



The support you need to help children succeed.

PFC is a 501(c)(3) nonprofit organization supported by public and private funds through Smart Start, NC Pre-K, tax-deductible donations, and grants.

2017 – 2018 North Carolina Pre-Kindergarten (NC Pre-K) Child Application

★★★ Please answer each question clearly and completely. ★★★

Date Completed: _____

Child's Full Name: _____

Sex: Male Female

DOB: ____/____/____
Month Day Year

Is your child Hispanic? Yes No

Race (check all that apply): White/European American Native Hawaiian or Other Pacific Islander

Native American Indian or Alaska Native Black or African American Asian Other (specify): _____

Is your child a U.S. Citizen? Yes No

Is your child a North Carolina Resident? Yes No

Email where parent/legal guardian can be reached: _____

County of Residence: Cumberland Hoke Harnett Other: _____

Family Address: (Street, City, State, Zip Code) _____

Primary phone number: _____

Alternate phone number: _____

Child Lives With (check all that apply): Both Parents Mother only Father only Legal Custodian Legal Guardian

Parent & Step-Parent Foster Parent(s) Grandparent (s) Other Relative Other: _____

Does the child live with an adult blood relative or with a non-relative who has legal custody or guardianship? Yes No

Please list the names of all family members living in the household.	Relationship to the NC Pre-K Child	Date of Birth	Gender
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Mother/Stepmother/Female Legal Guardian's Name: _____

Check all that apply: Employed Seeking employment In post-secondary education (college) In high school or GED program

On the job training Other Employment? Please, explain: _____



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Father/Stepfather/Male Legal Guardian's Name: _____

Check all that apply: Employed Seeking employment In post-secondary education (college) In high school or GED program
 On the job training Other Employment? Please, explain: _____

Child's Primary Language: _____ Does your family and/or child speak limited or no English at home? Yes No

Does your child have a chronic health condition? Yes No If yes, please explain: _____

Does your child have an identified developmental or educational need? Yes No If yes, please explain: _____

Is your child a military dependent of an active duty service member? Yes No

Has parent/legal guardian been seriously injured or killed while active duty military? Yes No

Has your child previously been served in childcare or currently in childcare? Yes No

If yes, name of childcare: _____ Are they still being served? Yes No

If no, dates of service: From : ____/____/____ To: ____/____/____

Is family currently enrolled in the childcare subsidy program through DSS? Yes No

Has your child had a health assessment (physical) in the past 12 months? Yes No Date of assessment: _____

Has your child had a developmental screening? Yes No Date of assessment: _____

Has your child been referred for evaluation for a disability? Yes No Date of referral if known: _____

If yes, was a disability identified? Yes No If yes, please explain: _____

Does your child have an active IEP? Yes No

Has your child been referred for services related to the disability? Yes No

Is your child receiving services related to the disability? Yes No If yes, specify the type of disability services: _____

Does your family receive income or assistance from any of the following sources? (check all that apply)

Temporary Assistance for Needy Families (TANF)/ Work First Foster Care Unemployment Benefits Social Security Benefits (SSA)

Social Security Disability (SSD) Supplemental Security Income (SSI) Food Stamps Medicaid/Medicare/NC Health Choice

Women and Infant Children (WIC) Public Housing Veteran's Benefits Pell Grant/Education Assistance

Is your family in transition (temporarily living with friends/family or in shelter/car/hotel)? Yes No

ZERO INCOME STATEMENT (if applicable)

I, _____ (your name) certify that as the parent/legal guardian of _____ (child's name) our family has zero annual regular gross income. Regular gross income may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, social security income and worker's compensation.

Parent/Legal Guardian Signature (required): _____

Signature Date



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- How did you hear about NC Pre-K? Brochures School System Current Childcare Direct Mail DSS Family/Friend
 Magazine Newspaper Radio Social Media Web Search Word of Mouth Yellow Pages Childcare Referral Walk-in
 Do Not Recall Other, please explain:

Site Location Preference

Using the attached NC Pre-K Site list please list your preferred sites in order of preference:

1. _____
2. _____
3. _____
4. _____

Placement in NC Pre-K is not guaranteed, and it is possible your child may be offered placement at a site different from your preferred selection. If your child is eligible and placement is offered, every effort will be made to place your child in a preferred site.

Consent

This application is being conducted to determine the eligibility of your 4-year-old for the NC Pre-K Program being implemented in Cumberland County. Five categories of information are reviewed to determine your child's eligibility. Inaccurate information may jeopardize your child's scoring and thus his/her priority to participate in the program at this time. The information gathered today will become a part of the NC Pre-K database and used to select and place participants in the appropriate classrooms and monitor their progress throughout the program.

Please initial next to "Agree" or "Disagree"

1. (initial) Agree _____ Disagree _____ Consent for the Release and Exchange of Information – The information on this form may be used in the determination of eligibility for the NC Pre-K Program administered by the Partnership for Children of Cumberland County. Upon acceptance into the program, I agree that all information provided herein may be used for research purposes and be shared with other agencies collaborating with the NC Pre-K Program, such as: Cumberland County Schools, Head Start, Department of Social Services, etc. I understand that information will not be shared for any reason other than to support my child's participation in the NC Pre-K Program.
2. (initial) Agree _____ Health Assessment – A health assessment is required to be on file at the NC Pre-K site within 30 days after a child enters the NC Pre-K program and must be conducted within 12 months of program entry. In the event my child is placed in a NC Pre-K site and the assessment is not able to be completed within the thirty days, my child may lose their NC Pre-K placement and another eligible child will replace my child.
3. (initial) Agree _____ Transportation – I understand I am responsible for providing transportation for my child if transportation is not available at the site my child is placed.
4. (initial) Agree _____ Parent Involvement Agreement – I understand that if my child is selected to participate in the NC Pre-K Program, parent involvement will be critical to the success of my child. I/We will commit to participate as required by the NC Pre-K criteria. As a parent participant in the NC Pre-K Program, I understand and agree to the following:
 - Keep the staff at my child's school informed about all information necessary to keep my child's records up to date.
 - Participate in home visits in which my child's classroom teacher may come to my home to discuss my child and family needs/discuss my child's goals and preparation for kindergarten.
 - Participate in classroom activities, parent/teacher conferences and communicate with my child's teacher on a regular basis about my child's progress.
 - Communicate with all NC Pre-K teachers, other staff members and other parents in a respectful manner.
 - Abide by all center or school policies regarding my child's enrollment at the NC Pre-K site.
 - Inform my child's teacher or site administrator if and when I expect to withdraw my child from the NC Pre-K Classroom.
 - Participate in Kindergarten transition activities and parent workshops (e.g. kindergarten screening, registration, open house, etc.)



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Parent/Legal Guardian Signature

I certify that I am the parent/legal guardian/custodian of the child for whose name appears on this application. I certify that all of the above information is true and correct and that all income is accurately reported. I understand that this information is being given for the receipt of state and/or federal funds; that NC Pre-K officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws. My signature also confirms that the information provided on this application is accurate and complete. Additionally, I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.

Parent/Legal Guardian/Custodian Signature (required):

Print Name _____ Signature _____ Today's Date _____

Required Documentation	Optional Documentation
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★★★ No application will be accepted until all of the required documentation has been received. ★★★

- Completed Application (signed and dated)
- Child's Birth Certificate
- Child's Immunization Record
- Proof of all sources of Income (1040, 1040EZ, W2, LES or **one month of current paystubs**) Additional Income: child support, alimony, Social Security benefits, retirement, etc.
- Legal documentation for guardianship/custody if child is not living with biological parent

- Child's Health Assessment
- Verification of Disability/Chronic Health Condition
- Verification of Developmental Disability
- Verification of Military Service
- IEP Documentation

You may also return your completed application to:

Partnership for Children of Cumberland County
 North Carolina Pre-K Program (NC Pre-K Unit)
 351 Wagoner Drive, Suite 200
 Fayetteville, NC 28303

Telephone Number:

910-867-9700

OFFICE USE ONLY

(Please complete this section when application is received outside of the Partnership.)

Location Application was Received: _____

Received by: _____ Date Received: _____

PARTNERSHIP USE ONLY

(All applications submitted to the Partnership must be clearly date stamped and initialed upon receipt.)

ELIGIBILITY VERIFICATION

Eligibility Verified by: _____ Date Verified: _____

Eligibility Dually Verified by: _____ Date Dually Verified: _____

Family Size: _____ NC Pre-K Eligible Income: \$ _____

DATA ENTRY COMPLETED

Entered in to NC Pre-K APP by: _____ Date Entered: _____