Hickman County

Pre-Kindergarten



**2025-2026**

Registration

Packet

Centerville Elementary

East Hickman Elementary



**Pre-School Application**

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

● Preschool application with proof of income

● Birth certificate or other official records of birth

● Current immunization record

● Current physical examination

● One proof of residency dated within the past two months stating the name of the parent/legal guardian and the address of residence. Acceptable forms of proof of residency include:

● Option 1: Copy of signed lease agreement or mortgage statement

● Option 2: Utility bill (i.e., electric, water, gas, or sewer)

● Option 3: Bank or credit card statement

● Option 4: Paystub

● Option 5: Voter Registration or some type of legal mail

**Please note:**

• **Completing this application does not qualify your child for the Free or Reduced Meal Program.**

• **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**

• **Refusal to provide income does not prevent the provision of special education services.**

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**STUDENT AND HOUSEHOLD INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Last Name**  | **First Name**  | **Middle Name** |
|  |  |  |
| **Preferred Name**  | **Birth Date**  | **Phone Number** |
|  |  |  |
| **Physical Address**  | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |
| **Mailing Address (if different)**  | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |
| **Race**  | o American Indian or Alaska Native o Asian o Native Hawaiian or Other Pacific Islander o Black or African Americano White  |
| **Is the student** **Hispanic / Latino?** | o Yes o No | **Sex**  | o Male o Female |
| **Other Information (as applicable)** | o Individualized Education Plan (IEP) o Foster Care o 504 Plan o Migrant |
| **Where does your child currently stay at night?** |
| o Home or apartment owned or rented by the parents/guardians o Campsite  | o Automobile o Shelter o Hotel/Motel | o Temporarily living with relative/friend o Housing that is inadequate (no electricity, running water, etc.) |
| **Has your child ever attended one of the following?** | o Head Start o Mother’s Morning Out o Early Head Start o Private daycare o Family Childcare o Private/Public Preschool |
| **Previous Schools or Preschool Attended Address**  |  | **Telephone**  | **Years Attended** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



|  |
| --- |
| **PARENT/GUARDIAN #1** |
| **Last Name**  | **First Name**  | **Email Address** |
|  |  |  |
| **Home Phone**  | **Work Phone**  | **Cell Phone** |
|  |  |  |
| **Physical Address (if different from student)** | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |
| **Mailing Address (if different from student)** | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |
| **Relationship to Student** |  |
| **Lives with** **student?** | o Yes oNo |
| **Employer**  |  | **Occupation**  |  | **Work Hours** |  |
| **Work Address**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |

|  |
| --- |
| **PARENT/GUARDIAN #2** |
| **Last Name**  | **First Name**  | **Email Address** |
|  |  |  |
| **Home Phone**  | **Work Phone**  | **Cell Phone** |
|  |  |  |
| **Physical Address (if different from student)** | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |
| **Mailing Address (if different from student)** | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |
| **Relationship to Student** |  |
| **Lives with** **student?** | o Yes oNo |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer**  |  | **Occupation**  |  | **Work Hours** |  |
| **Work Address**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |

**EMERGENCY CONTACT INFORMATION**

|  |
| --- |
| **EMERGENCY CONTACT #1** |
| **Last Name**  | **First Name**  | **Relationship to Student** |
|  |  |  |
| **Home Phone**  | **Work Phone**  | **Cell Phone** |
|  |  |  |
| **Address**  | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |

|  |
| --- |
| **EMERGENCY CONTACT #2** |
| **Last Name**  | **First Name**  | **Relationship to Student** |
|  |  |  |
| **Home Phone**  | **Work Phone**  | **Cell Phone** |
|  |  |  |
| **Address**  | **Apt**  | **City**  | **State**  | **Zip Code** |
|  |  |  |  |  |

**Part A: Family Information**

Please list information for all other household members.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1:** Name(s) of **All Other Children** in the Household | Date of Birth  | School  | Grade |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |



|  |  |
| --- | --- |
| **Section 2:** Name(s) of **All Adults** in the Household  | Relationship to Student |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**Total Number of Household Members: \_\_\_\_\_\_**

**Part B: Program Participation**

Please check (✔) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ✔  | **Program**  | ✔  | **Program**  | ✔  | **Program**  | ✔  | **Program** |
|  | Early Head Start  |  | Foster Care  |  | Migrant  |  | Supplemental Nutrition Assistance Program (SNAP) |
|  | Head Start  |  | Homeless  |  | Families First (TANF) | SNAP/TANF Case Number: |

**Part C: Total Household Income**

Please list **ALL INCOME** of household family members and how often income is received. Any falsification of information concerning income, residency, birth certificate, and/or completion of this application and other forms may be reason for dismissal.

**Income instructions:**

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage Amount by the number of months that you receive the income and then calculate the Amount and the Total Annual income.

|  |
| --- |
| **Source of Income Codes** |
| A GROSS Work Income  | D. Pensions  | G. Veteran’s Benefits  | J. Alimony |
| B. Unemployment  | E. Retirement  | H. Child Support  | K. Other (must list) |



|  |  |  |  |
| --- | --- | --- | --- |
| C. Workman’s Comp  | F. Social Security Benefits  | I. SSI Disability |  |
| **Name of Adult**  | **Employer** **(if applicable)** | **Source** **of** **Income Code** | **Monthly** **Payment or** **Wage Amount** | **Multiply by** **(x)** | **How many** **months did you receive this** **income in the** **last year?** | **Total** **Amount** |
|  |  |  | **$**  | **x**  |  | **$** |
|  |  |  | **$**  | **x**  |  | **$** |
|  |  |  | **$**  | **x**  |  | **$** |
|  |  |  | **$**  | **x**  |  | **$** |

**Total Annual (Yearly) Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Part D: Income Verification**

|  |
| --- |
| Please check (✔) all documents that have been provided as Proof of Income  |
|  | Pay Stub / Verification of pay by employer |  | W-2 Form  |  | Supplemental Nutrition Assistance Program (SNAP) |
|  | Foster Care Reimbursement  |  | Social Security Benefits  |  | Child Support |
|  | Income Tax Form 1040A or 1040  |  | Veteran’s Benefit Letter  |  | Temporary Assistance for Needy Families (TANF) Documentation |
|  | Unemployment Compensation  |  | Pension Stubs  |  | Alimony Documentation |
|  | Workman’s Compensation Documentation |  | SSI Documentation  |  | Retirement Documentation  |
| Other (Specify): |

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate, and/or completion of this application and other forms may be reason for dismissal from Tennessee’s Voluntary Pre-K Program.

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Name and Signature of LEA employee reviewing this application**

I certify that I have examined the above income documentation and verification information. Completed forms must be maintained in accordance with FERPA.

Printed Name/Title of LEA employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of LEA employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed by LEA employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For Office Use Only** |
| Please Circle One Income Eligible: Yes / No |

|  |
| --- |
|  |
|
|
|  |  |  |  |  |  |
| **2025 US Health and Human Services Poverty Guidelines** |
|  |  |  |  |  |  |
| \*Annual income levels reflect 185% of the 2025 US Health and Human Services Poverty Guidelines (https://aspe.hhs.gov/poverty-guidelines), equivalent to reduced-priced lunch criteria. |
|  |  |  |  |  |  |
| **Household Size** | **\*Annual Income** | **Monthly** | **Twice per Month** | **Every two weeks** | **Weekly** |
| 1 | $28,952.50 | $2,412.71 | $1,206.35 | $1,113.56 | $556.78 |
| 2 | $39,127.50 | $3,260.63 | $1,630.31 | $1,504.90 | $752.45 |
| 3 | $49,302.50 | $4,108.54 | $2,054.27 | $1,896.25 | $948.13 |
| 4 | $59,477.50 | $4,956.46 | $2,478.23 | $2,287.60 | $1,143.80 |
| 5 | $69,652.50 | $5,804.38 | $2,902.19 | $2,678.94 | $1,339.47 |
| 6 | $79,827.50 | $6,652.29 | $3,326.15 | $3,070.29 | $1,535.14 |
| 7 | $90,002.50 | $7,500.21 | $3,750.10 | $3,461.63 | $1,730.82 |
| 8 | $100,177.50 | $8,348.13 | $4,174.06 | $3,852.98 | $1,926.49 |
| For each additional |  |
| person, add: | $10,175.00 | $847.92 | $423.96 | $391.35 | $195.67 |
|  |
| This chart is to be used when reviewing the Pre-K Income Eligibility application to determine if the family meets income qualifications for “economically disadvantaged”. Families making at or below the annual income amount, based on household size, meet the income eligibility criteria for participation in the Voluntary Pre-K program for the 2025-2026 school year. Verification must include the total income of all household family members as indicated on the Pre-K Income Eligibility Application. |
|
|
|  |
| **THIS CHART MAY NOT BE USED FOR ELIGIBILITY FOR FREE or REDUCED PRICED LUNCH PROGRAM.** |
| Meeting Income eligibility requirements does not guarantee acceptance into the VPK program due to limited space and the possibility of more students applying than seats available. |
|  |
|  |
|  |  |  |  |  |  |
|  |  |  |  |  | Revised 1/21/2025  |

**![MCj04241580000[1]]()WHAT DO WE DO IN PRESCHOOL?![MCj04247380000[1]]()**

***Circle time* is a group gathering during which we share our ideas, plans, and observations. Circle activities are designed to stimulate youngsters’ thinking, enrich their social skills, and expand their attention spans.**

***Gross-motor activities* give children the opportunity to use their muscles—as well as their imaginations –as they engage in fun, healthy exercises, such as running, jumping, and climbing.**

***Fine-motor activities* help improve small-muscle development and eye-hand coordination. Some common items found in the fine-motor/manipulative area include puzzles, beads and laces, pegboards, crayons, and scissors.**

***Art activities* help youngsters creatively express their thoughts and feelings. They help reinforce fine motor skills and concept development in areas such as colors, shapes, and size relationships.**

***Dramatic play activities* help children express themselves, practice life skills, improve social skills, increase self-esteem, build vocabulary, and solve problems. And, well, dramatic play is just plain fun!**

***Music activities* promote youngsters’ listening skills, creative expression, and social skills. In music, children can explore sound, volume, tempo, and rhythm.**

***Science activities* offer children many hands-on opportunities for observation, exploration, investigation, making predictions, and experimentation.**

***Rice, bean, sand, and water activities* allow youngsters to experiment with textures and the properties of different substances. These activities also promote the development of other skills, such as math, science, and language.**

***Block play* gives children experience with many different concepts, such as shape and size discrimination, spatial relationships, number skills, balance, organization, cause and effect, and classification. Cooperative play skills problem-solving, and creativity are also promoted in block play.**

***Storytime* is designed to help youngsters develop an appreciation and enjoyment of literature. Reading activities enhance children’s vocabulary and comprehension skills and also expand their knowledge base.**

**Criteria for Admittance into Pre-K**

The Hickman County School System has four Pre-K classes funded through the Tennessee Voluntary Pre-K (VPK) Program: two at Centerville Elementary and two at East Hickman Elementary. All children must be four years of age by August 15, 2025, to qualify for attendance. Space is limited to 20 in each class. No transportation is provided in Hickman County for Pre-K students.

**Pre-K Enrollment Guidelines**

* **1st criteria**--students must qualify as "economically disadvantaged" for participation in the VPK program. The VPK application will identify children/families who meet the US Department of Health and Human Services (HHS) federal income poverty guidelines equal to the income guidelines defined by TCA 49-6-101 for VPK eligibility purposes or have had a parent to die during or from injury sustained while serving in the armed forces
* **2nd criteria--**studentswith disabilities, students identified as ELL, students in state custody, or those students identified as educationally at-risk for failure due to circumstances of abuse or neglect are admitted next if space is available.
* **3rd criteria--** students who meet local at-risk criteria as established by our Pre-K Advisory Council are admitted next if space is available.
1. Child with a parent who did not complete high school,
2. Child whose mother gave birth before the age of 18,
3. Child who has a parent who is incarcerated or diagnosed with a mental illness,
4. Child who has experienced the death of an immediate family member in the past year,
5. Child who has a parent on activity military duty,
6. Child who lives with a legal guardian instead of a parent, and/or
7. Child who lives in a single-parent household.

**Children Who Do Not Meet the Above Criteria**

Children who are not considered Economically Disadvantaged by the Federal Income Guidelines may not be admitted to the Voluntary Pre-K Program unless there are vacancies that cannot be filled by children classified as at-risk. Children on the waiting list who qualify as Economically Disadvantaged will be admitted before children not considered to be at-risk.

**Beginning Pre-K**

Pre-K teachers have the responsibility of identifying the child's needs in language, cognition, gross motor, fine motor, and social skills. During the first two weeks of school, only a small group of students will attend each day. The small numbers will provide teachers with time to personalize their relationship with the students so they can acclimate to the school in a small group setting. Pre-testing of skills and literacy will also be completed during these limited class days.

**The Importance of Pre-Kindergarten Parental Involvement**

Parental involvement can strengthen the parents' ability to support their children and reinforce the learning that occurs in the classroom. The following family engagement components will be implemented for the parents of Pre-K students:

* Teachers will be required to meet with parents/guardians at the beginning of the year. If the parents would prefer, a neutral meeting site will be substituted.
* Two parent-teacher conferences will be required; additional conferences will be scheduled as needed.
* Volunteer opportunities will also be available throughout the school year.

**Free and Reduced Lunches**

Eligibility for the VPK program does not automatically qualify the family for the Free or Reduced Price Meal (FRPL) program. If the family chooses to participate in the FRPL program, unless they are direct certified, they should be encouraged to complete the official application to determine eligibility for the FRPL program. This application is available after July 1 through the Office of School Nutrition.

**TN Voluntary Pre-K in Tennessee
Frequently Asked Questions**

1. **What are the entrance requirements for Pre-K?**

*First priority for enrollment is all children who meet the criteria for* ***economically disadvantaged or have a parent who died during or from injury sustained while serving in the armed forces*** *and is four years old by August 15th.* If space is available after enrolling children who qualify as economically disadvantaged, the program may enroll children who have disabilities, are English Language Learners, are in state custody, or who are at risk due to abuse or neglect, regardless of income. If space is still available after the end of the first week of school, we may enroll children who do not meet any of the criteria set by the state or the local Pre-K Advisory Council.

1. **If my child is not ready for kindergarten can my child stay in Pre-K?** If a child is of kindergarten age, then kindergarten must be the first consideration for placement. Many children who may not seem ready for kindergarten do very well there. *A child who is kindergarten age is not eligible for Voluntary Pre-K in Hickman County.*
2. **What are the attendance requirements for Pre-kindergarten programs?**

Full-time enrollment is required for admission into this program. It was not meant to be a drop-in or part-time program. Students in VPK cannot be enrolled in VPK and attend another childcare program during the school day.  Parents will need to choose which program their child will attend.  Participation in the TN VPK is voluntary and parents may withdraw their child at any time.

**Excessive unexcused absences could result in dismissal from the program.**

1. **My first child was in a Pre-K program. Will my other children be able to attend?**

All children must meet entrance requirements, even if they have had siblings in certain programs. Check with the elementary principal in your zone.

1. **What will my child learn in pre-kindergarten?**

All Tennessee VPK programs provide learning environments that support the development of the whole child across all developmental domains. These standards are listed in the Tennessee Early Learning Developmental Standards, which can be viewed online at:

 https://www.tn.gov/education/early-learning/voluntary-pre-k.html

These standards describe age-appropriate developmental skills for children from birth to age 5.

**6. Is transportation provided to the preschool?**

The VPK program does not transport or arrange for transportation for any child enrolled in our program.

Transportation to and from school is strictly the responsibility of the parent/guardian of the VPK child.  Parents or a designated adult must sign the log in the morning and the afternoon at the appointed time for dismissal.

**7. What do I do if my child is having difficulty in preschool?**

First, talk to the child's teacher. Remember, young children learn many different skills at different times. If the issue is not resolved, schedule a conference with the principal, which might include the pre-k teacher and/or supervisor. If concerns persist, a referral for an evaluation of your child may be recommended. Call your elementary school or the special education department in the school system in which you live to make a referral.

**8. How is discipline handled in preschool?**

Behaviors that interfere with a child's learning or the learning of others need to be addressed. There are many ways to support children who have difficult behavior, and individual programs may have specific rules to address this issue. The preschool program and the family should work together to collect data to identify the cause of the behavior and to develop a plan for changing the behavior. Behavior plans should

be developed on the principles of research-based positive behavioral supports with an understanding that negative behaviors must be replaced by appropriate positive behaviors. It is important to teach appropriate positive behaviors and to reinforce and reward the child for using those behaviors. Positive supports and consequences are determined on an individual basis. It is important for everyone to follow the agreed upon plan consistently for a period of time before evaluating the effectiveness of the plan, usually for two to three weeks. A child's behaviors usually get worse instead of better right after a plan is put into place.

**9. Can a child in preschool be dismissed because of inappropriate behavior?**

Participation in the TN VPK program is voluntary. Parents can withdraw their child at any time. The TN VPK programs cannot dismiss a child due to inappropriate behavior **without** submitting documentation of the attempted behavioral interventions to the TN Department of Education Office of Early Learning.

Any suspensions or expulsions of preschool children with disabilities in special education programs must follow IDEA regulations.

**10. Does a child need to be potty trained to be enrolled in the Pre-K program?**

The Hickman County Voluntary Pre-K Program requires children who are four (4) years old to be potty-trained before entrance into the VPK program. However, we recognize that children who are 4 years of age may occasionally have ‘accidents.’ When an ‘accident’ occurs, you will be called to pick up your child.

**11. How will my child be assessed in the Pre-K program?** Each child will be screened to discover his/her current level of functioning. If there are no significant developmental delays, your child may attend Pre-Kindergarten if openings are available and other criteria are met. A required portfolio or Pre-K universal screener will be administered at the beginning and end of the year and used to measure growth for each student in the Pre-K program. The Brigance screening for four-year-olds will be administered at the beginning and end of the school year to assess physical, language, and cognitive development. The TN Early Learning Development standards will be measured each six weeks and a progress report card will be sent home. Observations during center time, small group, and social play will also be used to measure students' progress.

**Requested Items for Enrollment**

The following items are requested for your child to be enrolled in the Pre-K Program:

1. A current Tennessee School Immunization Certificate

All doctors' offices and county health departments have these forms which must be signed and dated by a physician. This will serve as proof your child had a physical and is up-to-date on immunizations.

1. A *Certified* Copy of the Child’s Birth Certificate
2. Proof of Income (W2 forms)
3. Proof of Residency in Hickman County (a current utility bill)
4. Custody papers (where applicable)

Secure the documents now and do not wait until summer to send for birth certificates. Get the immunizations done as soon as possible and schedule physicals now. Enrollment information and forms can also be printed from the system website [www.hickmank12](http://www.hickman.k12tn.net).org Click on **Departments**, then **Pre-Kindergarten.**

Emergency Early Dismissal Form

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

Due to inclement weather and the possibility of emergency situations we are sometimes dismissed from school early. Please complete the following information so we can make sure your child is dismissed from school and in a safe location for the remainder of the school day. Please list two (2) emergency phone numbers:

 ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

In the event of early dismissal, we will call the above emergency numbers to locate you.

Please list two other people we could contact to pick up your child should we not be able to reach you at either of the emergency numbers.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

Please return to your child's teacher.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature Date

Information and Release Form

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

|  |
| --- |
|  **I agree to the following:*** I will have my child at school by 8:00 a.m.
* I will allow my child to attend school until 2:00 p.m.
* I will maintain regular attendance.
* I will read at least two books a week to my child including weeks when school is not in session.

I understand that failure to meet these requirements will result in my child no longer being able to attend the program. |

*My child can be picked up by the following people: (please print)*

Name Phone Number Relationship

1.

2.

3.

4.



*I understand that if there are special circumstances where my child cannot be**picked up by someone, I must provide a copy of the court order.*

*Check One: \_\_\_\_\_Does not apply to* ***me*** *OR \_\_\_\_\_Documentation attached*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

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Pre-Kindergarten Program

Hickman County Schools

115 Murphree Avenue

Centerville, Tennessee 37033

By law, each parent of a child attending a Pre-Kindergarten program in the Hickman County Schools must receive certain information. The VPK program at the school must have proof that the parents received the information.

If the following apply, please mark with an X.

\_\_\_\_\_\_I received a copy of the Pre-K program's policies and procedures, including enrollment and dismissal criteria.

\_\_\_\_\_\_I received a copy of the Summary of Child Care (Preschool) Approval Requirements.

\_\_\_\_\_\_I received information that my child will receive personal safety training, as a prevention of child abuse component, from the guidance counselor at the school.

\_\_\_\_\_\_I viewed a child abuse detection, reporting, and prevention educational program on the Pre-kindergarten page of the system website www.hickmank12.org.

\_\_\_\_\_\_I agree that my child’s name and photo may be published in the *Hickman County Times*

\_\_\_\_\_\_I do not want my child’s name and photo to be published in the *Hickman County Times.*

 \_\_\_\_\_\_I agree that my child’s photo may appear on the school’s website. No names will be identified.

\_\_\_\_\_\_I do not want my child’s photo to appear on the school’s website.

\_\_\_\_\_ I agree that my child’s required portfolio video assessment will be uploaded to the TN Portfolio platform.

\_\_\_\_\_ I do not want my child’s required portfolio video assessment uploaded to the TN Portfolio platform.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent date

**Hickman County Schools**

**Pre-Kindergarten Program**

**Learning Agreement**

In the Hickman County Schools Community, we support the success of every student. We believe in families and schools working together to encourage reading, writing, mathematics, and learning in all subjects. We believe that our students do their best through the teamwork of parents, families, students, and staff.

This Agreement is a partnership agreement that lists the responsibilities of parents/families, students, teachers, and the principal, who we believe are important to quality education.

**Parent and Family Responsibilities**

**I WILL:**

1. Make sure my child attends Pre-K every day and on time. I understand that it is my responsibility to send a note each time my child is absent. I understand that unexcused absences and irregular attendance may result in my child being dropped from the program.
2. Make childcare arrangements for my child before and after school. I am aware that it is my responsibility to arrange for childcare before and after school if needed. I understand that the Pre-K Staff cannot provide before and after-school care for my child. However, the staff will refer you to local childcare agencies if you need before and after-school care. It will be your responsibility to make arrangements with the director of a child care center; it is not automatically a part of the Pre-Kindergarten Program.
3. Agree to keep immunizations/physicals up to date and handle any medical needs and illnesses that may arise.
4. Agree to allow school staff to make home visits during the school year if needed.
5. Attend the Pre-K Meeting for parents/families and participate in at least four parent/family/child/staff events during the school year.
6. Volunteer in my child’s classroom when possible (current background check required).
7. Agree to attend conferences requested by my child’s teacher and be available for contact regularly with staff. (This may involve home visits, telephone conferences, or school/work site conferences.)
8. Agree to read 100 books with my child in regular at-home activities as requested by my child’s teacher to promote literacy learning.
9. Agree to participate with my child in regular at-home activities as requested by my child’s teacher to promote literacy learning.
10. Agree to check my child’s backpack daily for home/school communications.
11. Agree to dress my child appropriately concerning weather conditions and the high activity level of the Pre-K Program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian Signature Date**

**Pre-K Parent Survey about Your Child**

We would like to know more about your child, through your eyes. The more we know, the better we can care for your child and tailor an educational and motivational program to fit his or her needs. Please answer the following questions.

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

1. *List* five words that best describe your child (cheerful, perfectionist, etc.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child know the colors: *(Circle* the colors your child can identify.)

Red yellow green blue orange

 Purple brown white black

1. *Circle* the information your child knows about himself/herself.

 Say full name age birthday address telephone number

1. Does your child have an opportunity to play with other children on a daily basis?

 \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

**All children do not like to do the same things. Please answer this information for us so we can learn more about your child and what he/she really likes to do at home:**

What does your child like to do most at home? (Use the back of the sheet if you need additional room.)

5. Does your child like to draw, color, and write?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your child build things? (with blocks, !egos, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does your child like to look at books?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Does your child like to be read to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does your child enjoy singing songs or saying rhymes?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Does your child enjoy playing house? (with dolls)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Does your child enjoy dressing up in dress-up clothes?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Does your child enjoy working puzzles?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Does your child play games? If so, what games?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. How many hours a day does your child watch television?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. What is your child's favorite thing to play or do?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

■ **Discipline**

How can your child be calmed after being upset?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

■ **Meal Time**

When your child eats at mealtime, does he/she eat or pick at their food?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child like to eat breakfast? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what is his/her

favorite breakfast food?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child's favorite snacks?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

* **Nap Time**

Does your child have a daily routine of taking a nap?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how long of a nap does he/she usually take? naps from \_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_

\*Although there is not a designated naptime during the VPK schedule, students are given time for rest/relaxation if needed.

* **Toilet Habits**

Does your child go to the bathroom without being reminded?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child wait until the last minute to go to the bathroom?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child go to the bathroom without your assistance (with no accidents?

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*For boys only —*

Has your child been taught to **sit down**\_\_\_\_\_ or **stand up**\_\_\_\_\_ and urinate? (**check one**)

Does he have frequent accidents around the toilet when standing up?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your child button his/her pants by herself/himself?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **School Information**

List any other children attending this school. Please include grade and teacher.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What other information do you think we should know about your child?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hickman County School District

**HOME LANGUAGE SURVEY**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: ❒ Male ❒Female

Parent /Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the first language your child learned to speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What language does your child speak most often outside of school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What language do people usually speak in your child’s home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hickman County School District

**ENCUESTA DE IDIOMA DOMESTICO**

Nombre del alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha de nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: ❒ Masculino ❒Femenino

Nombre de los padres/apoderado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono de la casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ teléfono del trabajo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ¿ Qué es la primera lengua que su niño aprendió a hablar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. ¿Qué lengua habla su nino más a menudo afuera de la escuela? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. ¿Qué lengua habla la gente generalmente en la casa de su ninos? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **OFFICE USE ONLY** |
| Student ID# | Date Distributed | Date Received |

TN Home Language Survey

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**Imagination Library Registration Form**

**Library Branch (check one) \_\_\_\_Centerville \_\_\_\_East Hickman**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Middle Last**

**Gender: \_\_\_\_Female \_\_\_\_Male**

**Child’s Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Care Giver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number (xxx-xxx-xxxx): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_**

 **Month day year**

If your child lives in Tennessee and is under the age of five, he or she can be enrolled in Dolly Parton’s Imagination Library, regardless of family income.Your child will receive one, age appropriate book each month delivered to your home from the time they are born until they reach their 5th birthday.This program is a FREE GIFT to you and you will NEVER receive a bill for the books.The program is funded by the *Governor’s Books from Birth Foundation* and local sponsoring organizations in each county.If you move, you will need to contact the Hickman County Public Library and change your address.

Complete this form and drop it by the Centerville Public Library or East Hickman Public Library.

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