

Family Information

***Income Verification will be required - 2018 W-2's, if at all possible, or consecutive paystubs**

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)
If you are not working, how do you support yourself /family? _____

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
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
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

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.

Print

Signature _____ 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)
If you are not working, how do you support yourself /family? _____

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
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
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

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.

Print

Signature _____ 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 permission for my child to receive developmental, hearing, vision, dental and/or speech and language screenings 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 transportation to and from Pre-K programs will be the family's responsibility .
	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 may be placed on a waiting list .

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.