

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.

## 2022 – 2023 Cumberland County Pre-Kindergarten Child Application

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

DEMOGRAPHICS					
Today's Date:	Child's First Name:	Child's Middle Name:	Child's Last Name:		
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Is the child a twin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Date of Birth: _____ / _____ / _____ <small>Month Day Year</small>		
Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Race: (MUST check at least one AND all that apply): <input type="checkbox"/> White or 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
Family Address: _____ <small>Street Address City State Zip Code</small>					
Contact Number: (____) _____		Alternate Contact Number: (____) _____		<input type="checkbox"/> Does not have phone number	
HOUSEHOLD INFO					
With whom does the child live with? (Documents are needed if child does not live with parents) <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Parents <input type="checkbox"/> 50/50 Custody <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 <input type="checkbox"/> Other, Specify _____					
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 & 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 name of parents/guardians and siblings who live in the household.					
Name	Relationship to the Pre-K Child	Date of Birth	Age	Currently in School (Y/N)	Grade Level
1. Pre-K Child					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
FOR OFFICE USE ONLY: Total Family Size: _____		NOTES:			

Child's Name: \_\_\_\_\_

**FAMILY INCOME**

Parent / Step-Parent / Legal Caregiver #1 Name:

N/A

Address, if not same as above:

Relationship to Child:  Mother  Father  Step-Parent  Legal Guardian  Foster Parent  Legal Custodian  Kinship Provider

Marital Status:  Single  Married  Separated  Divorced  Widow/Widower  Other \_\_\_\_\_

Employment Status: *Please answer YES or NO to each question*

Are you currently employed?  Yes  No

Place of Employment: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

If no, are you currently seeking employment?  Yes  No

*Please answer YES or NO to each question*

Are you currently attending Secondary Education?  Yes  No

Are you currently attending High School/GED?  Yes  No

Are you currently attending Job Training?  Yes  No

Are you currently retired?  Yes  No

Statement of No Income: *Complete this section only if you have no income*

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 \_\_\_\_\_

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
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
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
Social Security Benefits (SSA)	\$	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Social Security Disability Insurance (SSDI)	\$	<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

Parent / Step-Parent / Legal Caregiver #2 Name:

N/A

Address, if not same as above:

Relationship to Child:  Mother  Father  Step-Parent  Legal Guardian  Foster Parent  Legal Custodian  Kinship Provider

Marital Status:  Single  Married  Separated  Divorced  Widow/Widower  Other \_\_\_\_\_

Employment Status: *Please answer YES or NO to each question*

Are you currently employed?  Yes  No

Place of Employment: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

If no, are you currently seeking employment?  Yes  No

*Please answer YES or NO to each question*

Are you currently attending Secondary Education?  Yes  No

Are you currently attending High School/GED?  Yes  No

Are you currently attending Job Training?  Yes  No

Are you currently retired?  Yes  No

Statement of No Income: *Complete this section only if you have no income*

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 \_\_\_\_\_

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
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
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
Social Security Benefits (SSA)	\$	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Social Security Disability Insurance (SSDI)	\$	<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

Child's Name: \_\_\_\_\_

**\*FOSTER PARENTS/KINSHIP PROVIDERS ONLY\***

Any income received for the child, such as Social Security Benefit or 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, \$ \_\_\_\_\_/month  SSA, \$ \_\_\_\_\_/month

\_\_\_\_\_  
Foster Parents/Kinship Provider Signature (required): Today's Date

**ELIGIBILITY FACTORS**

Do the parents speak limited or no English at home?  Yes  No

Does the child speak limited or no English?  Yes  No

What is the primary language spoken with the child 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 health concern?  Yes  No If yes, Specify \_\_\_\_\_

Does the child have a developmental or educational need?  Yes  No If yes, Specify \_\_\_\_\_

*\*\*Must provide documentations from a health care provider*

Is the child a military dependent?  Yes  No If yes, select component:  Active Duty  Reserves  National Guard

Has a parent or legal guardian of this child been seriously injured OR killed while on active duty?  N/A  Yes  No

*\*\*Parent or legal guardian that has been seriously injured and have a VA rating of 10% or higher, please check yes*

**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 childcare or another preschool program)

Child is in unregulated childcare

Child is in a one or two-star facility

Child is not receiving childcare assistance but is in some kind of regulated child care or preschool program

Child is receiving childcare assistance 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  No

If yes, name of Program: \_\_\_\_\_

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

Is the family currently enrolled in DSS childcare assistance program?  N/A  Yes  No  On Waiting list

**ASSESSMENT EVALUATION**

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

Has this child had a developmental screening?  Yes  No

**DISABILITIES**

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

*\*\*If no, select N/A for all remaining disabilities questions*

Is the date of referral known?  N/A  Yes  No If yes, date of Referral: \_\_\_\_\_

What was the decision from the disability evaluation for this child?

N/A

No disability identified

One or more disabilities identified

Evaluation decision in process

Do not know

Type of identified disabilities for this child (check all apply):

N/A

Autism

Deaf-blind

Hearing impaired

Multi-handcapped

Visual impaired

Other health impaired

Orthopedically impaired

Speech/language impaired

Traumatic brain injury

Preschool developmental delayed

Does your child have an active Individual Education Plan (IEP)?

N/A  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 If yes, specify type of disability services \_\_\_\_\_

Child's Name: \_\_\_\_\_

## 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 Pre-K site based on the address provided. Please understand that your child may be placed on a wait list.

#### 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.  
Heavenly Haven CDC #2 905 Helen St.  
KinderCare-Bragg 2014 Fort Bragg Rd.  
Panda Daycare III 260 Meed St.

##### 28304

Childcare Network#109 5791 Pepperbrush Dr.  
Childcare Network#110 7011 Nexus Ct.  
KinderCare-Hope Mills 1521 Hope Mills Rd.

##### 28306

Arether's Little M&M's II 3389 Cumberland Rd.  
The Children's Courtyard 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  
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 Pre-K classroom within Head Start, you must complete the Pre-K Application and the Head Start Application.

Please contact (910) 487-9800 or visit <https://actionpathways.ngo> for additional information.

#### Key Information:

- Head Start sites are located throughout Cumberland County.
- Head Start 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

Please contact (910) 483-7370 or visit <http://prek.ccs.k12.nc.us> for additional information.

#### Key Information:

- 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? (please write the site's full name)

Choice #1 \_\_\_\_\_

Choice #2 \_\_\_\_\_

Choice #3 \_\_\_\_\_

Choice #4 \_\_\_\_\_

## RECRUITMENT INFORMATION

How did you hear about the 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 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 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 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 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. 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 Pre-K Program.
4. (initial) \_\_\_\_\_ **Health Assessment** - A health assessment is required to be on file at the Pre-K site within 30 days after a child enters the 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 Pre-K placement.
5. (initial) \_\_\_\_\_ **Hours of Operation** - I understand 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. If transportation is available, families may be charged a fee for transportation. I understand I am responsible for any fees charged for this service by the Pre-K site of my 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 Pre-K site of my placement.
8. (initial) \_\_\_\_\_ **Parent Engagement Agreement** - I understand that if my child is selected to participate in the Pre-K Program, parent involvement will be critical to the success of my child. I/We will commit to participate as required by the Pre-K criteria. As a parent participant in the Pre-K Program, I understand and agree to the following:
  - Keep the staff at my child's 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 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 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 Pre-K site.
  - Inform my child's teacher or center director if and when I expect to withdraw my child from the 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.

**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, VA benefits, etc. *(if applicable)*

**IF APPLICABLE, TO DETERMINE ELIGIBILITY**

- Legal documentation for guardianship/custody
- Disability Documentation/Chronic Health Condition
- Military Documentation (LES)
- IEP Documentation



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

Child's Name: \_\_\_\_\_

**PARENT/LEGAL CAREGIVER SIGNATURE**

This application is being conducted to determine the eligibility of your child for the 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 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): *By typing your name below, you are signing this form electronically. You agree that your electronic signature is the legal substitute of your manual signature on this form.*

\_\_\_\_\_  
 Print Name Signature Today's Date

<p><b>Complete and return to:</b>          Partnership for Children of          Cumberland County          ATTN: Family Support Unit          351 Wagoner Drive, Suite 200          Fayetteville, NC 28303</p>	<p><b>For Assistance:</b>          Telephone Number:          910-867-9700          Pre-K Parent Line:          910-826-6444          Applications Inquiries:          familyservices2@ccpfc.org</p>	<p align="center"><b>FOR PFC OFFICE USE ONLY – Intake</b></p> <p><b>Application Received:</b>  <input type="checkbox"/> Online Portal   <input type="checkbox"/> Emailed   <input type="checkbox"/> Mailed   <input type="checkbox"/> In-Office  <input type="checkbox"/> Recruitment Day   <input type="checkbox"/> Other _____</p> <p>Received by: _____ Date _____</p>
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FOR PFC OFFICE USE ONLY – Verification and Eligibility		
<p><b>Parent #1 Income Calculation</b></p>          Parent #1 Total Income: \$ _____ <input type="checkbox"/> N/A <input type="checkbox"/> Zero Income	<p><b>Parent #2 Income Calculation</b></p>          Parent #2 Total Income: \$ _____ <input type="checkbox"/> N/A <input type="checkbox"/> Zero Income	<p><b>Total Household Income:</b>          \$ _____  <b>Family Size:</b> _____  <b>Child Eligible?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No  <b>Other Risk Factor?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No  <b>Notes:</b>                   1st verification by: _____          Date completed on: _____</p>

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