



Kennedy Krieger Institute
 ATTN: Diane Appel, Pre-K Program
 3901 Greenspring Avenue
 Baltimore, MD 21211

Kennedy Krieger Institute



PACT's Pre-K Program
 ATTN: Sharon Holloway
 7000 Tudsbury Road
 Baltimore, MD 21244

Pre-K Program Application

Applications are reviewed in the order they are received. Please complete this application and send it to one of the addresses above, email it to **Pre-K@KennedyKrieger.org** or submit it in person. If you'd like to submit the application in person, or if you have any questions, please contact one of the following program directors:

Diane Appel, Pre-K Program director, at **Appel@KennedyKrieger.org** or **443-923-7699** (at Kennedy Krieger's Greenspring Campus)
 Sharon Holloway, PACT Program director, at **Holloway@KennedyKrieger.org** or **410-298-9280** (at PACT's campus)

GENERAL

Name of individual completing this form:		Date:
How did you hear about the Pre-K Program?		
<input type="checkbox"/> I'm a Kennedy Krieger employee <input type="checkbox"/> Current/former student: _____ <input type="checkbox"/> Internet: _____		
<input type="checkbox"/> Referral: Dr. _____ <input type="checkbox"/> Other: _____		
I'm interested in enrolling my child (select all that apply):		
<input type="checkbox"/> Now (if available) <input type="checkbox"/> Summer of 2021 <input type="checkbox"/> Fall of 2021 <input type="checkbox"/> Other: _____		
At which location are you interested in enrolling your child? If you are interested in either location, please also indicate your first choice:		
<input type="checkbox"/> Kennedy Krieger's Greenspring Campus <input type="checkbox"/> PACT's campus		

CHILD INFORMATION

Child's name:		Date of birth:
Child's gender:	Primary language:	
Street address:		
City:	State:	ZIP code:

FIRST GUARDIAN'S INFORMATION

Guardian name:		
Relationship to child:	Primary language:	
Street address:		
City:	State:	ZIP code:
Email:	Phone:	

SECOND GUARDIAN'S INFORMATION

Guardian name:		
Relationship to child:	Primary language:	
Street address:		
City:	State:	ZIP code:
Email:	Phone:	

Received on _____

HOUSEHOLD INFORMATION

Please identify all family members who live with the child. Include names and ages of siblings.

1.

2.

3.

4.

5.

6.

Is your household income at or below the levels to the right?*

Yes No

NOTE: Please provide a copy of your proof of income when submitting this application.

Household Size

1

2

3

4

Household Income

\$38,280

\$51,720

\$65,160

\$78,600

Household Size

5

6

7

8

Household Income

\$92,040

\$105,480

\$118,920

\$132,360

HEALTH INFORMATION

Does your child have any health concerns of which we should be aware? Has your child been prescribed any medication(s)? Please describe below.

Does your child have any allergies or dietary needs of which we should be aware (e.g., food allergies)?

ACADEMIC INFORMATION

Has your child ever attended a family or center-based child care center? If so, please identify the location of the center and tell us about your child's experience below.

Does your child have an IFSP or IEP? If so, please describe below and provide a copy of your child's most recent IFSP or IEP when submitting this application.

*We are currently using 2020 guidelines. These will be updated as of July 2021.

Does your child need any supports to be successful in a typical pre-K classroom of up to 15 children? Ideally, what supports would you like to be in place for your child?

What goals and wishes do you have for your child?

TECHNOLOGY QUESTIONNAIRE

Due to the COVID-19 pandemic, there may be times throughout the school year when we need to switch from on-site to virtual instruction.

Does your child have access to a computer, smart phone or iPad to attend virtual lessons?

Yes, access to a _____ No, we need assistance

Does your household have access to internet service?

Yes, we have access No, we need assistance

COMMENTS

Is there any additional information you would like to share with us about your child?

Thank you for your interest in our program. We look forward to talking more with you about your child!