



Parent Application for NC Pre-K Summer Learning

NOTE: This application should only be completed for a child who **did NOT participate** in NC Pre-K during the 2020-2021 school year. Please complete one application per child.

The NC Pre-K Summer Learning Program is available to any rising kindergartner with priority given to children who were enrolled in NC Pre-K during the 2020-2021 program year and children who are NC Pre-K eligible but have not received NC Pre-K services.

Please complete and sign this application in order to request to participate in the NC Pre-K Summer Learning Program.
SUBMIT DIRECTLY TO THE CHILD CARE PROVIDER OR THE LOCAL NC PRE-K CONTRACTING AGENCY

I. Parent/Caregiver Information:

_____		_____	
Legal Name (First, Middle, Last, Suffix)		Date of Birth	
_____		_____	
Household Street Address		Apt/Suite #	
_____	_____	_____	_____
City	County	State	Zip Code
_____	_____	_____	
Cell Phone	Home Phone	Email	

II. I declare that: (Please check all that apply)

- ___ My child did **not** participate in the NC Pre-K program during the 2020-2021 school year
- ___ My household has _____ individuals
- ___ My household income is **BELOW** the income limit based on the number of people in my household
- ___ My household income is **ABOVE** the income limit based on the number of people in my household

Household income does **NOT impact a child's eligibility to participate in the NC Pre-K Summer Learning Program.*

Persons in Household	2	3	4	5	6	7	8	9
Income Limit	\$39,129	\$48,335	\$57,542	\$66,749	\$75,956	\$77,682	\$79,408	\$81,135

III. Child Information: *****Birth Certificate Required*****

Please provide the following information for the child requesting to participate in the NC Pre-K Summer Learning Program:

_____		_____	_____
Legal Name (First, Middle, Last, Suffix)		Date of Birth	Gender
Ethnicity (choose one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> No answer		Child's first language? _____	
Race (all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White/European American <input type="checkbox"/> No answer			
Additional Risk Factors (all that apply): <input type="checkbox"/> Homelessness <input type="checkbox"/> Parent in the Military <input type="checkbox"/> Identified Educational Need			
<input type="checkbox"/> Identified Developmental Disability <input type="checkbox"/> Chronic Health Condition			

Parent Signature: _____ Date: _____

***I attest that the information provided in this application is true and accurate.*

Preferred Site: _____