



NC Pre-Kindergarten Application Instructions 2018-2019

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, 2018** 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 March 19th through June 8, 2018. 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 2016-18) or proof of insurance
- Income verification (one month's worth of most recent check stubs). Individuals self-employed may provide 2017 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
- NC Health Assessment & Dental Assessment Form (these should be current - dated after 8-31-2017) **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 2018-2019 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
 White or European American

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)

Please indicate the family address situation:

- Permanent
 Adult Relative
 Non Relative
 Homeless or Emergency Homeless Shelter
 Hotel/Motel
 Hospital for 30 days or less
 Battered Women & Children's Shelter
 Lack permanent nighttime address

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)

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)

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 2017 tax return if self-employed. *see application cover page for details.

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? _____ Is this program regulated? Yes No

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? _____

Has your child been referred for evaluation for or identified with any special developmental needs or disabilities?

- Yes No If yes date of referral: _____
- 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? _____

*** 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 Smart Start Rowan at 704-603-3369** with any information on this application that changes (phone number, address, work status, income, etc.).

I give 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 local school system. I understand this information is necessary and will be used for the determination of data analysis, 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 _____