



NC Pre-Kindergarten Application Instructions 2022-2023

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, 2022** 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 beginning February 1, 2022 through April 18, 2022. Please pre-register online at www.rowan-smartstart.org. Applications received after the deadline may be considered only when there are openings.

Please mail or drop off a **completed, original** application along with the following documents:

- Parent/Guardian photo ID
- A copy of your child's birth certificate
- Income verification (one month's worth of most recent check stubs). Individuals self-employed may provide 2021 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)
- Proof of the following if any of these apply
 - a. Military documentation
 - b. Letter from the 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 the child has a developmental need
 - e. Documentation regarding custody or guardianship of the child if applicable

If accepted, your child's assigned school will require your child's current (dated after 8-11-2021) shot record, Children's Medical Report form (including a vision & hearing screening) & Dental Assessment form. *These will be due within 30 days from the first day of school.

Incomplete applications will NOT be considered.

DROP OFF 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.

NC Pre-Kindergarten Program 2022-2023 Application

PLEASE PRINT CLEARLY

Date Completed Application Received: _____

FOR OFFICE USE ONLY

Child's Full Name:				Date of Birth:	
	<i>First</i>	<i>Middle</i>	<i>Last</i>		

Gender:		Male		Female		Is Your Child a Twin/Triplet:		Yes		No
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Child's Ethnicity: Hispanic?		Yes		No
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Child' Race: <i>(select all that apply)</i>					
	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	Is Your Child a U.S. Citizen?		Yes		No
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Child lives with:		Both Parents		Mother		Father		Foster Care
		Legal/Guardian Custodian (Must provide court order)				Kinship Care (Relative without legal documents)		
	Other*	If you selected other, please explain:						

Please select the option that best describes your living situation:					
	Permanent		Live with Adult Relative		Live with Non Relatives
	Hotel/Motel		Hospital for 30 days or less		Battered Women & Children's Shelter
	Lack permanent nighttime address		Homeless or Emergency Homeless Shelter		

Physical Address:				Phone:	
	<i>Street</i>	<i>City</i>	<i>Zip</i>		

Mailing Address:				Cell Phone:	
	<i>Street</i>	<i>City</i>	<i>Zip</i>		

If different from physical address

Primary E-mail:		Alternate E-mail:	
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Alternate Emergency Contact Person:		Phone:	
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**Someone other than the parent/guardian*

Mother/Guardian's Name:		Father/Guardian's Name:	
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Relationship to the Child:

<input type="checkbox"/>	Mother	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Guardian/Custodian
<input type="checkbox"/>	Relative	<input type="checkbox"/>	Non-relative	<input type="checkbox"/>	Not Applicable

Relationship to the Child:

<input type="checkbox"/>	Father	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Guardian/Custodian
<input type="checkbox"/>	Relative	<input type="checkbox"/>	Non-relative	<input type="checkbox"/>	Not Applicable

Marital Status:

<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Other:		
Spouse Name:					

Marital Status:

<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Other:		
Spouse Name:					

Mother/Guardian Employment Status: (check all that apply)

<input type="checkbox"/>	Employed	<input type="checkbox"/>	Self Employed
<input type="checkbox"/>	Seeking Employment	<input type="checkbox"/>	Attending College
<input type="checkbox"/>	In Job Training	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	Attending High school or GED program		
Other: _____			

Father/Guardian Employment Status: (check all that apply)

<input type="checkbox"/>	Employed	<input type="checkbox"/>	Self Employed
<input type="checkbox"/>	Seeking Employment	<input type="checkbox"/>	Attending College
<input type="checkbox"/>	In Job Training	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	Attending High school or GED program		
Other: _____			

How often are you paid?

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Semi-Monthly		<input type="checkbox"/>	Not Applicable	
Other: _____					

How often are you paid?

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Semi-Monthly		<input type="checkbox"/>	Not Applicable	
Other: _____					

Please include other sources of income:

Child Support	\$
SSI	\$
Other	\$

Please include other sources of income:

Child Support	\$
SSI	\$
Other	\$

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

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

Additional Children: _____

List all other adults living in the household:

Name	Relationship to Child Above	Name	Relationship to Child Above

Additional Adults: _____

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes date of referral:	
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Does your child have an IEP or an IFSP?

(if yes, please upload supporting documents)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is your child currently receiving any specialized services?

(If yes, please upload a copy)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain:			

Do you have any concerns about your child's development?

(if yes, please upload supporting documents)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain:			

Is at least one parent or legal guardian of this child an active-duty member of the military?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is your child currently enrolled in a preschool or childcare program?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
No, but they used to be enrolled			
If yes, what is the name of the childcare program where your child currently attends:			

Does your child have any chronic health concerns?

(If yes, please upload supporting documents from a physician)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Was a parent or legal guardian of this child seriously injured or killed while on active duty? (If yes please provide evidence)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If your child is currently enrolled in preschool/childcare do you have a DSS voucher or other type of subsidy to pay for the cost of childcare?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is English spoken in the home?	<input type="checkbox"/>	No English	<input type="checkbox"/>	Some English	<input type="checkbox"/>	We speak fluent English
Please list all languages are spoken in the home:						

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

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Smart Start Rowan provides many FREE educational programs as well as family events. Please take a moment to tell us which program/activity you would like more information about. A member of our team will contact soon.

<input type="checkbox"/>	Triple P (Positive Parenting Program) - Assistance with challenging behaviors
<input type="checkbox"/>	Kaleidoscope Play & Learn (KPL) - Playgroups
<input type="checkbox"/>	Early Learning Resource Center (ELRC) - Book & toy lending library
<input type="checkbox"/>	Dolly Parton Imagination Library - Free monthly book delivery
<input type="checkbox"/>	Better Together Positive Parenting Rowan Facebook group
<input type="checkbox"/>	Family Support – Info about community resources such as Medicaid/insurance options
<input type="checkbox"/>	Add Me to Your Email Contact List - Stay informed about upcoming events & programs

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 important items below. Please read carefully, initial each box, and sign below to acknowledge your understanding & agreement.

I give permission for my child to receive developmental, hearing, vision, dental and/or speech 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 my responsibility to submit these to my child's assigned school before the deadline. The deadline is 30 days after school begins. The site may drop my child from the program without this information.	
I understand that my child may be placed on a waiting list, if all available slots are full, or my child may be placed at a site that is not one that I requested.	
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 is acknowledgement of the following:

- I am the legal parent/guardian of the child applicant.
- All of the information on this application is true to the best of my knowledge.
- 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, enrollment, eligibility and for educational purposes only.
- I have read and will comply with the Family Information and Responsibilities.
- I acknowledge that the application must be signed & dated, all sections completed, and all required documents must be received before my application will be processed & my child considered for placement.

Parent/Guardian Signature _____ Date _____