



## **NC Pre-Kindergarten Application Instructions 2020-2021**

*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 typically 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, 2020** 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 3, 2020 through April 30, 2020. Please call 704-630-9085 to schedule your appointment. After you schedule your appointment, please pre-register online at [www.rowan-smartstart.org](http://www.rowan-smartstart.org). 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:

- Parent/Guardian photo ID
- A copy of your child's birth certificate
- A current Medicaid card (if applicable, dated 2018-20) or proof of insurance
- Income verification (one month's worth of most recent check stubs). Individuals self-employed may provide 2019 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
- Children's Medical Report form\* & Dental Assessment form\* (these should be current - dated after 8-31-2019) **Please make sure each section of the form is completed this includes a vision & hearing screening has been checked.** \*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

**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 704-630-9085.



Date Completed Application Received: \_\_\_\_\_

FOR OFFICE USE ONLY

**NC Pre-Kindergarten Program 2020-2021 Application**  
**PLEASE PRINT CLEARLY**

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

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

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

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

**How often are you paid?**  Weekly  B--Weekly

Semi-Monthly  Monthly  Other \_\_\_\_\_

**Seeking Employment:**  Yes  No

**Are you currently attending school? (check all that apply)**

- College  High School/GED  In job training

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

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

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

**How often are you paid?**  Weekly  B--Weekly

Semi-Monthly  Monthly  Other \_\_\_\_\_

**Seeking Employment:**  Yes  No

**Are you currently attending school? (check all that apply)**

- College  High School/GED  In job training

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

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

| 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 2019 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 and all sections completed, 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 704-630-9085** 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 \_\_\_\_\_



# Family Information and Responsibilities



Your child’s success in the NC Pre-K program depends on your active participation as well as your compliance with program guidelines. We have identified a few of the most important things below. Please read carefully and **initial** inside each box.

|  |   |
|--|---|
|  | I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screenings; and for the results of these screenings to be shared with Smart Start Rowan (SSR), the school where my child is assigned and the exceptional children’s department of the local school system for purposes of my child receiving needed services. |
|  | I understand that if my child is selected for participation, family involvement is necessary and expected.  |
|  | My family will cooperate with the program to submit necessary documentation and forms as requested.   |
|  | I understand that transportation to and from the NC Pre-K program will be the family’s responsibility. However, some sites may provide a limited amount of transportation for a fee.  |
|  | I will inform my child’s assigned NC Pre-K program, if there is a change in our family’s address, phone number, or authorized parties that can pick-up my child.  |
|  | I understand that my child will need a current health and dental assessment as well as immunization records in order to participate in the program. It is the parent’s responsibility to submit these to your child’s assigned school before the deadline. The deadline is 30 days after school begins.   |
|  | I understand that my child may be placed on a waiting list, if all available slots are full.  |
|  | I understand that if my child has trouble adjusting, I will be asked to participate in parent conferences and actively work with SSR and my child’s assigned NC Pre-K program to develop a plan of action to address these concerns.  |
|  | I understand that if my child is not in attendance regularly, my child’s NC Pre-K slot will be awarded to another child.  |
|  | I understand that it is my responsibility to get my child to school on time, and pick my child up promptly at dismissal time. I’m aware that I may be charged a late fee, if late pick-up becomes a pattern.  |
|  | I understand that if my child is accepted into the NC Pre-K program, I must accept placement before the deadline indicated on my child’s acceptance letter. If I do not accept placement my child will be placed on the waiting list, until another slot becomes available.   |

My signature below indicates my understanding of and agreement to comply with the items outlined above.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date