



## **NC Pre-Kindergarten Application Instructions 2017-2018**

*North Carolina Pre-Kindergarten (NC Pre-K)* is a high quality, **FREE\*** educational program designed to enhance school readiness and prepare four-year-olds for Kindergarten. *NC Pre-K* classrooms operate on the local school system calendar. \*The only costs that may be associated with the NC Pre-K program would be a fee to cover the partial/full costs of meals when families do not qualify for free/reduced priced meals.

**Transportation is not provided by NC Pre-K.**

Many factors are considered when determining eligibility. Your child must be **4 years old on or before August 31, 2017** in order to be considered. In addition to your child's age, a high priority is placed on serving children who are "at-risk", such as low income or limited English proficiency. Information collected with your child's application will help determine your child's eligibility and potential placement in the program.

**Applications will be accepted by appointment only beginning February 20th through May 12, 2017.**  
**Please call 704-630-9085 to schedule your appointment. Applications received after the deadline may be considered only when there are openings.**

Please bring a **completed, original** application to your appointment along with the following documents:

- A copy of your child's birth certificate
- A current Medicaid card (if applicable, dated 2015-17) or proof of insurance
- Income verification (one month's worth of most recent check stubs). Individuals self- employed may provide 2016 Income Tax Return. Please provide other income verification if applicable: Unemployment benefits, Child Support, Work First or SSI.
- If parent/caregiver is attending school, provide most recent college schedule
- Proof of street address (utility bill, power bill, cable bill, telephone bill, or lease **ONLY**, we cannot accept a cell phone bill)
- Child's current shot record
- Kindergarten Health Assessment & Dental Assessment Form (these should be current - dated after 8-31-2016) **Please make sure each section of the form is completed.** \*These will be required, within 30 days from the first day of school, if your child is accepted into the program.
- Proof of the following if any of these apply
  - a. Military documentation
  - b. Letter from doctor or current health assessment indicating the child has a chronic health condition
  - c. IEP documentation
  - d. Letter from doctor or current health assessment indicating child has a developmental need
  - e. Documentation regarding custody or guardianship of the child if applicable
- Site preference list

**Incomplete applications will NOT be considered.**

**APPOINTMENT DATE:** \_\_\_\_\_

**APPOINTMENT TIME:** \_\_\_\_\_

**APPOINTMENT LOCATION: Smart Start Rowan, 1329 Jake Alexander Blvd. S, Salisbury, NC 28146**

Child placement will begin in July. You will be notified by e-mail/mail, if your child has been accepted into the program.

This program is based on the limited availability of State funding as well as classroom availability.

**If you have questions, please call Smart Start Rowan at 704-603-3369**



Date Completed Application Received: \_\_\_\_\_  
 FOR OFFICE USE ONLY

**NC Pre-Kindergarten Program 2017-2018 Application**

**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Last

**Physical Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street City Zip

**Mailing Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
Street (P.O. Box) City Zip

**E-mail address:** \_\_\_\_\_

**Gender:**  Male  Female **Child's Ethnicity:** Hispanic  Yes  No

**Race:** (check all that apply)

- American Indian or Alaska Native  Asian  Black or African American
- Native Hawaiian or Other Pacific Islander  Spanish/Hispanic/Latino  White or European American
- Other: \_\_\_\_\_

**N.C. Resident:**  Yes  No **U.S. Citizen:**  Yes  No

**Does your child have?**  Private Health Insurance  Medicaid  No Health Insurance

**Child lives with:**  Both Parents  Mother  Father  Other: \_\_\_\_\_  
 (if children live with anyone other than parents, legal guardianship/custody proof is required)

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

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

**Employed:**  Yes  No **Avg. hours per/wk** \_\_\_\_\_

**Employed:**  Yes  No **Avg. hours per/wk** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Frequency of pay:** \_\_\_\_\_

**Frequency of pay:** \_\_\_\_\_

**Seeking Employment:**  Yes  No

**Seeking Employment:**  Yes  No

**In post-secondary education:**  Yes  No

**In post-secondary education:**  Yes  No

**In high school or GED program:**  Yes  No

**In high school or GED program:**  Yes  No

**In job training:**  Yes  No

**In job training:**  Yes  No

**Alternate Emergency Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 (Other than parents)

**Do you get support from any of the following services? (Please check all that apply.)**

- Social Security \$\_\_\_\_\_per month  Child Support Payments \$\_\_\_\_\_per month
- Other \_\_\_\_\_ \$\_\_\_\_\_per month

\*Your total household gross income is: \$\_\_\_\_\_  Weekly  Monthly  Yearly  
 (Including **all** sources)

**\* Income Information is required.**  
 You must include one month's worth of most recent check stubs, or 2016 tax return if self-employed. \*see application cover page for details.



**List all other children in your household under the age of 18 yrs.:**

First Name	Birthdate	Relationship to Child Above	First Name	Birthdate	Relationship to Child Above

**List all other adults living in the household:**

Name \_\_\_\_\_ Relationship to Child (who is applying) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?**  Yes  No (If yes please provide evidence)

**Is your child currently enrolled in a preschool or childcare program?**  Yes  No  
 If yes, which one? \_\_\_\_\_

If no, has your child ever been enrolled in a childcare program?  Yes  No

Does your child have a DSS voucher or other type of subsidy to assist with the cost of childcare?  Yes  No

**Is English spoken in the home?**  No English  Some English  We speak fluent English  
 What language(s) are spoken in the home? \_\_\_\_\_

**Does your child have any special developmental needs or disabilities?**  Yes  No  
 If yes: Does your child have an IEP or an IFSP? (if so-please attach copy)  Yes  No  
 Is your child currently receiving any specialized services?  Yes  No  
 Do you have any concerns about your child's development?  Yes  No

Please explain: \_\_\_\_\_

**Does your child have any chronic health problems?**  Yes  No

If yes, please explain: \_\_\_\_\_  
*(Submit documentation with application, ie. Note from physician)*

**Is there any other information you would like to share with us?** \_\_\_\_\_

**\* ORIGINAL PARENT/GUARDIAN SIGNATURE IS REQUIRED\***  
**\*Application must be signed & dated to be accepted\***

I certify that all of the information on both sides of this application is true to the best of my knowledge. I understand I am responsible for immediately **updating the NC Pre-Kindergarten office at 704-603-3369** with any information on this application that changes (phone number, address, work status, income, etc.).

I give my permission for information regarding my child to be shared between Smart Start Rowan and the school my child may be assigned to and/or the Exceptional Children's Department. I understand this information is necessary and will be used for the determination of eligibility and for educational purposes only.

My signature gives permission to allow my child to be screened for vision, dental, and hearing and overall development.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_