

Learning Together Program Application Form

Return this completed application, completed Ages & Stages Questionnaire and a registration fee of \$50.00 payable to the school by the last Friday in March.

<u>PROGRAMS & FEES (Please number your preferences)</u>	<u>PER MONTH</u>
_____ 4 days, 10 hours/week, (2.5 hours/day)	\$180.00
_____ 5 days, 12.5 hours/week, (2.5 hours/day)	\$225.00
_____ 4 days, 16 hours/week, (4 hours/day)	\$290.00
(All programs are not available in all centers)	

Child's Name: _____
First Middle Last Nickname

Address: _____
Street City State Zip

Phone: _____ Date of Birth: _____ Gender: __Male __Female

I would describe my child in this way: _____

Has your child had previous experience in group childcare or preschool? Yes__ No __ Please describe: _____

FAMILY INFORMATION

Parent's Name _____ Occupation _____
Home Address _____
Home Phone _____ Work Phone _____
Email Address _____

Parent's Name _____ Occupation _____
Home Address _____
Home Phone _____ Work Phone _____
Email Address _____

Legal Guardian (Please check one): __Mother __Father __Both __Other

Family Members or Others Living in the Home

Name

Date of Birth

Is English the usual language spoken at home? __Yes __No

If No, other language: _____

Does any member of your family or relatives have a disability? _____

PREGNANCY AND BIRTH

Did the mother experience any serious health problems during the pregnancy? __Yes __No

If yes, please describe: _____

Did your child have any birth problems or require special care after birth? __Yes __No

If yes, please describe: _____

MEDICAL HISTORY

Please check below any illnesses or problems that your child has had:

<input type="checkbox"/>	Allergies(bee sting, food, medicine)	<input type="checkbox"/>	Ear or hearing problems	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Serious accident/ injuries	<input type="checkbox"/>	Epilepsy, seizures	<input type="checkbox"/>	Lead poisoning
<input type="checkbox"/>	Sickle cell anemia	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Eye or vision problems
<input type="checkbox"/>	Meningitis/encephalitis	<input type="checkbox"/>	Frequent colds	<input type="checkbox"/>	Operations
<input type="checkbox"/>	Attention deficit	<input type="checkbox"/>	Hyperactivity disorder	<input type="checkbox"/>	Physical problems
<input type="checkbox"/>	Speech problems	<input type="checkbox"/>	Temperatures above 104	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Reactions to immunizations	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dietary problems
<input type="checkbox"/>	Head injury, concussion	<input type="checkbox"/>	Other:		

Describe any of the problems checked above. _____

List any diagnoses your child has been given. _____

Describe any serious accidents, illnesses, hospitalizations, or surgeries:

Type Date Child's Age Doctor/Surgeon

Is your child under doctor's treatment or taking medication at the present time? __Yes __No
If yes, please describes. Include times medication is given. _____

List your child's pediatrician and other specialists who have seen your child.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Concern</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child require medical or health services during the school day? __Yes __No

If yes, please describe equipment needed, procedures to be followed, etc. _____

Does your child have a medical problem that may require emergency medical care? __Yes __No

If yes, please describe: _____

Does your child have any physical activity restrictions? __Yes __No

If yes, please explain: _____

How would you rate your child's general health? __Excellent __Good __Fair __Poor

DEVELOPMENTAL INFORMATION

You will be asked to complete an "Ages and Stages Questionnaire" which will provide the team with information about your child's communication, gross motor, fine motor, problem solving, and personal-social development. Please submit with this completed application.

SOCIAL-EMOTIONAL AND BEHAVIORIAL CHARACTERISTICS

My child enjoys or is interested in _____

My child plays with (describe play with other children in the neighborhood, relatives, etc.)

I have the following concerns about my child's behavior _____

I encourage my child's acceptable behavior by _____

I deal with unacceptable behavior by _____

LEARNING STYLE, MOTIVATORS, AND REINFORCERS

My child does best when _____

My child enjoys or is interested in _____

My child does not like or avoids _____

FUNCTIONAL SKILLS/DAILY ROUTINE

A typical day with my child includes: (Please give information about the morning routine, child care, preschool, meals, evening routine, etc.) _____

During the daily routine, my child needs help with _____

My child ___ is ___ is not toilet trained.

OTHER

I would like my child to learn or get better at _____

I would like help with _____

Is there any additional information that you feel would be helpful? _____

I give my permission for the school team to use the information on this form in the selection process for the Learning Together Program. I understand that this information will be kept confidential and cannot be read by anyone other than Howard County School Officials who have a legitimate educational interest. I am aware that this information may not be sent to anyone outside of the Howard County Public School System without my permission and that I may request this information be removed from my child's folder if it is inaccurate, misleading, or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records. **If my child participates in the LTP program he/she will enter kindergarten based on HCPSS entrance date requirements (child must be 5 years old by September 1 of the Kindergarten year) unless my child has applied for and been granted early admission in accordance with HCPSS policy.**

Your child will be invited to participate in a playgroup session. I give permission for _____ (child's name) to participate in the playgroup and for observations to be completed and used in the screening process.

Signature of Parent or Guardian

Date