



2021-2022

Date Rec'd: \_\_\_\_\_  
 Rec'd By: \_\_\_\_\_

**SITE PLACEMENT REQUEST - Person County**

Earl Bradsher Preschool     
  Early Intervention & Family Services     
  Piedmont Community College Child Development Center

**CHILD INFORMATION**

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

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

Mailing Address (if different from above) \_\_\_\_\_

<b>Contact Information:</b>	<b>Home Phone:</b> _____ <b>Cell Phone:</b> _____ <b>Alternate Phone:</b> _____ <b>Emergency Contact Phone Number:</b> _____ (Please provide at least 1 emergency contact number where someone can be reached should you be unable to pick up your child or there is an emergency) <b>Email Address:</b> _____
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County of Residence: \_\_\_\_\_

Child's Gender:       Female       Male

Child's Date of Birth:      **Month:** \_\_\_\_\_      **Day:** \_\_\_\_\_      **Year:** \_\_\_\_\_

Child's Ethnicity:       Hispanic or Latino       Not Hispanic or Latino

Child's Race: (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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	Yes	No
Is the Child a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Is Child a N.C. Resident?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

**FAMILY INFORMATION**

Child Lives With:     Both Parents     Mother     Father     Other: \_\_\_\_\_

**Family Size:** \_\_\_\_\_ (Grandparents living in home w/children and their parents are not counted in family size)

**List name and ages of all people living in the household (Include parent(s)/guardian(s) & children:**

Name:	Age:		Name:	Age:
Name:	Age:		Name:	Age:
Name:	Age:		Name:	Age:
Name:	Age:		Name:	Age:

**\* Please complete the income portion in full, Please check the correct boxes to indicate which correctly identifies your family's circumstances. Must be able to provide verification if parents/guardians have no income.**

**Mother's Income:**

*Which of the following describes your current income situation:*

- Employed  
 In High School/ GED Program  
 Post-Secondary Education  
 \*Seeking Employment/Unemployed  
 In Job Training  
 Other \_\_\_\_\_

<p><b>Regular Gross Income:</b>  Weekly: Submit 4 consecutive pay stubs  Bi-Weekly: submit 2 consecutive pay stubs  Monthly: Submit at least 1 month's pay stub</p>	<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually  <p style="color: red;"><b>Please submit : Correct Amount of paystubs, W2, SSA documentation, signed statement of no income or a written statement from your employer.</b></p>
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**Father's Income:**

*Which of the following describes your current income situation:*

- Employed  
 In High School/ GED Program  
 Post-Secondary Education  
 \*Seeking Employment/Unemployed  
 In Job Training  
 Other \_\_\_\_\_

<p><b>Regular Gross Income:</b>  Weekly: Submit 4 consecutive pay stubs  Bi-Weekly: submit 2 consecutive pay stubs  Monthly: Submit at least 1 month's pay stub</p>	<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually  <p style="color: red;"><b>Please submit : Correct Amount of paystubs, W2, SSA documentation, signed statement of no income or a written statement from your employer.</b></p>
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**Do you receive child support or alimony?**

*(If Checked yes, please attach documentation.)*

- Yes  
 No  
If so, how much? \_\_\_\_\_

- Weekly  
 Twice a Month  
 Monthly  
 Annually

**Is English spoken in the home?**

- No English  
 Some English  
 Fluent English

**What secondary language, if any, is spoken?**

\_\_\_\_\_

**EDUCATION INFORMATION**

**Is your child currently enrolled in a preschool or childcare program?**

- Yes  
 No

*If Yes, which one?*

\_\_\_\_\_

**If no, had your child ever been enrolled in a childcare program?**

- Yes  
 No

**PUBLIC ASSISTANCE INFORMATION**

Is your child on the subsidy waitlist at the Department of Social Services?  Yes  No

Is your child currently receiving a DSS voucher for child care?  Yes  No

**HEALTH INFORMATION**

Has your child received a developmental screening or evaluation?  Yes  No

Does your child have any special developmental needs or disabilities?  Yes  No

If yes, please list. \_\_\_\_\_

Does your child have an active IEP (Individualized Education Plan)?  Yes  No

Has your child had a Health Assessment in the last 12 months?  Yes  No

If yes, please attach a copy.

Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.?  Yes  No

If yes, please list. \_\_\_\_\_

**(attach a provider statement)**

**Please read the following statements carefully and initial by each:**

*I certify that all of the given information is true and correct and that all income is reported. I understand this information is being given for the receipt of state funds. NC Pre-K officials may verify the information on this application. Deliberate misrepresentation of the information may be subject to prosecution under applicable state laws.* \_\_\_\_\_

*The information on this form will be used in the determination of eligibility for the NC Pre-K program. I understand that I am releasing information so that my child may be considered for the NC Pre-K program.* \_\_\_\_\_

*I understand that if my child is selected to participate in the NC Pre-K program, parent involvement will be critical to the success of my child. I/We commit to participate as much as possible in the NC Pre-K program.* \_\_\_\_\_

*I understand that transportation to and from NC Pre-K sites is the responsibility of the family.* \_\_\_\_\_

*The information on this form will be used in the determination of eligibility NC Pre-K programs. I hereby release the information so that my child may be considered for these programs. The designated agency may share and/or verify any and all information regarding my child.* \_\_\_\_\_

*I understand that NC Pre-K is designed to serve children and that every effort shall be made by me and the NC PreK program to maintain my child's enrollment, attendance, and participation.* \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_