



North Carolina Pre-Kindergarten Program 2012-2013 Application Instructions

North Carolina Pre-Kindergarten is a high quality pre-kindergarten program designed to prepare four-year-olds for Kindergarten. If you are concerned about your child's readiness for Kindergarten, we encourage you to complete this application.

Your child must be 4 years old on or before August 31, 2012 (must be born on or before August 31, 2008) in order to qualify.

A child that meets the age requirements is eligible for *NC Pre-K* if they also meet at least one of the following criteria: the family gross income is at or below 75% of the State Median Income level; the child has an identified disability having a current IEP; the child and family has Limited English Proficiency; the child has a developmental or educational need indicated by an approved developmental screening; or the child has at least one parent or legal guardian who is an active duty member of the Military, or whose parent or legal guardian has been seriously injured or killed while on active duty.

Applications will be accepted starting **January 9, 2012** on Mondays and Wednesdays between the hours of 8:30 – 11:30 am and 1:30 – 4:30 pm. Smart Start Rowan must receive the application (send or hand deliver to 1839 Jake Alexander Blvd. W., Salisbury, NC 28147) before **May 25, 2012** in order to be considered eligible for one of the slots. **Applications received after that date may be considered only when there are openings. Child placement may not take place until late July or early August. You will be notified at that time, if your child has been accepted into the program.**

NC Pre-K classrooms operate on the Rowan-Salisbury School System calendar. A parent co-payment may be assessed for a child that is deemed age eligible for NC Pre-K but do not meet the income eligibility guidelines. The only other 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.**

All questions on both sides of the application must be answered, and the following supporting documents must be attached, in order for your application to be considered.

With this completed and signed application you must include:

- 1) a copy of your child's **birth certificate**
- 2) **Medicaid card (if applicable)**
- 3) **income verification** (copy of most recent check stub, front page of 2011 form 1040, or 2011 W-2 form)
- 4) **proof of street address** (utility bill, power bill, cable bill, telephone bill)

**If you have questions, please call the Smart Start Rowan's
NC Pre-Kindergarten office at 704-603-3369.**



Date Received: _____
Site Requested: _____

FOR OFFICE USE ONLY

NC Pre-Kindergarten Program 2012-2013 Application

Child's Full Name: _____ Date of Birth: _____

First Middle Last

Address: _____ Phone: _____

Street City Zip

E-mail address: _____

What Elementary School will your child attend? _____ Cell Phone: _____

Child lives with: Both Parents Mother Father Other: _____

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: _____

Gender: Male Female N.C. Resident Yes No U.S. Citizen Yes No

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

Mother/Guardian's Name: _____ Work Phone: _____

Place of Employment: _____ Work Status: Full-Time Part-Time

- Mother's Education Level: Has not completed high school Has GED
- Has a high school diploma Has completed some college Has graduated from college

Father/Guardian's Name: _____ Work Phone: _____

Place of Employment: _____ Work Status: Full-Time Part-Time

- Father's Education Level: Has not completed high school Has GED
- Has a high school diploma Has completed some college Has graduated from college

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

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

*** Income Information is required.**

You must include a copy of your most recent check stub, the front page of 2010 form 1040, or 2010 W-2 form.

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
When did your child attend? _____ Where did your child attend? _____
Who currently takes care of your child during the day? _____

(Over)

Smart Start Rowan
1839 Jake Alexander Blvd. W.
Salisbury, NC 28147
704-603-3369



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List all **other children** in your household:

<u>Name</u>	<u>Gender</u>	<u>Birthday</u>	<u>School</u>	<u>Grade</u>

Do any children in your household qualify for (please check):

- Free Lunch** at school **Reduced Lunch** at school

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

<u>Name</u>	<u>Relationship to Child (who is applying)</u>

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

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*
(Original application only – no copies 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. I understand this information is necessary and will be used only for educational purposes. I also understand the school receiving this information will be responsible for the confidentiality of this information.

I have attached the following copies:

- Child's Birth Certificate**
- Child's Medicaid Card** (if applicable)
- Income Verification** (most recent W-2, 2010 tax return, or one current month worth of pay stubs)
- Proof of street address** (utility bill, ie. power bill, cable bill, telephone bill)

Parent/Guardian Signature _____ Date _____