

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, 2nd choice, 3rd 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.

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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? _____