

MONTGOMERY COUNTY PUBLIC SCHOOLS

TICKET

Receipt for Prekindergarten Pilot (Pre-K+) Application (Please keep for your records)

Prekindergarten/Head Start Unit
4910 Macon Road, Room 141, Rockville, MD 20852
Phone 240-740-4530 • Fax 301-230-5401

Based on your application, your child: **APPLICATION NUMBER:** _____ - _____

is age and Pre-K+ income eligible: 4-years-old by September 1, 2021 (DOB 9/2/16–9/1/17)

Due to space constraints, you are on a placement list for the Pre-K+ Program. Your child *may not* be placed in the Pre-K+ Program, it will depend on space availability. **You should seek other arrangements/programs for your child.**

Parent/Guardian Initials _____ / Staff Initials _____

Final determination of eligibility is made by program staff. Additional documentation may be required. Specific school assignment is based on space and transportation availability. Letters will be sent to families of four-year-old income eligible children who apply early; families who apply after July 31, will be informed as quickly as possible and may not be placed before school starts.

Parent/Guardian Initials _____ / Staff Initials _____

If there is a change of address, telephone number, or child care, call the Prekindergarten/Head Start office immediately at 240-740-4530. Changes of address and/or child care may affect your child's school assignment if placed. Changes must be received by July 31, to allow for processing. Changes received after July 31, **may** delay your child's placement until after classes begin. Pre-K+ classes begin one week after all other Kindergarten through Grade 12 students in MCPS school.

You may wish to contact ChildLink at 240-777-4769 for information about other program options for young children. If you wish to pursue child care subsidy, call 1-866-243-8796.

The information given is for the receipt of federal, state, and county funds; school officials may verify the information on the application and that falsification of any information submitted may be cause for rejection of this child's application or removal of the child from the program after placement.

Child's Name: _____ Birth Date ____/____/____

Prekindergarten/Head Start Staff Member Name _____ Date ____/____/____

If the following documents are not submitted within 10 days of the date of this application, your application will not be processed and your child will NOT be placed.
