

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.

2019 – 2020 North Carolina Pre-Kindergarten (NC Pre-K) Child Application

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

Today's Date: _____

DEMOGRAPHICS					
Child's First Name:		Child's Middle Name:		Child's Last Name:	
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Date of Birth: _____ / _____ / _____ <small>Month Day Year</small>		Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Race: (MUST check at least one AND all that apply): <input type="checkbox"/> White/European American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> Asian					
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					
Family Address: <small>(Street, City, State, Zip Code)</small>			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"/> Parent & Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent(s)					
If the child lives with an adult who has legal custody or guardianship, is the adult: <input type="checkbox"/> Blood Relative <input type="checkbox"/> Non-Relative					
Please indicate the family address situation: <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Battered Women and Children Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Hospital for 30 days or under <input type="checkbox"/> Lack permanent nighttime address					
Please list the names of ALL family members that live in the household.					
Name	Relationship to the NC Pre-K Child	Date of Birth	Age	Currently in School (Y/N)	Grade Level
1.	NC Pre-K Child				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Mother / Stepmother / Legal Caregiver's Name: _____ _____	Father / Stepfather / Legal Caregiver's Name: _____ _____
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian
Physical Address: <input type="checkbox"/> Check here if same as family address	Physical Address: <input type="checkbox"/> Check here if same as family address
Primary Phone Number: _____	Primary Phone Number: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower
Employment Status: (must check Yes or No for each question) Mother Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Status: (must check Yes or No for each question) Father Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Work (if applicable): _____ Average hours worked per week? _____ Start Date: _____	Place of Work (if applicable): _____ Average hours worked per week? _____ Start Date: _____
Current wages BEFORE Taxes \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Current wages BEFORE Taxes \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Alimony \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Alimony \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Child Support \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Child Support \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Worker's Comp \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Worker's Comp \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Unemployment \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Unemployment \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Social Security \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Social Security \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
VA Disability \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	VA Disability \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Retirement \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Retirement \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly

Complete ONLY if there is NO Household Income
2019 – 2020 NC Pre-K Zero Income Statement

I certify that as the parent/legal caregiver of _____ (child's name), our household 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 _____

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:

*Must provide documents from a health care provider

Does the child have a developmental or educational need? Yes No If yes, please explain:

*Must provide documents from a health care provider

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 childcare
- 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 the 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? Yes No

ASSESSMENT EVALUATION

Has this child had a physical in the past year? Yes No

Date of physical: _____ (month, day, year)

Has this child had a developmental screening? Yes No

Date of assessment: _____ (month, day, year)

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 _____

SITE PREFERENCE

What is your site preference?

Please rank in order of preferred location (number "1" being the most preferred and "2" being the next). Please select up to **8** preferred sites.

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.
- _____ KinderCare (Fort Bragg Rd) 2014 Fort Bragg Rd.
- _____ Panda Daycare III 260 Meed St.

28304

- _____ Childcare Network#109 5791 Pepperbrush Dr.
- _____ Childcare Network#110 6905 Raeford Rd.
- _____ KinderCare (Hope Mills Rd.) 1521 Hope Mills Rd.

28306

- _____ Arether's Little M&M's II 3389 Cumberland Rd.
- _____ Burn's Child Care 3131 Bordeaux Park Dr.
- _____ Building Blocks Early Education Center 3330 South Peak Dr.
- _____ 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 (Ramsey St.) 4243 Ramsey St.
- _____ Trinity Child Care 3727 Rosehill Rd.

28312

- _____ Harvest Christian Preschool 109 S. Plymouth St.

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 St.
- _____ Pamper Hugs & Luv's Afterschool Facility 634 Sand Hill Rd.

28390 (Spring Lake)

- _____ Just Like Mom 408 Spring Ave.
- _____ Brite Shining Stars 602 Mont Dr.
- _____ Owl's Academy 174 W Manchester Rd.

28391 (Stedman)

- _____ Wee Wonders Christian Daycare 6658 Clinton Rd.

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 Ct, Fayetteville, 28305
- _____ Lewis Heights Head Start 4868 Bickett St., Fayetteville, 28303
- _____ McNeill Head Start 4382 Foxgrove Cir., Fayetteville, 28304
- _____ River Commons Head Start #1 328 Deep Creek Rd., Fayetteville, 28312
- _____ River Commons Head Start #2 328 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 Elem 7465 Century Cir., 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

While we will strive to place your child in your "number 1" desired site, placement is not guaranteed. 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.

Applications submitted before March 29, 2019 for Cumberland County Schools will be considered for CCS, Head Start and Private Child Care sites. Application submitted after March 29, 2019 will only be considered for Head Start and Private Child Care sites.

RECRUITMENT INFORMATION

How did you hear about the NC Pre-K Program? Please check all that apply: Brochures School System Current Childcare DSS Radio Family/Friends Magazine Newspaper Ad On-Site Advertisement Social Media Web Search Word of Mouth Do Not Recall Other _____

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.)

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)
- 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

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

PARTNERSHIP USE ONLY
Date Received Stamp

OFFICE USE ONLY

(Please complete this section when application is received outside of PFC)

Location Application was Received: _____

Received by: _____ Date Received: _____

PARTNERSHIP USE ONLY

1st Verification by: _____ Date Verified: _____

Family Size: _____ NC Pre-K Eligible Income: \$ _____ Is child eligible for NC Pre -K? Yes No

2nd Verification by: _____ Date Dually Verified: _____

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