



SSR - More at Four Pre-Kindergarten Program 2010-2011 Application Instructions

SSR-More at Four 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. **Children who are not currently enrolled in a preschool, childcare program, daycare, or Head Start are prioritized.**

Your child must be 4 years old on or before August 31, 2010 (must be born on or before August 31, 2006) in order to qualify.

Eligibility is also based on income. Applications will be accepted starting **January 6, 2010** 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 5, 2010** in order to be considered eligible for one of the slots. **Applications received after that date may be considered only when there are openings.**

SSR-More at Four classrooms operate on the Rowan-Salisbury School System calendar. The only costs that may be associated with the *More at Four* 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 2009 form 1040, or 2009 W-2 form)
- 4) **proof of street address** (utility bill, ie. power bill, cable bill, telephone bill)

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



Site: _____
 Date _____
 Received _____
 Entered into _____
 MAFKids _____
 Entered into _____
 NAACRAWARE _____
 FOR OFFICE USE ONLY

SSR-More at Four Pre-Kindergarten Program 2010-2011 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: _____

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

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

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 2009 form 1040, or 2009 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)



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List all other children in your household:

Name Gender Birthday School Grade

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:

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

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? 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:

(Submit documentation with application, ie. Copy of IEP .)

Does your child have any chronic health problems? Yes No

If yes, please explain:

(Submit documentation with application, ie. Note from physician)

Please check any other programs your child is applying for:

Head Start Preschool program in a local public school Other:

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

* PARENT/GUARDIAN SIGNATURE IS REQUIRED *

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 SSR-More at Four 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.

Parent/Guardian Signature Date