



STANLY COUNTY  
*Partnership*  
**for Children**

**NC Pre-Kindergarten Program**

Dear Parent / Guardian,

Please return **your NC Pre-K application** and the following documents as soon as possible **or by May 1, 2024.**  
**(We are happy to make copies of these items)**

- Completed NC Pre-K Application (*please make sure to sign & date*)
- Copy of Child's Birth Certificate
- Income Verification - 2023 W-2's (*Family income is the main criteria for NC Pre-K. Please submit the most current and accurate information regarding income that is coming in to your family*)
- Copy of proof of residency to include physical address with no P.O. Boxes. The following documents can be accepted: (signed lease agreement, rental receipt, utility bill (gas, water, electric) current listing on income tax form, personal property tax listing and banking statements to your physical address;  
*(NO phone or cable bills or Driver's License)*
- Child's Current Medical Report (*completed within the last 12 months by the Physician*) – Form is Enclosed
- Child's Immunization Record

**Please note that incomplete applications cannot be processed and will be returned to you.** If you need help completing the forms, you may call with your questions or schedule an appointment to come in for assistance.

*Thank you,  
Terri Scott  
NC Pre-K Coordinator*

**Please feel free to contact our office if you need further assistance.**

Stanly County Partnership for Children  
Trina Plowman, Program Support Assistant - 1000 North First Street, Suite 8, Albemarle, NC 28001  
[tplowman@stanlypartnership.org](mailto:tplowman@stanlypartnership.org) / 704-982-2038 ext. 239



**Si tiene preguntas o necesita ayuda para traducir y completar estos papeles por favor comuníquese con 704-982-2038 Extensión 230**

1000 North First Street, Suite 8 Albemarle, NC 28001 | p 704-982-2038 | f 704-983-8981

a partner in the  
smart start network



# 2024-2025 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, 2024 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) \_\_\_\_\_ White / European American; \_\_\_\_\_ Native Hawaiian or Other Pacific Islander; \_\_\_\_\_ Native American Indian or Alaska Native; \_\_\_\_\_ Black or African American; \_\_\_\_\_ Asian

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

County of Residence: \_\_\_\_\_

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

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

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

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

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

**Family Information**

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

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

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

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 \_\_\_\_\_
- \_\_\_\_\_ Occupational Therapy

Who provides these services? \_\_\_\_\_

- 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

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? \_\_\_\_\_

**\*Income Verification Will Be Required\***

**DO NOT LEAVE THIS PORTION BLANK**

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

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

**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
SSA/SSDI	\$ _____	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

**I verify that I do not receive income of any kind** \_\_\_\_\_ **(initial here)**

**DO NOT LEAVE THIS PORTION BLANK**

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

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

**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
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SSA/SSDI	\$ _____	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

**I verify that I do not receive income of any kind** \_\_\_\_\_ **(initial here)**

**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, speech/language, and any other <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.
	<b>I understand that my child will be required to have a current, updated health assessment before s/he attends a program.</b>
	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 North Carolina Pre-Kindergarten Program

Stanly County NC Pre-K has classrooms located at the following sites for the 2024/2025 school year. Please select your top three choices in number order.

**\*PLEASE NOTE: THIS LIST IS SUBJECT TO CHANGE. YOU WILL BE NOTIFIED BY PHONE IF FACILITIES ARE REMOVED FROM OR ADDED TO THIS LIST.**

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

\_\_\_\_\_ **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

\_\_\_\_\_ **Love-N-Care West** 704-983-6416  
534 Coble Avenue, Albemarle, NC 28001

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

\_\_\_\_\_ **Quality Child Care** 704-485-8821  
219 East First Street, Oakboro, NC 28129

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

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ;  
convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ .  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_

If delay, note significance and special care needed; \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_