



**2018-2019 NC Pre-Kindergarten Application-Alliance for Children**

NC Pre-K is a free, high quality program to strengthen four-year-old children's academic and social skills.

Children attend a six and one-half hour program each day based on school year calendars.

Please read eligibility and frequently asked questions at: <https://theallianceforchildren.org/> in the NC Pre-K section.

**Your child's eligibility for NC Pre-K cannot be determined without these documents (check off below):**

This fully completed application form       A Copy of Child's Birth Certificate

Proof of Residency (recent utility bill, insurance card, license, or bill with parent name/address)

Proof of household income (clearest picture of current income – recent check stubs, W-2 or 2017 tax return.

If paid cash, provide a signed statement from employer listing the employee's name, hours worked and weekly income with business name, supervisor's contact name and phone number for verification)

**IMPORTANT** - have these forms ready when your child begins class: recent shot records and a physical completed by your physician that is current within one year of child's first day of school (Medical Report form is on our website).

**Student's Information      All information helps with your child's eligibility and placement.      Please print clearly**

<b>First Name:</b>	<b>Middle</b>	<b>Last</b>
Child is called:		

<b>Complete Address:</b> Street	City	State	Zip Code
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<b>Age:</b> _____ <i>Child must be 4 by August 31, 2018</i>	<b>Child's Birthday</b> ____/____/____ Month Day Year	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Language Child Usually Speaks:</b>
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**Race:** (check ALL that apply):  Black/African American  White  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander  Asian  
 Other (specify): \_\_\_\_\_ **Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino

**Does this child have a parent who is actively serving in the military?**  No  Yes Branch of military \_\_\_\_\_

**Child Lives With:**  Both parents  Mother  Father  Other \_\_\_\_\_  Foster Parent \*  Legal Guardian\*  Legal Custodian\* (\*attach copies of legal documents)

**Has this child attended childcare**  No  Yes **Attended at 3 yrs of age?**  No  Yes **Who cares for this child during the day now?** List Childcare site or situation (examples: Happy Childcare, mom, babysitter, relative, etc.) \_\_\_\_\_

*\*\*NC Pre-K is a free program, but classes end by 2:00pm each day. If you need childcare before or after the NC Pre-K day, please have a plan for after-school or care during school breaks. Working parents may apply for childcare subsidy(voucher) to help with after school care or care during school breaks- call DSS at 704-296-4339.*

**I need after school care**  No  Yes **I need childcare during school breaks**  No  Yes **I currently receive childcare subsidy/voucher**  Yes

**Does your child have a chronic health condition, or a significant health concern diagnosed by a doctor?**  No  Yes explain \_\_\_\_\_

**Does your child have an active Individual Education Plan (IEP)?**  No  Yes (If over income eligibility, include a copy of medical support plan or IEP with application)

**Does your child receive support services for speech, a special need or disability?**  No  Yes\* \*(Optional) \_\_\_\_\_ speech \_\_\_\_\_ OT \_\_\_\_\_ PT

**Where?** UCPS \_\_\_\_\_ Private service provider (list here): \_\_\_\_\_

**Do you have a concern about your child's development (learning, speech, hearing, or behavior)?**  No  Yes Please Describe: \_\_\_\_\_

**Print Family Information Clearly      Complete each line**

**Mother/ Stepmother/Female Guardian's Full Name (circle which):**

**Complete Address:** (Street, City, State, Zip Code)  Same as child Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with family member \_\_\_\_\_

Home Phone:	Work Phone:	Cell Phone:
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Email – <b>print clearly:</b>	Employer	Weekly Gross (before tax) Income \$
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**Check ALL that apply:**  Unemployed  Looking for work  Attending College  Other \_\_\_\_\_  
 Employed # hours per week? \_\_\_\_\_  In High School/GED program  In Job Training

**Father/ Stepfather/ Male Legal Guardian's Full Name (circle which):**  Birth Father  Currently Married to Birth Mother

**Complete Address:** (Street, City, State, Zip Code)  Same as child **Provides Child Support of \$** \_\_\_\_\_ **Per Week** \_\_\_\_\_ **Per Month** \_\_\_\_\_

Home Phone:	Work Phone:	Father's Cell #:
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Father's Email:	Employer	Father's Weekly Gross (before tax) Income \$
<input type="checkbox"/> Employed How many hours per week? _____ Works Seasonal hours? _____	Check all that apply: <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending College <input type="checkbox"/> In Job Training <input type="checkbox"/> In High School/GED program	

**List parents, step-parents, legal guardians, brothers\*, sisters\*, half-brothers\* and sisters\*, step brothers\* and sisters\* living in child's home.**

Clearly Print	First and Last Name	Relationship to the Pre-K Child –	Birthdate & age	Where do siblings attend school?
1.				
2.				
3.				
4.				
5.				
6.				

Total number of family members listed above (include NC Pre-K student) \_\_\_\_\_

If you have children between birth to under five years old, sign up for a **free** monthly book mailed directly to your child(ren) from the Dolly Parton's Imagination Library™. Due to processing, the first book may arrive in **90-120** days. Visit [www.smartstart.org/dpil-registration](http://www.smartstart.org/dpil-registration) to register now. If you do not have internet access, visit the Alliance for Children office for a form.

**Emergency Contact Information**

**REQUIRED - do not list parent here**

Emergency Contact:	Relationship to Child:
Home Phone:	Work Phone:
	Mobile Phone:

**Home Language Survey** Your child will be assessed in the language you list below\* Please answer with this in mind

What primary language does the child speak?	Second language?	Most often? *
What is the primary language of the Mother?	Second language?	Primary/ Father? Second language?

**I can drive my child to NC Pre-K near:** Monroe \_\_\_\_\_ Indian Trail \_\_\_\_\_ Stallings \_\_\_\_\_ Wingate \_\_\_\_\_ Waxhaw \_\_\_\_\_

Additional notes or site requests: \_\_\_\_\_

NC Pre-K sites are listed at <https://theallianceforchildren.org/> NC Pre-K FAQ. Placement requests are subject to site availability. **Maximum of 18 students per class.**

If unemployed - my signature below certifies that I am unemployed and have no income of any kind. The person or source for our basic living expenses is: \_\_\_\_\_ . If this information is found to be false, I understand that my child's participation may be terminated.

**My application packet is complete, and income is reported correctly. I certify that I am the parent/legal guardian of the child whose name appears on this application.** Deliberate misrepresentation may subject me to prosecution under applicable NC state laws. I give my permission for NC Pre-K, UCPS EC, NC Pre-K teachers and/or classroom support staff to share documents, discuss my child's progress and needs for classroom or outside support. I understand that this application is for possible enrollment, and will be notified if my child is eligible. I give permission for my child to be photographed and/or videotaped for display, scrapbook, newspaper articles, television broadcast and/or posting to social media, Facebook or websites. I agree that my child will attend NC Pre-K on time and on a regular basis. I will read with my child every day to support vocabulary and language development. I will work as a team with my child's site and teachers to help prepare my child for future success.

Primary Parent/Legal Guardian Signature (required): X \_\_\_\_\_ Date \_\_\_\_\_

Secondary Parent/Legal Guardian Signature (if unemployed) X \_\_\_\_\_ Date \_\_\_\_\_

Families notified by mid- August about NC Pre-K site placement. All sites follow UCPS traditional school calendars.  
  
You may receive an email or phone call for notification.

Complete application packets may be mailed, faxed or returned to:



a partner in the Smart Start network.

2661 W. Roosevelt Blvd., Suite A Monroe NC 28110  
Phone: 704-238-8917 or 704-226-1407 Fax: 704-226-1369  
**Read "Frequently Asked Questions" under NC Pre-K at: <https://theallianceforchildren.org/>**

**Applications welcomed all year at the Alliance for Children office during these hours:**

Mon.-Thurs. 9- 11:45 am & 1:00-4:00 pm  
Friday: 8:30 am to 11:30 am  
Closed from noon until 1 pm for lunch

**\*Mail slot at front door for after-hours drop off. Use a sealed envelope.**