

## 2023-2024 North Carolina Pre-Kindergarten (NC Pre-K) Child Application

Please answer each question clearly and completely to ensure a quick and accurate application process.

Please choose your location:

- Earl Bradsher Preschool
  Early Intervention & Family Services
  Piedmont Community College CDC

### DEMOGRAPHICS

|  |  |   |  |  |   |                            |  |  |
|--|--|---|--|--|---|----------------------------|--|--|
| Child's First Name:  |  |   | Child's Middle Name:   |  |   | Child's Last Name:         |  |  |
| Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |  | Child's Date of Birth: _____/_____/_____<br><small>Month Day Year</small> |  |  | Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |  |  |
| Child's Race: (MUST check at least one AND all that apply):<br><input type="checkbox"/> White/European American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American Indian or Alaska Native<br><input type="checkbox"/> Asian |  |   |  |  |   |                            |  |  |
| Is the child a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   | Is the child a NC resident? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   | County of Residence: _____ |  |  |
| Email where parent can be reached: _____   |  |   |  |  |   |                            |  |  |

### HOUSEHOLD INFO

|   |  |                             |  |
|---|--|-----------------------------|--|
| Mailing Address:<br>(Street, City, State, Zip Code)   |  | Primary Phone Number: _____ |  |
|   |  | Emergency Contact: _____    |  |
| With whom does the child live: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent(s)  |  |                             |  |
| If the child lives with an adult who has legal custody or guardianship, is the adult: <input type="checkbox"/> Blood Relative <input type="checkbox"/> Non-Relative   |  |                             |  |
| Please indicate the family address situation: <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Battered Women and Children Shelter<br><input type="checkbox"/> Foster Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Hospital for 30 days or under <input type="checkbox"/> Lack permanent nighttime address |  |                             |  |

Please list the names of ALL family members that live in the household.

| Name | Relationship to the NC Pre-K Child | Date of Birth | Age | Currently in School (Y/N) | Grade Level |
|------|------------------------------------|---------------|-----|---------------------------|-------------|
| 1.   | NC Pre-K Child                     |               |     |                           |             |
| 2.   |                                    |               |     |                           |             |
| 3.   |                                    |               |     |                           |             |
| 4.   |                                    |               |     |                           |             |
| 5.   |                                    |               |     |                           |             |
| 6.   |                                    |               |     |                           |             |
| 7.   |                                    |               |     |                           |             |
| 8.   |                                    |               |     |                           |             |
| 9.   |                                    |               |     |                           |             |

FOR OFFICE USE ONLY: Total Family Size \_\_\_\_\_

|   |   |
|---|---|
| <b>Parent 1 / Guardian 1 / Legal Caregiver's Name:</b><br><hr/>   | <b>Parent 2 / Guardian 2 / Legal Caregiver's Name:</b><br><hr/>   |
| Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent  | Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent  |
| Physical Address:<br><input type="checkbox"/> Check here if same as mailing address   | Physical Address:<br><input type="checkbox"/> Check here if same as mailing address   |
| Primary Phone Number: _____   | Primary Phone Number: _____   |
| <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widow/Widower  | <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widow/Widower  |
| <b>Employment Status: (must check Yes or No for each question)</b><br>Parent Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Employment Status: (must check Yes or No for each question)</b><br>Parent Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parent Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Average hours worked per week? _____<br><br><b>How often are you paid?</b><br><br><input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><br><i>Please submit documentation of payment in the form of :<br/> Correct amount of paystubs, W2, SSA documentation,<br/> signed statement of no income.</i>  | Average hours worked per week? _____<br><br><b>How often are you paid?</b><br><br><input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><br><i>Please submit documentation of payment in the form of :<br/> Correct amount of paystubs, W2, SSA documentation,<br/> signed statement of no income.</i>  |
| <p style="text-align: center;"><b>Statement of No Income</b><br/> Complete this section if you are unemployed</p> <p>I, _____, certify that as the parent/legal caregiver of _____, has zero income at the time of application. I certify the above information is true and correct and accurately reported.</p> <p>_____<br/> Parent/Legal Caregiver Signature (required): Today's Date</p> <p>_____<br/> Verification Signature (required): Today's Date</p> <p style="text-align: center;"><i>Please complete the Wage/ No Income verification form if this section is completed .</i></p>                   | <p style="text-align: center;"><b>Statement of No Income</b><br/> Complete this section if you are unemployed</p> <p>I, _____, certify that as the parent/legal caregiver of _____, has zero income at the time of application. I certify the above information is true and correct and accurately reported.</p> <p>_____<br/> Parent/Legal Caregiver Signature (required): Today's Date</p> <p>_____<br/> Verification Signature (required): Today's Date</p> <p style="text-align: center;"><i>Please complete the Wage/ No Income verification form if this section is completed .</i></p>                   |

## ELIGIBILITY FACTORS

Does the family and/or child speak limited or no English at home?  Yes  No

What is the primary language spoken at home? \_\_\_\_\_

In what language would you like for your child to be screened, if applicable? \_\_\_\_\_

Does the child have a chronic health condition or significant health concern?  Yes  No If yes, please explain:

\*Must provide documents from a health care provider

Does the child have a developmental or educational need?  Yes  No If yes, please explain:

\*Must provide documents from a health care provider

Is the child an active duty military dependent?  Yes  No

Has a parent or legal guardian of this child been seriously injured **OR** killed while on active duty military status?  Yes  No

## PRIOR PLACEMENT

### Child's prior placement at the time of enrollment

- Child has never been served in any preschool or child care setting
- Child is currently unserved (ie: at home now, but have previously have been in child care or other preschool program)
- Child is in unregulated childcare
- Child is in a one or two-star facility
- Child is not receiving subsidy but is in some kind of regulated child care or preschool program
- Child is receiving subsidy and is in some kind of regulated child care or preschool program

### Is the child currently attending a childcare, preschool, or part-day program:

- Yes, Name of Program: \_\_\_\_\_
- No

If yes, was the child served in the program as a three-year old?  Yes  No

Is family currently enrolled in the childcare subsidy program in DSS?  Yes  No

## ASSESSMENT EVALUATION

Has this child had a physical in the past year?  Yes  No

Date of physical: \_\_\_\_\_ (month, day, year)

Has this child had a developmental screening?  Yes  No

Date of assessment: \_\_\_\_\_ (month, day, year)

## DISABILITIES

Has this child been referred for evaluation for a disability or been identified with a disability?  Yes  No

Is the date of referral known?  Yes  No  N/A Date of Referral: \_\_\_\_\_

What was the decision from the disability evaluation for this child?  N/A  No disability identified  Evaluation decision in process  
 One or more disabilities identified  Do not know

Type of identified disabilities for this child (check all apply):  N/A  Autism  Deaf-blind  Hearing impaired  Multi-handicapped  
 Other health impaired  Orthopedically impaired  Speech/language impaired  Visual impaired  Traumatic brain injury  
 Preschool developmental delayed

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

Has this child been referred for services related to disability?  N/A  Yes  No  Do not know

Is this child receiving services related to disability?  N/A  Yes  No Specify type of disability services \_\_\_\_\_

**PARENTAL RESPONSIBILITY & PARTICIPATION**

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.

Please initial next to each statement.

1. (initial) \_\_\_\_\_ 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.
2. (initial) \_\_\_\_\_ 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.
3. (initial) \_\_\_\_\_ 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.
4. (initial) \_\_\_\_\_ I understand that transportation to and from NC Pre-K sites is the responsibility of the family.
5. (initial) \_\_\_\_\_ 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.
6. (initial) \_\_\_\_\_ 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.

**PARENT/LEGAL CAREGIVER SIGNATURE**

I certify that I am the parent/legal caregiver of the child for whose name appears on this application. I certify that all the information contained in this application is accurate and complete to the best of my knowledge including income information. I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.

Parent/Legal Caregiver's Signature (required):

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date



**WAGE / "NO INCOME" VERIFICATION FORM**

*This form is to be completed if you are unemployed, paid cash or do not receive pay stubs.*

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

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

**I am Employed.**

**I am Self-Employed.**

I earned \$ \_\_\_\_\_ income during the past twelve months.

Company Name/Title: \_\_\_\_\_

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

**I am a stay at home parent.**

**I am Unemployed.** (Complete the following section)

During the past 12 months my family received:

\$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

*Please choose your sources of income:*

- Child Support
- Work First/TANF
- Food Stamps/SNAP/EBT
- Supplemental Security Income
- Social Security Administration Income
- Workers Compensation
- Retirement Pensions
- Assistance from family member
- Veterans/Military benefits

Please describe how you have been meeting expenses for your family's basic needs for food, clothing and shelter:

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

**My signature below certifies that to the best of my knowledge all the above information is true and accurate.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VERIFICATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_