

Baltimore City Public School System
Office of Early Learning Education

Kindergarten Registration Application

PART I: ENROLLMENT DATA (For office use only)

Registration date: _____ Automated number: _____

Grade: _____ Section: _____ Teacher: _____

Entry code: _____ Race/sex code: _____

Lunch status: _____ Transportation status: _____

PART II: PERSONAL INFORMATION (For parent/s or guardian/s)

Please print all information in the spaces provided.

1. Child's name:

_____ *Last* _____ *First* _____ *Middle initial*

2. Child's social security number _____ (Optional)

3. Address: _____

_____ *Street/Apt #*
City _____ State _____ Zip code _____

4. Telephone number: _____

5. Date of birth: _____ Country of origin: _____
Month Day Year

6. Name(s) of parent(s) or guardian(s): _____

Relationship: _____

PART III. PERSONAL HISTORY (For parent/s or guardian/s)

Please check the items below that are relevant to your child.

___ Limited English Proficiency (speaks little English)
Language spoken at home is _____.

___ Prior participation in Head Start or Even Start programs:
When: _____ Where: _____

___ Referral from Child Find / special education, or other agency. If yes, please specify.
Reason(s) for referral: _____
Agency providing referral: _____

PART IV: Please check the items below that are relevant to your child. (For parent/s or guardian/s)

Emergency or Health Situations

- ___ Chronic illness of parent/guardian
- ___ Drug/alcohol abuse of parent/guardian
- ___ Birth weight of six (6) pounds or less
- ___ Exposure to lead
- ___ Serious injury/trauma
- ___ Abuse of neglect
- ___ Asthma
- ___ Long-term use medication
- ___ Hearing problems
- ___ Vision problems
- ___ Death of parent(s)
- ___ Delayed speech/language

Home and Family Circumstances

- ___ Child being raised by one parent, elderly relative or guardian
- ___ Parent still in high school
- ___ Parent(s) incarcerated
- ___ Child has been in foster care
- ___ Sibling with poor school performance
- ___ Parent's emotional/mental health problems
- ___ Parent or sibling receiving special education services
- ___ Parent has not completed high school
- ___ Parent(s) unemployed
- ___ Parent concerns about child's development

PART IV. PRIOR CARE EXPERIENCE (For parent/s or guardian/s)

Prior Care Settings

Has your child participated in any of the following early learning programs within the last 12 months?

- For each year, check all that apply.
- Circle the heading of the setting in which your child spent the most time in the last 12 months.

Child's Age	Home/ Informal Care		Early Head Start/ Head Start		Child Care Center		Family Child Care		Non-public Nursery		Public Preschool/ Pre-Kindergarten		Other	
	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day
0-1 year														
1 year														
2 years														
3 years														
4 years														
5 years														

Write the name(s) and location(s) of all previous child-care experiences for the following ages:

For example: ABC Child Development Center, 1500 Childcare Avenue, Baltimore, MD 00011

0-1 year _____

1-2 years _____

2-3 years _____

3-4 years _____

4-5 years _____

Signature of parent or guardian _____ **Date of application** _____

For office use only.	
Emergency care completed: _____	Date: _____
Student cumulative folder completed: _____	Date: _____
Information added to SASI _____	Entered by: _____ Date: _____
Information on SETS _____	Entered by: _____ Date: _____