

2026-2027 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: ☐ Male ☐ Female

Child's Date of Birth: _____/_____/_____
Month Day Year

Is the child Hispanic? ☐ Yes ☐ No

Child's Race: (MUST check at least one AND all that apply):

☐ White/European American ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Native American Indian or Alaska Native
☐ Asian

Is the child a U.S. citizen? ☐ Yes ☐ No

Is the child a NC resident? ☐ Yes ☐ No

County of Residence: _____

Email where parent can be reached: _____

HOUSEHOLD INFO

Mailing Address:
(Street, City, State, Zip Code)

Primary Phone Number: _____

Emergency Contact: _____

With whom does the child live: ☐ Mother Only ☐ Father Only ☐ Both Parents ☐ Parent & Step-Parent ☐ Grandparent(s) ☐ Legal Guardian
☐ Legal Custodian ☐ Foster Parent(s)

If the child lives with an adult who has legal custody or guardianship, is the adult: ☐ Blood Relative ☐ Non-Relative

Please indicate the family address situation: ☐ Permanent ☐ Homeless or Emergency Homeless Shelter ☐ Battered Women and Children Shelter
☐ Foster Home ☐ Hotel/Motel ☐ Hospital for 30 days or under ☐ 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 _____

Parent 1 / Guardian 1 / Legal Caregiver's Name: 	Parent 2 / Guardian 2 / Legal Caregiver's Name:
Relationship to Child: ☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Legal Custodian ☐ Foster Parent	Relationship to Child: ☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Legal Custodian ☐ Foster Parent
Physical Address: ☐ Check here if same as mailing address	Physical Address: ☐ Check here if same as mailing address
Primary Phone Number: _____	Primary Phone Number: _____
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower	Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower
Employment Status: (must check Yes or No for each question) Parent Employed: ☐ Yes ☐ No Parent Seeking Employment: ☐ Yes ☐ No Parent Attending Secondary Education: ☐ Yes ☐ No Parent Attending High School/GED: ☐ Yes ☐ No Parent Attending Job Training: ☐ Yes ☐ No Other Employment: ☐ Yes ☐ No	Employment Status: (must check Yes or No for each question) Parent Employed: ☐ Yes ☐ No Parent Seeking Employment: ☐ Yes ☐ No Parent Attending Secondary Education: ☐ Yes ☐ No Parent Attending High School/GED: ☐ Yes ☐ No Parent Attending Job Training: ☐ Yes ☐ No Other Employment: ☐ Yes ☐ No
Average hours worked per week? _____ How often are you paid? ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly <i>Please submit documentation of payment in the form of : Correct amount of paystubs, W2, SSA documentation, signed statement of no income.</i>	Average hours worked per week? _____ How often are you paid? ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly <i>Please submit documentation of payment in the form of : Correct amount of paystubs, W2, SSA documentation, signed statement of no income.</i>
Statement of No Income Complete this section ONLY if you are unemployed 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. _____ Parent/Legal Caregiver Signature (required): Today's Date _____ Verification Signature (required): Today's Date <i>Please complete the Wage/ No Income verification form if this section is completed .</i>	Statement of No Income Complete this section ONLY if you are unemployed 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. _____ Parent/Legal Caregiver Signature (required): Today's Date _____ Verification Signature (required): Today's Date <i>Please complete the Wage/ No Income verification form if this section is completed.</i>

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:

Do any of the following services apply to your family? ☐ Experiencing Homelessness ☐ In foster care ☐ Receiving refugee services ☐ Public housing
☐ SNAP ☐ SSI ☐ WIC ☐ Medicaid ☐ TANF/Work First ☐ Food and Nutrition Services (Food Stamps)

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