

## 2018 – 2019 North Carolina Pre-Kindergarten (NC Pre-K) Child Application Information

### What is NC Pre-K?

NC Pre-K is a public program designed to provide high-quality educational experiences to enhance school readiness for eligible four-year-old children. There is no charge to the family for this service. NC Pre-K operates on the public school calendar and is available in a number of different locations across the community including public school settings, private childcare facilities, and Head Start sites.

### How do I know if my child is eligible to participate in NC Pre-K?

- Your child must be four-years old on or before August 31, 2018.
- Your family's gross income is at or below 75% of the State Median Income (SMI).
- Your child is a military dependent of an active duty service member or a military service member that has been seriously injured or killed while on active duty military status.
- Additional eligibility criteria include risk factors in specific categories including developmental disability, Limited English Proficiency (LEP), educational need, or chronic health conditions. Documentation must be provided in order to offer placement to a child based on the additional eligibility criteria.

Although a child may meet one or more eligibility factors, placement is not guaranteed in a NC Pre-K classroom.

### Important Notes

- Applications must include all required documentation to be considered **"complete"**. See the last page of the application for the documentation checklist.
- If your child is offered placement in a NC Pre-K classroom, you will be notified by mail and be given the opportunity to accept or decline placement. You must confirm acceptance of placement by the indicated deadline to secure your child's placement.
- Please answer all questions for each section of the application. Signature and date is required.
- Incomplete applications or applications without required documentation will not be considered.
- Proof of family's annual income is required.
- Definitions of Guardian and Custodian – Legal documentation is required as proof.
  - Legal Guardianship: may be personally selected by the child's biological parents, or appointed by the court. Guardianship arrangements are necessary when a child's biological parents are unable to provide care.
  - Legal Custody: who is considered to have the same kinship to the child as a caregiver (long or short term).

### Who do I contact for additional information about NC Pre-K?

The NC Pre-K Program is administered by the NC Department of Health and Human Services under the Division of Child Development and Early Education, Early Education Unit.

Contact Cumberland County's local NC Pre-K Contract Administrator for more information at:

351 Wagoner Dr.  
Fayetteville, NC 28303  
(910)867-9700  
or visit [www.ccpfc.org](http://www.ccpfc.org)

**KEEP THIS PAGE FOR YOUR RECORDS**

## 2018 – 2019 North Carolina Pre-Kindergarten (NC Pre-K) Child Application

Please answer each question clearly and completely to ensure a quick and accurate enrollment process.

Today's Date: \_\_\_\_\_

DEMOGRAPHICS																																	
Child's First Name:	Child's Middle Name:	Child's Last Name:	Preferred Name:																														
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Date of Birth: _____ / _____ / _____ <div style="text-align: center; font-size: small;">Month Day Year</div>																															
Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
Race (check all that apply): <input type="checkbox"/> White/European American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____																																	
Is the child a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child a NC resident? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
County of Residence: _____																																	
Email where parent can be reached: _____																																	
HOUSEHOLD INFO																																	
Physical Address: (Street, City, State, Zip Code) _____		Primary Phone Number: _____ Alternate Phone Number: _____																															
With whom does the child live: <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____																																	
Does the child live with parent, blood relative, or with a non-relative who has legal custody or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
Please list the names of ALL family members that live in the household.																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 45%;">Name</th> <th style="width: 30%;">Relationship to the NC Pre-K Child</th> <th style="width: 25%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td>NC Pre-K Child</td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td></tr> <tr><td>9.</td><td></td><td></td></tr> </tbody> </table>				Name	Relationship to the NC Pre-K Child	Date of Birth	1.	NC Pre-K Child		2.			3.			4.			5.			6.			7.			8.			9.		
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# Partnership FOR CHILDREN

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

Parent 1 / Mother / Stepmother / Legal Caregiver's Name: _____		DOB: ____ / ____ / ____	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other, _____			
Physical Address: (Street, City, State, Zip Code)		Primary Phone Number: _____ Alternate Phone Number: _____	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Retired		Average hours worked per week? _____	
Place of Work (if applicable):		Start Date:	
Check all that apply: <input type="checkbox"/> Attending secondary education <input type="checkbox"/> Attending high school/GED <input type="checkbox"/> Attending job training <input type="checkbox"/> None of the above <input type="checkbox"/> Other, _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Enter all income for the above individual:			
Current wages BEFORE Taxes	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
Alimony	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
Child Support	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
Workers Comp	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
Unemployment	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
SSI/TANF/Work First	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
		<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly
		<input type="checkbox"/> weekly	
Parent 2 / Father / Stepfather / Legal Caregiver's Name: _____		DOB: ____ / ____ / ____	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other, _____			
Physical Address: (Street, City, State, Zip Code)		Primary Phone Number: _____ Alternate Phone Number: _____	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Retired		Average hours worked per week? _____	
Place of Work (if applicable):		Start Date:	
Check all that apply: <input type="checkbox"/> Attending secondary education <input type="checkbox"/> Attending high school/GED <input type="checkbox"/> Attending job training <input type="checkbox"/> None of the above <input type="checkbox"/> Other, _____			
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SSI/TANF/Work First	\$ _____	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly
		<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly
		<input type="checkbox"/> weekly	



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***\*If there is no household income, complete the  
Zero Income Statement Form on page 9 of application\****

### EMERGENCY CONTACT

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

### ELIGIBILITY FACTORS

Does the family and/or child speak limited or no English at home? ☐ Yes ☐ No

What is the primary language spoken at home? \_\_\_\_\_

In what language would you like for your child to be screened, if applicable? \_\_\_\_\_

Does the child have a chronic health condition or significant health concern? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does the child have a developmental or educational need? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Is the child an active duty military dependent? ☐ Yes ☐ No

Has a parent or legal guardian of this child been seriously injured or killed while on active duty military status? ☐ Yes ☐ No

### PRIOR PLACEMENT

Child's prior placement at the time of enrollment

☐ Child has **never** been served in any preschool or child care setting

☐ Child is **currently unserved** (ie: at home now, but have previously have been in child care or other preschool program)

☐ Child is in unregulated child care

☐ Child is in a one or two-star facility

☐ Child is not receiving subsidy but is in some kind of regulated child care or preschool program

☐ Child is receiving subsidy and is in some kind of regulated child care or preschool program

Is Child currently attending a childcare, preschool, or part-day program:

☐ Yes, Name of Program: \_\_\_\_\_

☐ No

If yes, was the child served in the program as a three-year old? ☐ Yes ☐ No

Is family currently enrolled in the childcare subsidy program in DSS? ☐ No ☐ \*Yes \*(initials) \_\_\_\_\_

***\*If yes, please initial in the space provided to indicate authorization of release of information from Cumberland County Department of Social Services.***

### ASSESSMENT EVALUATION

Has this child had a health assessment (physical) in the past year? ☐ Yes ☐ No Date of assessment: \_\_\_\_\_

Has this child had a developmental screening? ☐ Yes ☐ No Date of assessment: \_\_\_\_\_

### DISABILITIES

Has this child been referred for evaluation for a disability or been identified with a disability? ☐ Yes ☐ No

Is the date of referral known? ☐ Yes ☐ No ☐ N/A Date of Referral: \_\_\_\_\_

What was the decision from the disability evaluation for this child? ☐ N/A ☐ No disability identified ☐ Evaluation decision in process  
☐ One or more disabilities identified ☐ Do not know

Type of identified disabilities for this child (check all apply): ☐ N/A ☐ Autism ☐ Deaf-blind ☐ Hearing impaired ☐ Multi-handicapped  
☐ Other health impaired ☐ Orthopedically impaired ☐ Speech/language impaired ☐ Visual impaired ☐ Traumatic brain injury  
☐ Preschool developmental delayed

Does your child have an active Individual Education Plan (IEP)? ☐ Yes ☐ No

Has this child been referred for services related to disability? ☐ N/A ☐ Yes ☐ No ☐ Do not know

Is this child receiving services related to disability? ☐ N/A ☐ Yes ☐ No Specify type of disability services \_\_\_\_\_

### FINANCIAL SUPPORTS

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/Snap ☐ Medicaid/Medicare/NC Health Choice  
☐ Women and Infant Children (WIC) ☐ Public Housing ☐ Aid to Families with Dependent Children (AFDC) ☐ Veteran's Benefits  
☐ Pell Grant/Education Assistance

### RECRUITMENT INFORMATION

How did you hear about the NC Pre-K Program? ☐ Brochures ☐ School System ☐ Current Childcare ☐ Direct Mail ☐ DSS ☐ Radio

☐ Family/Friends ☐ Magazine ☐ Newspaper Ad ☐ On-Site Advertisement ☐ Social Media ☐ Web Search ☐ Word of Mouth

☐ Yellow Pages ☐ Do Not Recall ☐ Other, \_\_\_\_\_

**What is your site preference?** Please rank in order of preference location desired (number "1" being the most desired and "2" being the next). While we do request your site preferences, placement is not guaranteed. Please select up to 4 preferred sites.

**\*LIST OF CURRENTLY APPROVED SITES. SUBJECT TO CHANGE\***

**Private Childcare Sites (by zip code)**

**28301**

- \_\_\_\_\_ FSU Early Childhood Learning Center 1200 Murchison Rd
- \_\_\_\_\_ Mommy's Moment Daycare Learning Center 3108 Murchison Rd

**28303**

- \_\_\_\_\_ BalPerazim Childcare Center 4921 Bragg Blvd.
- \_\_\_\_\_ Easter Seals UCP Dorothy Spainhour 223 Hull Rd
- \_\_\_\_\_ FTCC Children's Center 2201 Hull Rd
- \_\_\_\_\_ Heavenly Haven CDC #2 905 Helen St.
- \_\_\_\_\_ Panda Daycare III 260 Meed Street

**28304**

- \_\_\_\_\_ Childcare Network#109 5791 Pepperbrush Drive
- \_\_\_\_\_ Childcare Network#110 6905 Raeford Rd
- \_\_\_\_\_ KinderCare (Hope Mills) 1521 Hope Mills Rd

**28306**

- \_\_\_\_\_ Arether's Little M&M's II 3389 Cumberland Rd
- \_\_\_\_\_ Burn's Child Care 3131 Bordeaux Park Drive
- \_\_\_\_\_ Building Blocks Early Education Center 3330 South Peak Drive
- \_\_\_\_\_ Kidz Kastle Child Care Center 4820 Camden Rd
- \_\_\_\_\_ Sandy Ridge Child Care Center 2514 Sand Hill Rd

**28311**

- \_\_\_\_\_ Cozy Corner Child Development Center 5329 Ramsey Street#33
- \_\_\_\_\_ Creative Enhancement 1507 Shaw Rd
- \_\_\_\_\_ Heavenly Haven Academy 945 McArthur Rd
- \_\_\_\_\_ Heavenly Haven Child Development Center 3311 Rosehill Rd
- \_\_\_\_\_ KinderCare 4243 Ramsey Street,
- \_\_\_\_\_ Trinity Child Care 3727 Rosehill Rd

**28314**

- \_\_\_\_\_ Precious Moments Childcare II 126 S Reilly Rd
- \_\_\_\_\_ Panda Daycare I 868 South Reilly Rd
- \_\_\_\_\_ Wonder Years Child Development Center 6340 Cliffdale Rd

**28348 (Hope Mills)**

- \_\_\_\_\_ First Steps Child Care 3437 North Main Street
- \_\_\_\_\_ Pamper Hugs & Luv's Afterschool Facility 634 Sand Hill Rd

**28390 (Spring Lake)**

- \_\_\_\_\_ Just Like Mom 408 Spring Avenue
- \_\_\_\_\_ Brite Shining Stars 602 Mont Drive

**Head Start Sites** \*Please Note: In order to be considered for placement in a Head Start site, you must also apply for the Head Start Program. Visit link for more information: <https://actionpathways.ngo>

- \_\_\_\_\_ E.E. Miller Head Start 1361 Rim Rd., Fayetteville, 28314
- \_\_\_\_\_ Hay Branson Head Start 925 Davis Court Fayetteville, 28305
- \_\_\_\_\_ Lake Rim Head Start 1054 Rim Rd., Fayetteville, 28314
- \_\_\_\_\_ Lewis Heights Head Start 4868 Bickett St., Fayetteville, 28303
- \_\_\_\_\_ McNeill Head Start 4382 Foxgrove Circle, Fayetteville, 28304
- \_\_\_\_\_ River Commons Head Start 328 Deep Creek Rd., Fayetteville, 28312
- \_\_\_\_\_ Rosemary Street Head Start 260 Rosemary St., Fayetteville, 28301
- \_\_\_\_\_ Spring Lake Head Start 612 Samuel Dr., Spring Lake, NC 28390
- \_\_\_\_\_ Strickland Bridge Head Start 2767 Strickland Bridge Rd., Fayetteville, 28306
- \_\_\_\_\_ Topeka Heights Head Start 3240 Camden Rd., Fayetteville, 28306

**Cumberland County Schools** \*In order to be considered for placement in a CCS site, you must reside in Cumberland County (excluding Fort Bragg).

- \_\_\_\_\_ Alderman Rd Elementary 2860 Alderman Rd., Fayetteville, 28306
- \_\_\_\_\_ Armstrong Elementary 3395 Dunn Rd., Fayetteville, 28312
- \_\_\_\_\_ Baldwin Elementary 4441 Legion Rd., Hope Mills, 28348
- \_\_\_\_\_ Ben Martin Elementary 430 N. Reilly Rd., Fayetteville, 28303
- \_\_\_\_\_ Brentwood Elementary 1115 Bingham Dr., Fayetteville, 28304
- \_\_\_\_\_ C. Wayne Collier Elementary 3522 Sturbridge Dr., Hope Mills, 28348
- \_\_\_\_\_ Cliffdale Elementary 6450 Cliffdale Rd., Fayetteville, 28314
- \_\_\_\_\_ Cumberland Mills Elementary 2576 Hope Mills Rd., Fayetteville, 28306
- \_\_\_\_\_ E. E. Miller Elementary 1361 Rim Rd., Fayetteville, 28314
- \_\_\_\_\_ Elizabeth Cashwell Elementary 2970 Legion Rd. Fayetteville, 28306
- \_\_\_\_\_ Gallberry Farm Elementary 8019 Byerly Dr., Hope Mills, 28348
- \_\_\_\_\_ Lake Rim Elementary 1455 Hoke Loop Rd., Fayetteville, 28314
- \_\_\_\_\_ Loyd Auman Elementary 6882 Raeford Rd., Fayetteville, 28304
- \_\_\_\_\_ New Century International Elem7465 Century Circle, Fayetteville, 28306
- \_\_\_\_\_ Ponderosa Elementary 311 Bonanza Dr., Fayetteville, 28303
- \_\_\_\_\_ Sherwood Park Elementary 2115 Hope Mills Rd., Fayetteville, 28304
- \_\_\_\_\_ Stedman Primary 155 E. First St., Stedman, 28391
- \_\_\_\_\_ Warrenwood Elementary 4618 Rosehill Rd., Fayetteville, 28311
- \_\_\_\_\_ Westarea Elementary 941 Country Club Dr., Fayetteville, 28301
- \_\_\_\_\_ W. T. Brown Elementary 2522 Andrews Church Rd., Spring Lake 28390

**Select one option only:**

- ☐ I only want my child to attend the "number 1" site chosen
- ☐ I only want my child to attend one of the 4 sites chosen
- ☐ My child can attend any Cumberland County NC Pre-K site and I will provide transportation

We will strive to place your child in your "number 1" desired site, however, by choosing "I only want my child to attend the number 1 site chosen", your child will not be considered for any other NC Pre-K sites. If no site preference has been selected, your child will be placed in the closest NC Pre-K site based on the address provided. Please understand that your child may be placed on a wait list.

Parent Signature \_\_\_\_\_

Today's Date \_\_\_\_\_



## PARENTAL RESPONSIBILITY & PARTICIPATION

This application is being conducted to determine the eligibility of your child 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 be used to select participants, place them 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 \_\_\_\_\_ Disagree \_\_\_\_\_ Media Consent Waiver and Release- I hereby give permission to the Partnership for Children of Cumberland County, Inc. and other news media entities, to prepare, reproduce, publish, or exhibit my or my child's picture, portrait, or likeness for use by the news media or the Partnership in their news and public awareness programs. Any photograph, photo transparency, drawing, or other illustrative graphic material, audio-visual tape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.
3. (initial) Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Permission to Administer Screenings- I understand that if my child is enrolled he/she may also be screened to determine eligibility for other services that will help prepare him/her for kindergarten. As a participant in the NC Pre-K program in Cumberland County, my child may receive a vision screening, a speech/language screening, a hearing screening and a developmental screening to determine if he/she needs any assistance in these developmental areas before entering kindergarten. These screenings will be conducted by various clinicians approved and authorized by Partnership for Children of Cumberland County at no charge to me. If it is determined that my child needs further evaluation as a result of a screening, I will be contacted to schedule an appointment for further consultation.
4. (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 have been conducted within 12 months of program entry. If the health assessment is not completed within 30 calendar days, my child may lose their NC Pre-K placement.
5. (initial) Agree \_\_\_\_\_ Hours of Operation- I understand NC Pre-K is a 6-1/2 hour day program and children should be in attendance regularly and for the full day.
6. (initial) Agree \_\_\_\_\_ Transportation- I understand I am responsible for providing transportation for my child if transportation is not available at my site of placement.
7. (initial) Agree \_\_\_\_\_ Wraparound Services (Before and After school Care) - Families may be charged for the cost of wraparound services provided before or after the regular school day, during holidays or during summer months. I understand I am responsible for any fees charged for this service by the NC Pre-K site of my placement.
8. (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 NC Pre-K site informed about all information necessary to keep my child's record up to date.
  - Participate in home visits in which my child's NC Pre-K classroom teacher may come to my home to discuss my child and family needs/discuss my child's goals and preparation for kindergarten (participating sites only).
  - Participate in classroom activities, parent/teacher conferences and communicate with my child's teacher on a regular basis about his/her 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 a NC Pre-K site.
  - Inform my child's teacher or center director 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 CAREGIVER SIGNATURE

I certify that I am the parent/legal caregiver of the child for whose name appears on this application. I certify that all the information contained in this application is accurate and complete to the best of my knowledge including income information. I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.

Parent/Legal Caregiver's Signature (required):

Print Name

Signature

Today's Date

### REQUIRED DOCUMENTATION

**Application will not be processed until all of the required documentation has been received. Please see the checklist below for a list of the required documents.**

#### REQUIRED DOCUMENTATION

- ☐ Completed Application (signed and dated)
- ☐ Child's Birth Certificate
- ☐ Proof of Income: 1040, 1040EZ, W2, LES or one month of current paystubs or Zero Household Income Form on page 9
- ☐ Additional income: child support, alimony, Social Security benefits, retirement, etc. *(if applicable)*

#### IF APPLICABLE, TO DETERMINE ELIGIBILITY

- ☐ Legal documentation for guardianship/custody
- ☐ Disability Documentation/Chronic Health Condition
- ☐ Military Documentation (LES)
- ☐ IEP Documentation
- ☐ Proof of residency if requesting a CCS placement
- ☐ Child's Health Assessment *(if available)*

Complete and return 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: \$ \_\_\_\_\_ Is child eligible for NC Pre-K? ☐ Yes ☐ No

Entered in to NC Pre-K APP by: \_\_\_\_\_ Date Entered: \_\_\_\_\_

#### CHILD PLACEMENT STATUS

Child Placement Status: \_\_\_\_\_ Date: \_\_\_\_\_

Transfer Location: \_\_\_\_\_ Date: \_\_\_\_\_ *(if applicable)*

Transfer Location: \_\_\_\_\_ Date: \_\_\_\_\_ *(if applicable)*





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***\*Complete ONLY if there is NO Household Income\****

### 2018 – 2019 NC Pre-K Zero Income Statement

I certify that as the parent/legal caregiver of \_\_\_\_\_ (child's name), our family has zero income at the time of application.

I certify the above information is true and correct and accurately reported. I understand this information is being given for the receipt of state funds; that NC Pre-K officials may verify the information on this statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent/Legal Caregiver Signature (required):

Print Name

Signature

Today's Date

\_\_\_\_\_