

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.

2021 – 2022 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:	Is the child a twin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: _____ <input type="checkbox"/> Does not have email address					
HOUSEHOLD INFO					
Family Address: _____ <small>Street Address City State Zip Code</small>					
Primary Phone Number: _____ Alternate Phone Number: _____ <input type="checkbox"/> Does not have 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"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Kinship Provider					
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 <input type="checkbox"/> Unknown					
Please list the names of the child's IMMEDIATE 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.					
FOR OFFICE USE ONLY: Notes: _____					Total Family Size: _____

Parent / Step-Parent / Legal Caregiver #1 Name: <input type="checkbox"/> N/A _____	Parent / Step-Parent / Legal Caregiver #2 Name: <input type="checkbox"/> N/A _____
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Kinship Provider	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Kinship Provider
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

FOSTER PARENTS OR KINSHIP PROVIDER ONLY – Statement of No Income (any income received by the child, such as Social Security Benefit (SSA), child support would be counted. The income of foster parent/kinship provider would not be counted.)
 Child is currently receiving the following income: Zero Income Child Support SSA

Parent/Legal Caregiver Signature (required): _____ Today's Date _____	Please stop here and continue to page #3
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Statement of No Income
 Complete this section only if you are unemployed

I, _____, certify that as the parent/legal caregiver of _____, have zero income at the time of application.

 Parent/Legal Caregiver Signature (required): _____ Today's Date _____

Statement of No Income
 Complete this section only if you are unemployed

I, _____, certify that as the parent/legal caregiver of _____, have zero income at the time of application.

 Parent/Legal Caregiver Signature (required): _____ Today's Date _____

Employment Status: (must check Yes or No for each question)

Employed: Yes No
 Seeking Employment: Yes No
 Attending Secondary Education: Yes No
 Attending High School/GED: Yes No
 Attending Job Training: Yes No
 Other Employment: Yes No

Employment Status: (must check Yes or No for each question)

Employed: Yes No
 Seeking Employment: Yes No
 Attending Secondary Education: Yes No
 Attending High School/GED: Yes No
 Attending Job Training: Yes No
 Other Employment: Yes 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 \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Overtime \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Worker's Comp \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Unemployment \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Alimony \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Child Support \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Social Security Benefits (SSA) \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Social Security Disability Insurance (SSDI) \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

VA Disability \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Retirement \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Current wages BEFORE Taxes \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Overtime \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Worker's Comp \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Unemployment \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Alimony \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Child Support \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Social Security Benefits (SSA) \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Social Security Disability Insurance (SSDI) \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

VA Disability \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

Retirement \$ _____
 Yearly Monthly Twice Monthly Bi-Weekly Weekly

ELIGIBILITY FACTORS

Does the family speak limited or no English at home? Yes No

Does the 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 a military dependent? Yes No If yes, select one: Active Duty Reserves National Guard

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 (please check one)

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? N/A Yes No

Is family currently enrolled in the childcare subsidy program in DSS? N/A 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 **four (4)** preferred sites. 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.

***Application submitted after March 31, 2021 will only be considered for Head Start centers or Private Child Care sites.**

Private Childcare Sites (by zip code)

28301

FSU Early Childhood Learning Center 1200 Murchison Rd.
Mommy's Moment Daycare Center 3108 Murchison Rd.

28303

BalPerazim Childcare Center 4921 Bragg Blvd.
Easter Seals UCP Dorothy Spainhour 223 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 S. 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 St. #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.

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.

28391 (Stedman)

Wee Wonders Christian Daycare 6658 Clinton Rd.

Head Start

To be considered for placement in a NC Pre-K classroom within Head Start you must complete both of the following steps:

- 1) Complete this NC Pre-K Application and upload the required documents at <https://ccpfc.org/families/nc-pre-k/>.
- 2) Complete the Head Start Application by calling (910) 487-9800 or visit <https://actionpathways.ngo> for more information.

Key Information:

- Head Start sites are located throughout Cumberland County.
- Eligibility is based on current Federal Poverty Income Guidelines.
- Head Start accepts a limited number of over-income families. Call the Head Start office if you are over-income and want your child to be considered for Head Start.

Cumberland County Schools

To be considered for placement in a NC Pre-K classroom within Cumberland County Schools (CCS) you must complete both of the following steps:

- 1) Complete this NC Pre-K Application and upload the required documents at <https://ccpfc.org/families/nc-pre-k/>.
- 2) Complete the Cumberland County Schools Application by calling (910) 483-7370 or visit <http://prek.ccs.k12.nc.us> for additional information.

Key Information:

- CCS Registration Dates: March 1 – March 31, 2021.
- Children must be permanent residents of Cumberland County.
- Selection is based on academic need determined by a multiple criteria selection process.
- Only the parent or legal guardian may register the child.

What is your site preference?

Number 1 Choice _____

Number 2 Choice _____

Number 3 Choice _____

Number 4 Choice _____

RECRUITMENT INFORMATION

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

PARENTAL RESPONSIBILITY & PARTICIPATION

Please **initial** each statement below acknowledging that you have read and understand the information; and agree to the parental responsibilities.

1. (initial) _____ Release and Exchange of Information - I understand that 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: DCDEE, 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 education and participation in the NC Pre-K Program.
2. (initial) _____ 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.
3. (initial) _____ Formative Assessments - Classroom staff will conduct on-going formative assessments to gather information about each child's growth and skill development. Information will be shared with other agencies collaborating with the NC Pre-K Program.
4. (initial) _____ 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) _____ 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) _____ Transportation - I understand I am responsible for providing transportation for my child if transportation is not available at my site of placement.
7. (initial) _____ 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) _____ Parent Engagement 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.)
9. (initial) _____ Media Consent Waiver and Release - I hereby give do not 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.



Double check that you have answered all required questions. Failure to answer all questions can delay application processing and your child's possible placement.

REQUIRED DOCUMENTATION

Application will not be processed until all of the required documentation has been received. Please use 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



Have you collected the necessary documentation? Failure to submit required documentation can delay application processing and your child's possible placement.

PARENT/LEGAL CAREGIVER SIGNATURE

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.

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. I understand this is an application for services offered and does not constitute enrollment into any program.

Parent/Legal Caregiver's Signature (required):

Print Name _____

Signature _____

Today's Date _____

Complete and return to:
Partnership for Children of Cumberland County
ATTN: Family Support Unit
351 Wagoner Drive, Suite 200
Fayetteville, NC 28303

For Assistance:
Telephone Number: 910-867-9700
NC Pre-K Parentline: 910-826-6444
Applications Inquiries: familyservices2@ccpfc.org

FOR OFFICE USE ONLY - Intake

Application Received: Online Portal Emailed Mailed In-Office Other _____

Received by: _____ Date Received: _____

FOR OFFICE USE ONLY – Verification and Eligibility

<p>Parent #1 Income Income Calculation:</p> <p>Parent #1 Total Income <input type="checkbox"/> N/A <input type="checkbox"/> Zero Income</p> <p>_____</p>	<p>Parent #2 Income Income Calculation:</p> <p>Parent #2 Total Income <input type="checkbox"/> N/A <input type="checkbox"/> Zero Income</p> <p>_____</p>	<p>Total Household Income: _____ Family Size: _____</p> <p>Other Risk Factor: <input type="checkbox"/> Yes <input type="checkbox"/> No Child Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p> <p>1st verification completed by: _____</p> <p>Date completed on: _____</p>
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<p>Parent #1 Income Income Calculation:</p> <p>Parent #1 Total Income <input type="checkbox"/> N/A <input type="checkbox"/> Zero Income</p> <p>_____</p>	<p>Parent #2 Income Income Calculation:</p> <p>Parent #2 Total Income <input type="checkbox"/> N/A <input type="checkbox"/> Zero Income</p> <p>_____</p>	<p>Total Household Income: _____ Family Size: _____</p> <p>Other Risk Factor: <input type="checkbox"/> Yes <input type="checkbox"/> No Child Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p> <p>2nd verification completed by: _____</p> <p>Date completed on: _____</p>
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FOR OFFICE USE ONLY – Data Entry

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