



## Learning Together Program Application – Electronic Version

### DIRECTIONS:

You will be asked to complete two “Ages and Stages Questionnaires” which will provide the team with information about your child’s communication, gross motor, fine motor, problem solving, and personal-social development. This will be used to help the school staff establish what your child is currently doing.

**Return this application ~~and two (2) completed Ages & Stages Questionnaires~~ to your first choice RECC location. Priority will be given to applications received by April 1.**

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### CHILD INFORMATION

Child’s Name (first, middle, last):

Home (Mailing) Address:

Date of Birth:

Gender:

### FAMILY INFORMATION

Parent/Guardian:

Occupation:

Home Address (if different than above):

Phone:                                      Mobile      Home      Work

Email Address:

My Child calls me:

Parent/Guardian:

Occupation:

Home Address (if different than above):

Phone:                                      Mobile      Home      Work

Email Address:

My Child calls me:

Legal Guardian:

Other:

Other Family Members or Others Living in the Home (name & date of birth):

- 1.
- 2.
- 3.
- 4.
- 5.

**ABOUT YOUR CHILD**

What language(s) did your child first learn to speak?

What language does your child use most often to communicate?

What language(s) are spoken in your home?

I would describe my child in this way:

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

**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:

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

Describe any of the illnesses or problems checked above:

List any diagnoses your child has been given:

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

Type	Date	Child's Age
1.		
2.		
3.		
4.		
5.		

Does your child have a medical condition that may require medical or health services during the school day? Yes No

If yes, please describe:

Does your child have any physical activity restrictions? Yes No

If yes, please explain:

Do you have any concerns about your child's development? Yes No

If yes, please explain:

Are you interested in receiving information about referring your child to determine eligibility for special education and related services? Yes No

### **SOCIAL-EMOTIONAL AND BEHAVIORAL 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:

1. Uses utensils to eat meals.
2. Drinks from an open cup with some or no spillage.
3. Takes coat off.
4. Puts coat on.
5. Takes shoes off.
6. Puts shoes on.
7. Washes hands.
8. Is toilet trained.
9. Puts away his or her toys or belongings.

## **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?

**PROGRAMS & FEES**

All programs are not available in all schools. Based on your child’s birthdate, please select your preference for program hours to be considered.

If your child will be 3 by September 1st:

4 days, 10 hours/week, (2.5 hours/day) \$180.00 per month

If your child will be 4 by September 1st:

4 days, 10 hours/week, (2.5 hours/day) \$180.00 per month

5 days, 12.5 hours/week, (2.5 hours/day) \$225.00 per month

4 days, 16 hours/week, (4 hours/day) \$290.00 per month

I acknowledge that fees will be collected regardless of instructional format (quarantine packets with virtual check-ins, full virtual, hybrid, or in person)

We would like to be considered for a fee reduction/waiver based on our household’s current financial needs. I understand that I will be contacted, and further documentation will be required to evaluate this request.

**LOCATIONS**

Transportation is NOT provided as part of the LTP program. Please select which school(s), in order of preference, you would like your child to be considered based on space availability. You do not need to select more than one.

- 1.
- 2.
- 3.

**ACKNOWLEDGEMENTS**

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.**

Signature of Parent or Guardian

Date