



# NC Pre-K Summer Learning Enrollment Form

**NOTE:** This form should only be completed for a child who **participated in NC Pre-K during the 2020-2021 school year**. Please complete one form 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 form in order to enroll your child in the NC Pre-K Summer Learning Program. **SUBMIT FORMS 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 participated in the NC Pre-K program during the 2020-2021 school year.

\*Please provide name of NC Pre-K site: \_\_\_\_\_

**Preferred Site:** \_\_\_\_\_

## III. Child Information:

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

_____	_____	_____
Legal Name (First, Middle, Last, Suffix)	Date of Birth	Gender
<b>Ethnicity (choose one):</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> No answer		
<b>Child's first language?</b> _____		
<b>Race (all that apply):</b> <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		
<b>Additional Risk Factors (all that apply):</b> <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.*