

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only
____ Complete
____ Missing Items
Date _____

Please check the school that your child is applying (if applying at more than 1 school, please number 1st choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice):

\_\_\_\_ Madisonville Pre-K      \_\_\_\_ Tellico Pre-K      \_\_\_\_ Vonore Pre-K

\*\* I am interested in the Blended Program at MPS \_\_\_\_ Yes      \_\_\_\_ No

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

I understand that notification of my child's acceptance or denial into Voluntary Pre-K will be sent via email, phone call, and a mailed letter according to the information I have given on this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Both Parents

Other: \_\_\_\_\_

\_\_\_\_ I have sole custody of \_\_\_\_\_ and must furnish a copy of the custody papers to the school immediately.



**Checklist of Required Documentation:**

- Official Birth Certificate (not the Mother's copy)
- Social Security Card
- Shot/Physical Form (from doctor with 2 signatures)
- Proof of Income (Pay stubs, W2, Income Tax, etc.)
- Proof of Residency (anything with a physical address...No PO Box)
- 4 years old by August 15, 2019
- Legal Custody Papers
- Photo ID

# Monroe County Schools Pre-K Application for 2019-2020

## CHILD INFORMATION

For Office Use Only:  
Approved: \_\_\_\_\_  
Not Approved: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex: M F

Birth Certificate Number: \_\_\_\_\_

Race: White Hispanic African American Native American Asian Pacific Is. Other/Specify: \_\_\_\_\_

Primary Language: English Spanish French Other/Specify: \_\_\_\_\_

State of Birth Tennessee Other/Specify: \_\_\_\_\_

County of Birth Monroe Blount McMinn Knox Other/Specify: \_\_\_\_\_

Country of Birth United States Other: \_\_\_\_\_ Date entered country: \_\_\_\_\_

Custody of Child: Both Parents Father Mother Grandparent Other/Specify \_\_\_\_\_

Mother's Maiden Last Name \_\_\_\_\_

Parent/Guardian Information
Name: _____
Relation to child: _____
Address _____
City _____
State/Zip code _____
Cell Phone _____
Home Phone _____
Work Phone _____
Email _____

Parent/Guardian Information
Name: _____
Relation to child: _____
Address _____
City _____
State/Zip code _____
Cell Phone _____
Home Phone _____
Work Phone _____
Email _____

**Emergency Contact (other than person/persons listed on previous page)**

Child's Name \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Child's Developmental Information:**

Does the child have a disability or special need? Yes \_\_\_\_\_ No \_\_\_\_\_  
Suspected? \_\_\_\_\_ If yes, give diagnosis, date, and source: \_\_\_\_\_

Were there any problems during pregnancy? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Was the pregnancy full term? \_\_\_\_\_

At what age did the child talk? \_\_\_\_\_

Are there any concerns or diagnosis regarding the child's speech? If so, Please explain: \_\_\_\_\_

At what age did the child walk? \_\_\_\_\_

Are there any developmental concerns about your child? \_\_\_\_\_

Was your child referred to the Pre-K Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

Any specific family need or crisis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Does the child have a parent who is deceased as a result of serving in the U.S. Armed Forces or who has been reported as a prisoner of war or missing in action? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, name of deceased parent: \_\_\_\_\_

Is child fully potty trained? Yes \_\_\_\_\_ (no pull-ups) at what age? \_\_\_\_\_ No \_\_\_\_\_

Is child enrolled in Imagination Library? Yes \_\_\_\_\_ No \_\_\_\_\_

# Pre-K Program (School Copy)

**As a parent who has enrolled my child in the Monroe County Schools Pre-K Program, I give my permission:**

Yes \_\_\_ No \_\_\_ 1. For my child to receive all health services provided by the Monroe County Schools' Pre-K Program which may include immunizations, vision, dental, hearing, speech, mental health services, physical examinations, and follow up treatment (if needed) using other resources to pay for the treatment.

Yes \_\_\_ No \_\_\_ 2. I understand that the birth certificate, Social Security card, immunization record and current physical must be complete and turned in on the 1st day of school.

Yes \_\_\_ No \_\_\_ 3. For my child to receive emergency medical treatment if his/her parents or guardians cannot be immediately reached.

Yes \_\_\_ No \_\_\_ 4. For my child to have his/her picture or video taken for the purpose of being used in newspaper articles by the Monroe County Schools Pre-K Program for publicity, brochures, bulletin boards, program websites, or visual presentations about the program.

Yes \_\_\_ No \_\_\_ 5. I understand that regular attendance is expected, and excessive absences may lead to termination from the VPK Program.

Yes \_\_\_ No \_\_\_ 6. For my child's application, health, and classroom information to be placed in a computer system for use in record keeping and in the Monroe County Schools Pre-K Program.

Yes \_\_\_ No \_\_\_ 7. I understand that my family and child's Monroe County Schools Pre-K Program written and computerized information will remain confidential and that I have the right to review those records at any time, upon my request.

Yes \_\_\_ No \_\_\_ 8. For continuing education purposes the school system may request names and developmental information on my child and I agree for the Monroe County Schools Pre-K Program to share this information in order to insure a smooth transition to the school system.

I am interested in volunteering in the classroom and would like to learn more about this.  
\_\_\_ Yes \_\_\_ No

I am interested in attending Parent Meetings and will make an effort to attend:  
\_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Date

***Pre-K Program (Parents Copy)***  
***Signed copy on file at the School***

As a parent who has enrolled my child in the Monroe County Schools Pre-K Program, I give my permission:

Yes \_\_\_\_\_ No \_\_\_\_\_ 1. For my child to receive all health services provided by the Monroe County Schools' Pre-K Program which may include immunizations, vision, dental, hearing, speech, mental health services, physical examinations, and follow up treatment (if needed) using other resources to pay for the treatment.

Yes \_\_\_\_\_ No \_\_\_\_\_ 2. I understand that the birth certificate, Social Security card, immunization record and current physical must be complete and turned in on the 1st day of school.

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I am interested in volunteering in the classroom and would like to learn more about this.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I am interested in attending Parent Meetings and will make an effort to attend:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Copy**

**PRESCHOOL CHECKLIST**  
**AGES 3-5**

Read each item and think about your child's present behavior. Check each item as it applies to your child. There is no right or wrong answer.

Child's Name \_\_\_\_\_ Completed by: \_\_\_\_\_

Date \_\_\_\_\_

	How Often?		
	Never	Sometimes	Very Often
1) Follows your instructions			
2) Follows instructions given by other adults			
3) Participates in organized group activities			
4) Introduces herself or himself to new people without being told			
5) Asks permission before using other's property			
6) Responds appropriately when hit or pushed by other children			
7) Starts conversations rather than waiting for others to talk first			
8) Controls Temper in conflict situations with your			
9) Controls temper when arguing with other children			
10) Follows rules when playing games with others			
11) Shows interest in a variety of things			
12) Makes friends easily			
13) Puts away toys or other household property			
14) Waits turn in games or other activities			
15) Self-confident in social situations such as parties or group outings			
16) Joins group activities without being told			
17) Ends disagreements with you calmly			
18) Communicates problems to you			
19) Speaks in an appropriate tone of voice at home			
20) Speech is easily understood by others			
21) Eats with a fork and spoon			
22) Indicates need to use toilet			
23) Uses toilet independently			
24) Uses toilet paper			
25) Washes hands			
26) Pulls up underpants			
27) Easily adapts to new situations			
28) Easily accepts separation from caregiver			

**Personality/Social Development**

Does your child like to be a helper? \_\_\_\_\_

Is your child shy or outgoing? \_\_\_\_\_

Is your child a leader or follower when playing with groups of children? \_\_\_\_\_

Does your child adjust well to new situations and/or people? \_\_\_\_\_

Is your child easily redirected? \_\_\_\_\_

**Speech and Physical Growth:**

At what age did your child speak in complete sentences: \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

At what age did your child walk alone? \_\_\_\_\_

Is the English your child speaks easily understood by others? \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

How many words does your child typically use in a sentence? \_\_\_\_\_

**Behavioral:**

Describe your child's attention span? \_\_\_\_\_

Can your child work independently on a task for 3-4 minutes or more? \_\_\_\_\_

Does your child have frequent temper tantrums? \_\_\_\_\_

a. How long do they last? \_\_\_\_\_

b. How often do they happen? \_\_\_\_\_

c. Can you tell what starts them?(please give examples) \_\_\_\_\_

What helps him/her calm down? \_\_\_\_\_

## Information for Parents:

### Pre-K Enrollment Priority Requirements

**1st Requirement:** Pursuant to state law 49-6-101: students eligible for free and reduced lunch program.

**2nd Requirement:** Students with disabilities, students identified as ELL, in state custody, or those identified as educationally at-risk for failure due to circumstances of abuse or neglect.

If an insufficient number of children meeting the above enrollment requirements are enrolled to fill a specific classroom, the LEA may enroll any child who meets the age requirement and the requirements set forth by the Community Pre-K Advisory Council.

**3rd Requirement:** Students who meet local at-risk criteria as established by the local Community Pre-K Advisory Council or who do not meet any at-risk criteria but are considered unserved or underserved may be enrolled by a process established by the Community Pre-K Advisory Council.

\*\*\*\*\*

### Pre-Kindergarten Frequently Asked Questions:

**Enrollment:** Enrollment priority requirements will be followed in compliance with the Community Pre-K Advisory Council. If Pre-K classrooms are not at full capacity (20 students per classroom) after the first 20 days of school, then additional students will be accepted. All Pre-K Applications should be turned in to the school to which your child is applying.

**Age Requirements:** Child must be four years old on or before August 15, 2019.

**Immunization Requirements:** All shots & physical exams must be in compliance with TN Department of Health requirements for a 4 year old child.

**Transportation:** Monroe County does NOT provide transportation to and from school for Pre-Kindergarten children. It is entirely the parent/guardians responsibility to transport your Preschooler to and from school.

**Attendance/Hours:** Pre-K students follow the Monroe County VPK Attendance Policy. Pre-Kindergarten school hours are weekdays beginning at 8:00 a.m. and ending at 1:30 p.m.

**Tuition:** There are no tuition charges for enrollment in Pre-Kindergarten.

**Acceptance in Pre-K Program:** Filling out an application does NOT guarantee acceptance in the Pre-K Program. Notification of my child's acceptance or denial into Voluntary Pre-K will be sent via email, phone call, and a mailed letter according to the information I have given on this application.

**If your child is placed on the waiting list, you will be notified in the event that an open spot becomes available.**

### General School Information:

Shauna Bowers	Monroe County Schools	Pre-K Supervisor	423-442-2373
Sarah Stephens	Vonore Elementary	Pre-K Teacher	423-884-6392
Jan Mathews	Tellico Plains Elementary	Pre-K Teacher	423-253-2626
Amanda Woody	Madisonville Primary	Pre-K Teacher	423-442-2236
Debbie McDaniel	Monroe County Schools	Pre-K Secretary	423-442-5592

*Check out our Pre-K webpage at [www.monroe.k12.tn.us](http://www.monroe.k12.tn.us)*