? Yes No

School Last Attended: _____

Date Last Attended: _____

Address: _____

Telephone: _____

Contact Person: _____

Would you like your child listed in student directory information?

Yes No

Is your current address a temporary living arrangement? Yes No

If yes, is this temporary living arrangement due to lack of housing or economic hardship?

Yes No

Please indicate your dwelling type:

- Apartment/Condo
 Detached/Mobile
 Townhouse/Duplex

Is your child eligible for free/reduced meals?

Yes No

If coming from out of county/state, has your child ever attended a Frederick County Public School? Yes No

If yes, please specify school name: _____

Is the student currently expelled or suspended from another school? Yes No If yes, school will refer to PPW

Is the student transferring from an alternative school? Yes No If yes, school will refer to PPW

Special Services

Was child enrolled in a special program? Yes No If Yes, please specify _____

Special Education (hours of service _____) Court Placement Residential Other

Was child enrolled in a 504 plan? Yes No

English Language Learner Yes No If yes, circle one: Beginner Intermediate Advanced

Student Support Teacher Services Yes No

*To contact first in an emergency

PRIMARY*

Parent/Legal Guardian

Parent/Legal Guardian

(Relationship to Student)

(Relationship to Student)

Parent/Legal Guardian address (if different from student)

Parent/Legal Guardian address (if different from student)

Home Telephone: _____

Home Telephone: _____

Work Telephone: _____

Work Telephone: _____

Employer: _____

Employer: _____

Cell Telephone: _____

Cell Telephone: _____

Email address: _____

Email address: _____

Are you a seasonal agricultural migrant worker? Yes No
Employed on Federal Property? Yes No

Are you a seasonal agricultural migrant worker? Yes No
Employed on Federal Property? Yes No

OTHERS IN THE HOUSEHOLD:

NAME

DATE OF BIRTH

RELATIONSHIP TO STUDENT

DAY CARE PROVIDER:

Name _____

Home Telephone # _____

Cell Telephone # _____

Address _____

PERSON(S) TO BE CONTACTED IN AN EMERGENCY (other than guardian):

1. Name _____

Home Telephone # _____

Cell # _____

Address _____

Work Telephone # _____

Relationship to Student _____

2. Name _____

Home Telephone # _____

Cell # _____

Address _____

Work Telephone # _____

Relationship to Student _____

HEALTH CONCERNS (Takes medication regularly, wears glasses, hearing problem, allergies, diabetic, etc.)

Describe: _____

Immunization record on file? Yes No

Has the child received a physical examination in the past 9 months? Yes No

Is DHMH Physical Examination form on file? Yes No If no, reason: Insufficient financial resources Lack of access to care

Community Services (optional) If your family has been in contact and/or has received services from outside agencies, please indicate below (i.e., Mental Health, Social Services, Community Agency School Services [CASS]).

DISCLAIMER

Your son/daughter _____ has been enrolled on the basis of available information. Upon receipt of all records and information, formal enrollment will be completed. Any person who willfully makes a material misrepresentation shall be subject to a penalty payable to the county for three times the pro rata share of tuition for the time the child fraudulently attends a Frederick County Public School.

Date

Signature of Parent/Legal Guardian

Transportation Information (2012-2013)

In order to ensure your child is assigned to the correct bus for the upcoming school year and is picked up and dropped off at the correct location, please furnish us with the following information. If your situation changes anytime over the summer or during the upcoming school year, please make sure you notify the front office of the changes.

Child's Name: _____

Home Address: _____

Parents/Guardians: _____

What Means of Transportation: _____ Bus _____ Parent Drives
 _____ Special Needs _____ Other (YMCA)

Will your child be picked up and dropped off at the above address? Yes or No

If NO, Name of daycare provider: _____

Address of daycare provider: _____

Phone number of daycare provider: _____

Days of the week/times this will take place: M T W TH F / a.m. p.m. Both
Please circle the ones that apply to your child's daycare situation.

Notes: _____

As you are aware, occasionally there is a need for an unannounced early dismissal due to inclement weather or other emergency. During these times we have very limited phone service for calling out and in, therefore, it is important that we know where to send your child.

In case of an early dismissal, will your child follow the same routine as noted above? Yes or No

If NO, where will your child go in the event of an early dismissal?

**ESCUELAS PÚBLICAS DEL CONDADO DE FREDERICK
LISTA DE CONTROL CONFIDENCIAL PARA LA INSCRIPCIÓN A PRE-
KINDERGARTEN CORRESPONDIENTE AL AÑO ESCOLAR 2013-2014**

Complete en letra de imprenta:

Nombre del niño	Fecha de nacimiento (Debe haber nacido entre el 9/1/08 y el 9/1/09)
Nombre del Padre/Tutor	N.º de teléfono particular
Escuela	N.º de teléfono laboral

I. DIRECTRICES PARA LA COLOCACIÓN AUTOMÁTICA

INFORMACIÓN SOBRE CUPONES PARA ALIMENTOS O ASISTENCIA FINANCIERA TEMPORARIA (TCA)

Si corresponde, detalle el número de Cupones para Alimentos o TCA de su grupo familiar. No es necesario incluir el número de seguro social.

N.º del Cupón para Alimentos _____ N.º de TCA _____

HIJO ADOPTIVO: Marque si el niño se encuentra bajo la responsabilidad legal del Departamento de Servicios Sociales o de algún tribunal. **Presente la documentación.** Ingresos mensuales: \$ _____. El padre adoptivo o funcionario que representa al niño debe firmar la solicitud. No es necesario incluir el número de seguro social.

INGRESO BRUTO TOTAL DEL GRUPO FAMILIAR. Complete la hoja de trabajo que se encuentra a continuación.

La información sobre los ingresos debe estar completa a fin de reunir los requisitos necesarios para la admisión automática.

NOMBRE DE TODOS LOS MIEMBROS DEL GRUPO FAMILIAR (incluidos todos los hijos)	GANANCIAS LABORALES (Antes de deducciones)	INGRESOS ADICIONALES (Manutención infantil, pensión alimenticia, TCA, pensiones, retiro, seguro social)	OTROS INGRESOS
	Ingresos mensuales	Ingresos mensuales	Ingresos mensuales
1.	\$ _____	\$ _____	\$ _____
2.	\$ _____	\$ _____	\$ _____
3.	\$ _____	\$ _____	\$ _____
4.	\$ _____	\$ _____	\$ _____
5.	\$ _____	\$ _____	\$ _____
6.	\$ _____	\$ _____	\$ _____

(Los nombres de los miembros adicionales del grupo familiar se pueden colocar al dorso de este formulario)

* Total de ingresos mensuales x 12 meses = \$..... ingresos anuales

Firma: Certifico que la información que arriba se detalla es verdadera y correcta, y que se informan todos los ingresos. Comprendo que los funcionarios de la escuela pueden verificar la información de la solicitud y que si realizo una declaración mendaz en forma intencional puedo quedar sujeto a procedimientos penales conforme las leyes estatales y federales vigentes.

Firma del Padre/Tutor: _____ Fecha: _____

Firma del representante de la escuela: _____ Fecha: _____

II. DIRECTRICES PARA COLOCACIONES DE ALTA PRIORIDAD

Marque alguno de los programas de aprendizaje temprano en que su hijo ha participado dentro de los últimos 12 meses.

- Programa Head Start
- Programa Even Start
- Educación especial preescolar (programa Child Find, programa para bebés y preescolares, etc.)

*Debe proveerse la documentación necesaria (p. ej. informe de Child Find, boletín de calificaciones de HeadStart, etc.)

¿Su hijo posee necesidades especiales **documentadas**? (Marque la opción que corresponda, si la hubiera).

- Habla
- Audición
- Visión
- Discapacidades físicas
- Otros (explicar) _____

* Debe proveerse la documentación necesaria (p. ej. formularios de IEP, informe médico)

¿Su hijo habla otro idioma como lengua materna? Sí ----- No-----

Si la respuesta es "sí", especificar _____

* Tenga en cuenta: Los niños serán evaluados por un representante de la oficina ELL.

III. DIRECTRICES PARA COLOCACIONES PRIORITARIAS

A continuación marque todas las categorías que correspondan a usted o a su hijo:

- | | |
|--|---|
| <input type="checkbox"/> Peso del niño al nacer (menor a 6 libras) | <input type="checkbox"/> Lengua materna (que no sea inglés) que se habla en el grupo familiar |
| <input type="checkbox"/> Padres solteros (separación, divorcio) | <input type="checkbox"/> El niño padece traumas/daños físicos graves |
| <input type="checkbox"/> Hospitalización/enfermedad crónica de padre/tutor/hermano | <input type="checkbox"/> Maltrato/descuido infantil |
| <input type="checkbox"/> Adicción al alcohol o a las drogas por parte del padre/tutor | <input type="checkbox"/> Enfermedad crónica (p. ej. asma, diabetes, etc. * Es necesario incluir la documentación necesaria) |
| <input type="checkbox"/> Fallecimiento de alguno de los padres o hermanos | <input type="checkbox"/> El padre o la madre no finalizó la escuela secundaria |
| <input type="checkbox"/> El padre o la madre ha estado en prisión | <input type="checkbox"/> El niño ha tomado medicamentos de forma prolongada |
| <input type="checkbox"/> Alguno de los padres o hermanos posee una discapacidad física o emocional | <input type="checkbox"/> El padre o la madre aún son adolescentes que asisten a la escuela secundaria |
| <input type="checkbox"/> El niño se ha criado con un familiar/tutor | <input type="checkbox"/> El niño ha sido adoptado |
| <input type="checkbox"/> El niño ha estado expuesto al plomo | <input type="checkbox"/> Alguno de los hermanos del niño posee un desempeño escolar bajo |
| | <input type="checkbox"/> La edad actual de la madre es de 22 o menos |
| | <input type="checkbox"/> Ninguno de los anteriores |

Solicitar un programa de pre-kindergarten, independientemente de la época del año, NO garantiza automáticamente la inscripción. Realizamos todos los esfuerzos a nuestro alcance para ofrecer los programas a la mayor cantidad posible de niños, pero los cupos son limitados debido a restricciones financieras. A fines de que su solicitud se tome en cuenta, se debe completar toda la información necesaria y se le debe adjuntar TODA la documentación requerida.

En caso de que se verifique la imprecisión de los datos presentados, no se podrá garantizar la colocación del niño en el programa.

Certifico que la información que arriba se detalla es correcta.

Firma: Padre/Tutor ----- Fecha: _____

(Para uso escolar únicamente)

Fecha de inscripción _____ N.º de ID del estudiante _____ N.º de autobús _____ N.º de escuela _____
Código de inscripción _____ Nombre del maestro _____ Peatón _____

Escuelas Públicas del Condado de Frederick Formulario de inscripción

Escuela _____

Nombre legal del estudiante _____
Primero Segundo Apellido Fecha de nacimiento Sexo

¿Posee alguna prueba de custodia/tutela? (Acta de nacimiento/documentos de tutela)	Sí	No
¿Posee alguna prueba actualizada de residencia? Factura de gas, electricidad, agua Contrato de arrendamiento firmado Otro (con permiso del PPW)		
¿Posee el historial de vacunación de su hijo? <i>Si no tiene todos los recuadros marcados con "sí", por favor consulte con la secretaria.</i>	Sí	No
El MD COMAR (Código de Regulaciones de Maryland) requiere todo lo anterior antes de que un niño asista/se inscriba en la escuela.		

¿Existe alguna orden judicial respecto de la custodia? Sí No N/C

¿Existe alguna orden de "NO CONTACTO"? Sí No

* Si existe una orden de "NO CONTACTO" bajo alguna forma de documentación legal, FCPS debe tener una copia para cumplir con este requisito.

Constancia de identidad: (Marque una de las opciones y conserve una copia)

- Acta de nacimiento Certificado médico Certificado de la iglesia Pasaporte/Visa Certificado del hospital Declaración jurada de los padres:
 Otro (especificar) _____

N.º de SEGURO SOCIAL _____ CALIFICACIÓN: _____

Es el/la Estudiante Hispánico/a o Latino/a? Sí No

Raza (marcar todas las que correspondan)

- INDÍGENA AMERICANA O NATIVA DE ALASKA ASIÁTICA NEGRA O AFROAMERICANA HAWAIANA NATIVA U OTRA ISLEÑA DEL PACÍFICO BLANCA

Lengua materna del grupo familiar: _____ Primera lengua del estudiante: _____

País de nacimiento _____

¿Desea que su hijo sea incluido en el directorio estudiantil?

Sí No

N.º de teléfono particular: _____

¿Su dirección actual es una vivienda temporaria? Sí No

Dirección del estudiante: _____

Si la respuesta es "sí", ¿se debe esta vivienda temporaria a la falta de vivienda o dificultades económicas?

Sí No

¿Reside fuera del distrito? Sí No

Última escuela a la que asistió _____

Fecha del último día que asistió _____

Por favor indique su tipo de vivienda:
Departamento/Condo Separada/Móvil
Adosada (townhouse)/Duplex

Dirección _____

¿Califica su hijo para recibir comidas gratuitas o a precio reducido?

Sí No

N.º de teléfono: _____

Persona de referencia: _____

Si viene de otro condado/estado, ¿asistió su hijo alguna vez a una Escuela Pública del Condado de Frederick? Sí No

Si la respuesta es "sí", especificar: _____

¿El/la estudiante ha sido expulsado o suspendido de otra escuela? Sí No Si la respuesta es "sí", la escuela se remitirá a PPW

¿El/la estudiante ha sido transferido de una escuela alternativa? Sí No Si la respuesta es "sí", la escuela se remitirá a PPW

Servicios Especiales

¿El/la estudiante ha estado inscrito alguna vez en un programa especial? Sí No Especificar: _____

Educación especial Horas de servicio Disposición judicial Servicio de vivienda Otro

¿El/la estudiante ha estado inscrito en un plan 504? Sí No
 Aprendizaje de idioma inglés Sí No Marque con un círculo la opción correspondiente Principiante Intermedio Avanzado
 Servicios de Apoyo Estudiantil Sí No

Padre/Tutor legal: _____

Padre/Tutor legal: _____

(Relación con el estudiante) _____

(Relación con el estudiante) _____

Dirección del Padre/Tutor legal (en caso de diferir con la del estudiante) _____

Dirección del Padre/Tutor legal (en caso de diferir con la del estudiante) _____

N.º de teléfono particular _____

N.º de teléfono particular _____

N.º de teléfono laboral _____

N.º de teléfono laboral _____

Empleador _____

Empleador _____

N.º de teléfono celular _____

N.º de teléfono celular _____

¿Es usted un trabajador agrícola migratorio y estacional? Sí No

¿Es usted un trabajador agrícola migratorio y estacional? Sí No

¿Trabaja en dependencia federal? Sí No

¿Trabaja en dependencia federal? Sí No

OTROS INTEGRANTES DEL GRUPO FAMILIAR:

NOMBRE	FECHA DE NACIMIENTO	RELACIÓN CON EL ESTUDIANTE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROVEEDOR DE CUIDADO INFANTIL:

Nombre _____

N.º de teléfono _____

Dirección _____

EN CASO DE EMERGENCIA COMUNICARSE CON (especificar sólo si no es el tutor):

- Nombre _____ N.º de teléfono particular _____
 Dirección _____ N.º de teléfono laboral _____
 Relación con el estudiante _____
- Nombre _____ N.º de teléfono particular _____
 Dirección _____ N.º de teléfono laboral _____
 Relación con el estudiante _____

INFORMACIÓN MÉDICA (consumo regular de alguna medicación, uso de lentes, existencia de problemas auditivos, alergias, diabetes, etc.)

Describir: _____

¿Posee registros de vacunación archivados? Sí No

¿Se le ha realizado al niño algún examen físico en los últimos 9 meses? Sí No

¿Posee registros de DHMH archivados? Sí No Si la respuesta es "no", aclare la razón: Recursos económicos escasos Imposibilidad de acceso a los servicios de salud

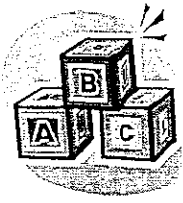
Servicios Comunitarios (opcional) Si su familia ha estado en contacto con agencias extranjeras o ha recibido servicios proporcionados por indíquelo a continuación: (p. ej. servicios de salud mental, servicios sociales, servicios del programa Community Agency School Services (CASS)).

DESCARGO

Su hijo/hija _____ ha sido inscrito/a de acuerdo con la información disponible. La inscripción se completará formalmente una vez que se haya recibido toda la información y documentación necesaria. Cualquier persona que realice una declaración mendaz en forma intencional será sujeta a una multa que se pagará al condado, equivalente a la suma de tres veces la parte proporcional de la matrícula en concepto del tiempo durante el cual el niño/a haya asistido en forma fraudulenta a una Escuela Pública del Condado de Frederick.

Fecha _____

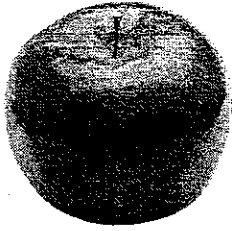
Firma del Padre/Tutor legal _____



What can we do at home to prepare for Pre-Kindergarten?

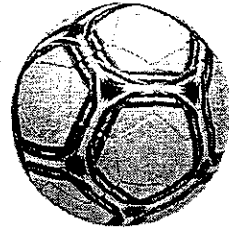
1. Play games with words and have them identify if words are the same or different. (cat, cat)
2. Generate rhyming words. (ball, call, fall...)
3. Ask for the first sound in a word. (ball, b)
4. Blend sounds together in words. (b...a...t, bat)
5. Practice identifying letters and creating the letter's sound.
6. Read stories and ask questions about characters, setting, problems and solution. If it's a factual book, ask for things that the students learned.
7. Help your child write his/her name. Make sure that the only capital letter is at the beginning.
8. Make patterns with your child. Find patterns in real life. (clothing)
9. Sort objects by shape, color, size,...any attribute.
10. Make sets of objects up to ten. Have the child count one to one.
11. Recite the number 0-10 in order.
12. Practice numeral identification. Point out numbers in every day life. (grocery store)
13. Use the following vocabulary when appropriate: more, less, above, below, under, over, on, off, up, down, big, little.
14. Talk about your schedule using terms such as morning, afternoon, night and day.

A a



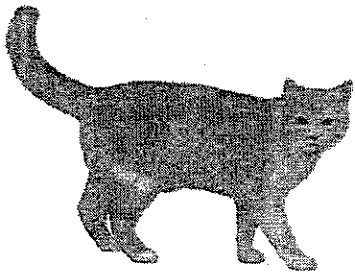
apple

B b



ball

C c



cat

D d



dog

E e



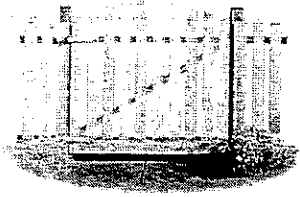
egg

F f



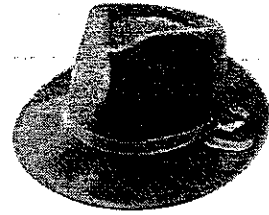
fan

G g



gate

H h



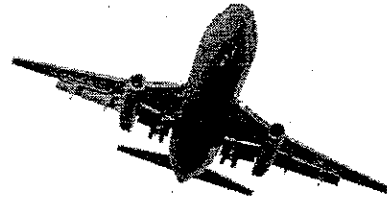
hat

I i



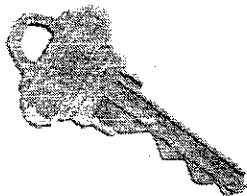
igloo

J j



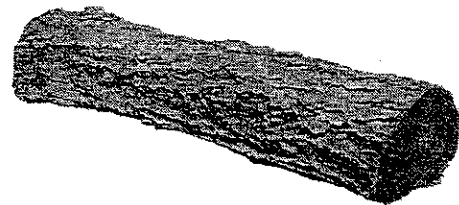
jet

K k



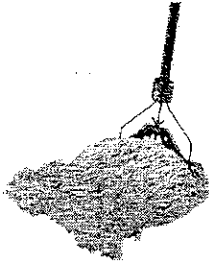
key

L l



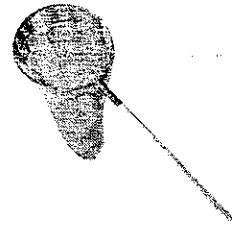
log

M m



mop

N n



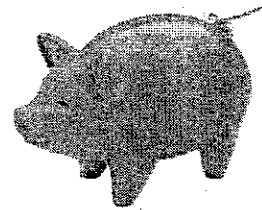
net

O o



ostrich

P p



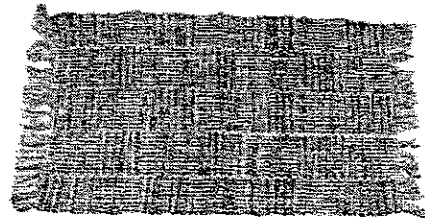
pig

Q q



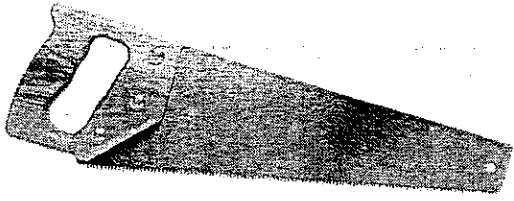
queen

R r



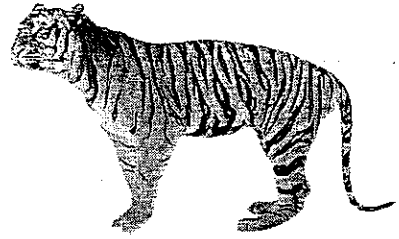
rug

S s



saw

T t



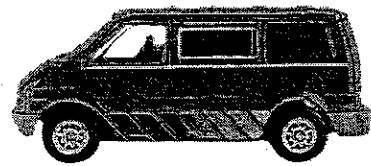
tiger

U u



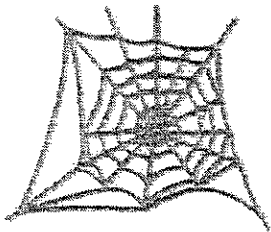
up

V v



van

W w



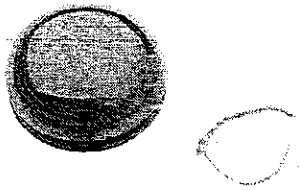
web

X x



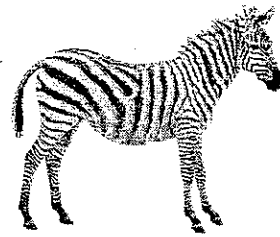
x-ray

Y y



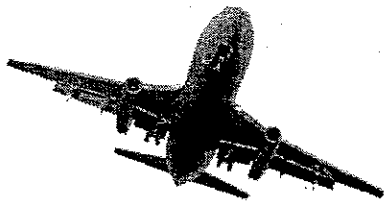
yo-yo

Z z

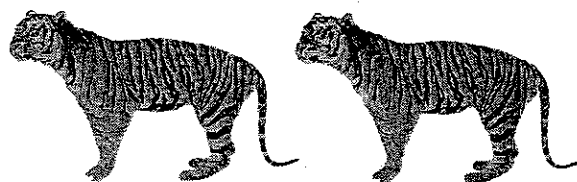


zebra

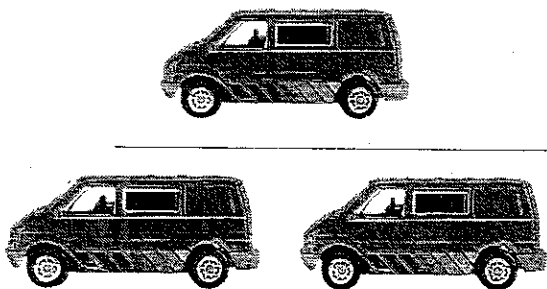
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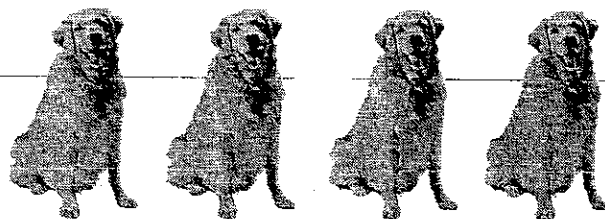
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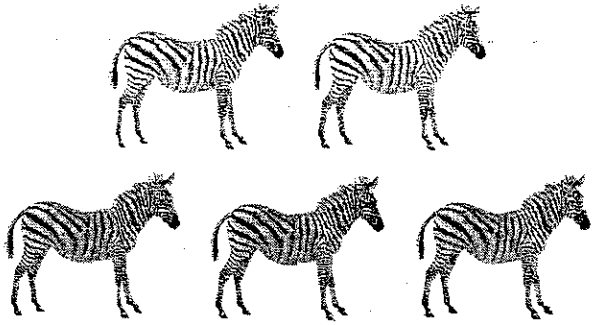
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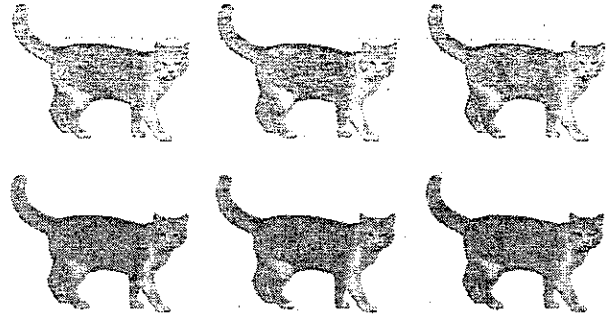
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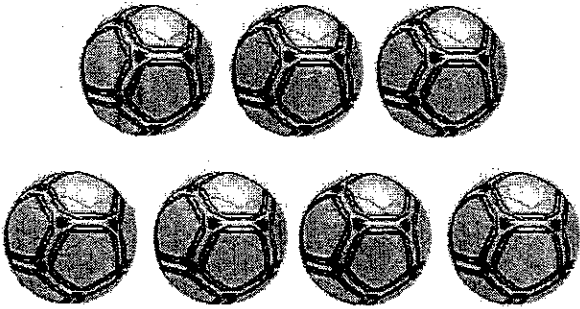
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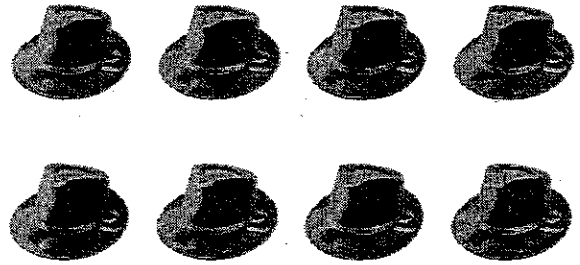
6



7



8



9



10

