



2018-2019 NC Pre-Kindergarten Application

1000 North First Street, Suite 8, Albemarle, NC 28001
Phone 704-982-2038 or Fax 704-983-8981

The Stanly County NC Pre-K Program is available to children in Stanly County who will be 4 years old on or before August 31, 2018 and who MAY BE ELIGIBLE. You must provide your child's birth certificate, income verification and proof of residence, including street address along with this completed application. After the application process is completed, you will be notified if your child is eligible or not eligible. Regular attendance is very important to the NC Pre-K students' success.

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential. Please answer all questions as accurately as possible. Reports of the application will not identify you in any way.

Child's Name First Middle Last

Child's Gender: Male Female Date of Birth / / Birthplace
Month Day Year

Child's Ethnicity: Child is Hispanic or Latino or of Spanish origin
Child is not Hispanic or Latino or of Spanish origin

Child's Race: (check at least one and all that apply) American Indian/Alaska Native; Asian;
Black/African American; Native Hawaiian/other Pacific Islander; White/European American

Is your child a U. S. Citizen? Yes No Is your child a N.C. Resident? Yes No

County of Residence:

Military Status of Parent/Legal Guardian: Active duty in US armed forces Active duty in NC National Guard
Reserve Unit of armed forces and ordered to active duty in past, or next 18 months
One parent or legal guardian of this child was seriously injured or killed while on active duty
Not Applicable

The language spoken most often in our home is: English Other (specify)

Does your child have an active IEP (Individualized Education Program)? Yes No
If yes, submit copy of IEP

Does your child have a chronic health condition? Yes No
If yes, submit note from doctor

Is your child currently receiving services for a special need or disability? Yes No
If yes, please check all that apply:

Speech Therapy Physical Therapy
Educational Services Other-Please Specify
Mental Health Services

Who provides these services?

Who currently cares for your child when you are at work or school?

\_\_\_ Child Care Center; Name of Center \_\_\_\_\_  
\_\_\_ Parent/Home \_\_\_\_\_  
\_\_\_ Relative \_\_\_\_\_  
\_\_\_ Head Start; Name of Head Start \_\_\_\_\_  
\_\_\_ Other – Please Specify \_\_\_\_\_

If your child is not in child care now, has he/she ever been in a child care program?  
\_\_\_ Yes \_\_\_ No

If yes, where did he/she attend?  
Name of child care center \_\_\_\_\_

Does your child have a DSS voucher to assist with the cost of day care? \_\_\_\_\_

**Child lives with:**    Both parents in same home    Single Mother    Single Father    Parent and Step-Parent  
 Legal Guardian(s)    Legal Custodian(s)    Other:(specify) \_\_\_\_\_

Circle (1) of the following statements: I consider my family to be homeless  
I consider my family to have adequate housing

Name of Parent(s), Legal Guardian(s) or Legal Custodian(s) Who Live in the home:

\_\_\_\_\_, Phone \_\_\_\_\_, Alt phone \_\_\_\_\_  
First                          Middle                          Last

\_\_\_\_\_, Phone \_\_\_\_\_, Alt phone \_\_\_\_\_  
First                          Middle                          Last

Home Address \_\_\_\_\_  
    Street                                  City                                  State                                  Zip Code

Mailing Address (if different) \_\_\_\_\_  
    Street                                  City                                  State                                  Zip Code

*List parents, step-parents, legal guardians, legal custodians, brothers, sisters, half brothers and sisters, step brothers and sisters living in child’s home*

Name	Age	Relationship to the Pre-K Child
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## Family Information

**\*Income Verification will be required - 2017 W-2's, if at all possible**

**Mother's/Stepmother's/Guardian's/Custodian's Name:** \_\_\_\_\_

*Please check all that apply: Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ (If not employed, please complete our "No Income" statement below)*

**Place of employment and work telephone number:** \_\_\_\_\_

Seeking Employment  Attending secondary education  Attending high school/GED  Attending job training  Other

Income BEFORE Taxes	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
Alimony	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
Child Support	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
Worker's Comp	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
Unemployment	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
SSI/TANF/Work First	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
Overtime	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly

**Unemployed/Zero Income Statement**  
**(Adults in the home must complete ONLY if receiving NO Income)**

I, \_\_\_\_\_, verify that I am NOT employed and receive NO Income.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Father's/Stepfather's/Guardian's/Custodian's Name:** \_\_\_\_\_

*Please check all that apply: Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ (If not employed, please complete our "No Income" statement below)*

**Place of employment and work telephone number:** \_\_\_\_\_

Seeking Employment  Attending secondary education  Attending high school/GED  Attending job training  Other

Income BEFORE Taxes	\$ _____	This amount is <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
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**Unemployed/Zero Income Statement**  
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I, \_\_\_\_\_, verify that I am NOT employed and receive NO Income.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Falsification on any part of this form may forfeit your child's space in the program**

## Family Responsibilities

**Please read carefully and initial each box**

	I give <b>permission</b> for my child to receive developmental, hearing, vision, dental and/or speech and language <b>screenings</b> and for the results of these screenings to be shared with partnering Pre-K Programs.
	I understand that if my child is selected for participation, family involvement is expected. My family will cooperate with programs to submit necessary documentation and applications for additional services.
	I understand that <b>transportation</b> to and from Pre-K programs will <b>be the family's responsibility</b> .
	I understand that if there is a change in my child's address, phone number or attendance in any type of licensed care, or if there is change in family income, it is my responsibility to notify the NC Pre-K Department at Stanly County Partnership for Children and inform them of any changes.
	I understand that my child will be required to have a current, updated health assessment before s/he attends a program.
	I understand that my child <b>may be placed on a waiting list</b> .

I certify that all information provided is true, correct and complete. I understand that information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable North Carolina state laws.

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Date

Relationship to child \_\_\_\_\_

**\*If legal Guardian/Custodian, court ordered custody documents must accompany this application before it can be processed.**

Email: \_\_\_\_\_

Stanly County Pre-K has classrooms located at the following sites. Please specify which site(s) you are applying for. Mark sites by your choice. For example: First Choice (1), Second Choice (2), Third Choice (3).

Transportation to public school sites will be provided only if you live in the public school attendance district. Non-public sites may provide limited transportation. Non-public sites provide before and after school care for a fee, but the regular day is paid for by NC Pre-K Funding.

Public sites are marked with an \*.

**Classroom locations are subject to change.**

\_\_\_\_\_ **All Star Learning Center** 704-463-4422  
34455 Springdale Drive, New London, NC 28127

\_\_\_\_\_ **Countryside Kids Club** 704-474-5430  
12378 Rosehill Drive, Norwood, NC 28128

\_\_\_\_\_ **Endy Elementary School** \* 704-961-3300  
27670 Betty Road, Albemarle, NC 28001

\_\_\_\_\_ **Kiddie Kare Day Care Center** 704-982-2983  
32479 Pennington Road, Albemarle, NC 28001

\_\_\_\_\_ **Kiddie Kare Too** 704-982-9018  
438 North Fourth Street, Albemarle, NC 28001

\_\_\_\_\_ **Little Friends Child Development Center** 704-983-6610  
1210 Freeman Avenue, Albemarle, NC 28001

\_\_\_\_\_ **Love-N-Care II** 704-982-1079  
1302 Mountain Creek Road, Albemarle, NC 28001

\_\_\_\_\_ **Norwood Head Start** 704-474-7629  
649 Carver Road, Norwood, NC 28128

\_\_\_\_\_ **Oakboro Kid's Club** 704-485-8800  
206 North Main Street, Oakboro, NC 28129

\_\_\_\_\_ **Richfield Child Development Center** 704-463-7166  
233 Culp Road, Richfield, NC 28137

\_\_\_\_\_ **Stanly County Head Start** 704-983-4742  
405 Davis Street, Albemarle, NC 28001

**If your child is placed in a NC Pre-K classroom, the child's health assessment and immunization records are expected by the first day of attendance.**