

NC Pre-K is a state program high-quality program designed to strengthen four-year-old student's academic and social skills. The free program focuses on five developmental domains based on NC Foundations for Early Learning and Development. Children must be four on August 31, 2020 and the family must meet income guidelines. Details at www.theAllianceforChildren.org under NC Pre-K.

The UCPS Title I Pre-K program is a full-day program designed to provide a rich, child-centered literacy-focused program to ensure all children enter kindergarten ready to learn. To be eligible for the free program, students must demonstrate a need for education experience as indicated on the state-approved pre-kindergarten screening. Applicants must be four years old on or before Aug. 31, 2020.

Your application packet must include (check off as you gather documents):

- This Fully Completed Application Form
- A Copy of Child's Birth Certificate
- Two Proofs of Residency (examples: recent utility bill, insurance card, driver's license printed with parent's name/Union County address)
- Proof of household income (provide copies of all income sources of current family income: four consecutive recent check stubs or 2019 W-2 or 2019 tax return. Include documents proving alimony, SSA, SSDI, child support, disability, unemployment, etc. Mark through all social security numbers. If paid cash, provide a signed, dated statement from employer listing the employee's name, hours worked and weekly income with business name, supervisor's contact name and signature and phone number for verification.)
- If legal guardian, custodian or foster family provide legal documents (foster parent income does not count for NC Pre-K eligibility)
- Site Options and Eligibility Form – complete parent site ranking (child placement is based on program eligibility and available space)

Student's Information

Please complete each line and print clearly

| | | |
|-------------|--------|------|
| First Name: | Middle | Last |
|-------------|--------|------|

| | | | | |
|-------------------|--------|------|-------|----------|
| Complete Address: | Street | City | State | Zip Code |
|-------------------|--------|------|-------|----------|

| | | | |
|---|---|---|---|
| Age: _____ <small>Child must be 4 by August 31, 2020</small> | Child's Birthday ____/____/____ <small>Month Day Year</small> | <input type="checkbox"/> Male <input type="checkbox"/> Female | Language child usually speaks at home and with friends: |
|---|---|---|---|

Race: (check ALL that apply): Black/African American White/Latin American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

Asian Other Race (specify): _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Does this child have a parent who is actively serving in the military or injured during military service? No Yes (include military LES or documentation/child is NC Pre-K eligible regardless of family income with military paperwork and all other required documents)

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

Did the child attend childcare at 3 years of age? No Yes

Who cares for this child during the day now? List site or caregiver here: _____

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 NC Pre-K income eligibility, include a copy of medical support plan or IEP with application)

Does your child receive support services now for speech, a special need or disability? No Yes _____speech _____OT _____PT Other _____

Where? UCPS (list site) _____ Private service provider (list company): _____

Do you have a concern about your child's development (learning, speech, hearing, or behavior)? No Yes Concern? _____

Please complete each line for family members who live in the child's home.

Print clearly please

Mother Stepmother Female Guardian Full Name: _____

Full Address: (Street, City, State, Zip Code) _____ Same as child Own _____ Rent _____ Live with family member _____
Other _____

| | | |
|---------|--------|--------|
| Home #: | Work # | Cell # |
|---------|--------|--------|

| | | |
|-------------------------|----------|-------------------------------------|
| *Email – print clearly: | Employer | Weekly Gross (before tax) Income \$ |
|-------------------------|----------|-------------------------------------|

Check ALL that apply:

Employed # hours per week? _____

Unemployed Looking for work Attending College Where? _____

In High School/GED program In Job Training Other

Child's Name: First _____ Last _____

- Pre-K programs are designed to strengthen students' academic and social skills in a play-based environment.
- Students must be four years old by August 31, 2020. Student placement is based on program eligibility and space availability. You may be offered a different option or added to a waiting list. Classes are limited to eighteen students.
- Upon enrollment, family must provide current shot records and a health/dental assessment on the DPI form dated between September 1, 2019 and September 1, 2020.

| | | |
|---|--------------------|---------------------------|
| <p>*Carefully review the site, program eligibility and transportation information below. Rank sites #1, 2 or 3 according to your family's eligibility, scheduling and transportation needs. Pre-K programs follow public school schedules including workdays and breaks.</p> | Class Hours | Rank #1, #2, or #3 |
|---|--------------------|---------------------------|

Title 1 Pre-K - Union County Public Schools

Applications received **by March 20, 2020** – screening appointment letters mailed in April 2020.

For program questions, call the Title 1 Pre-K office at 704-296-0152.

- To be eligible for placement at these schools, students must demonstrate a need for education experience as indicated on the state-approved pre-kindergarten screening. Only eighteen students may be placed at each school.
- Union County Public Schools offers transportation within the child's home school district. (*)
- No extended care (before or after school) is offered by UCPS for Pre-K students.

| | | | | |
|-------------------------------|------------------------------------|---------|-----------|--|
| Benton Heights Elementary (*) | 1200 Concord Ave, Monroe | Title 1 | 7:30-2:00 | |
| East Elementary (*) | 515 Elizabeth Ave, Monroe | Title 1 | 7:30-2:00 | |
| Marshville Elementary (*) | 515 North Elm St, Marshville | Title 1 | 7:30-2:00 | |
| Rock Rest Elementary (*) | 814 Old Pageland Monroe Rd, Monroe | Title 1 | 7:30-2:15 | |
| Rocky River Elementary (*) | 500 N. Rocky River Rd, Monroe | Title 1 | 7:30-2:00 | |
| Sardis Elementary (*) | 4416 Sardis Church Rd, Monroe | Title 1 | 8:15-2:45 | |
| Union Elementary (*) | 5320 White Store Rd, Wingate | Title 1 | 7:30-2:00 | |
| Walter Bickett Elementary (*) | 830 ML King Blvd. S, Monroe | Title 1 | 7:30-2:00 | |
| Wingate Elementary (*) | 301 Bivens St, Wingate | Title 1 | 7:30-2:00 | |

NC Pre-Kindergarten – Alliance for Children

Applications welcomed all year, but classroom and site space is limited- spring/summer application is encouraged.

For program questions, call the NC Pre-K office at 704-226-1407.

- To be eligible, families must meet state income guidelines. (If over income, child may be eligible with parent's active military status, support for English language proficiency, or child's *documented* support need such as speech or developmental delay.)
- Review the income table at www.theallianceforchildren.org under NC Pre-K for details.
- NC Pre-K sites (^) offer transportation if the family resides within a small radius of downtown Monroe.
- NC Pre-K sites (**) offer extended care before and after school hours for a fee. Arrangements must be made with the director of each site before school begins.

| | | | | |
|---|---|----------|-----------|--|
| A Plus Childcare & Learning Center (^) (**) | 109 Camelia Dr., Monroe | NC Pre-K | 7:30-2:00 | |
| Childcare Network 121 (**) | 780 Sutton Place, Monroe | NC Pre-K | 7:30-2:00 | |
| ChildTime Indian Trail (**) | 120 Business Park Dr., Indian Trail | NC Pre-K | 7:30-2:00 | |
| ChildTime Monroe (**) | 1714 N. Charlotte Ave., Monroe | NC Pre-K | 7:30-2:00 | |
| Indian Trail Elementary | 200 Education Rd., Indian Trail | NC Pre-K | 7:00-1:40 | |
| Kids R Kids (**) | 5549 Potter Rd., Indian Trail | NC Pre-K | 7:30-2:00 | |
| Matthews KinderCare | 15000 Lawyers Rd., Matthews (Union Co.) | NC Pre-K | 7:30-2:00 | |
| Oakboro Kid's Club (Union/Stanly) (**) | 206 N. Main St., Oakboro | NC Pre-K | 7:45-2:15 | |
| Walter Bickett Education Center (^) | 501 Lancaster Ave., Monroe | NC Pre-K | 7:00-1:30 | |
| Waxhaw Elementary | 1101 Old Providence Rd., Waxhaw | NC Pre-K | 7:30-2:00 | |
| Weekday Children's Ministries (^) \$7/wk | 801 S. Hayne St., Monroe | NC Pre-K | 7:30-2:00 | |
| Wingate Baptist (**) | 108 E. Elm St., Wingate | NC Pre-K | 7:30-2:00 | |



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:





January 2016rev

Hearing screening information:

Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

| |
|---|
| Child's Name: _____ |
| Birth date: ____/____/____ |
| Gender: Male Female |
| Parent or Guardian: _____ |
| Address: _____ |
| City: _____ |
| Phone number: _____ School/Pre-K: _____ |

Screener's Name _____ Screening Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- Dentist
- Dental Hygienist
- Physician
- Physician Assistant
- Registered Nurse
- Other Health Professional: _____

Pattern of early childhood cavities:

- No cavities/decay present or no obvious problem
- Cavities/decay present or dental care needed (comment required)
- Referral for Urgent Care (comment required)

| |
|--|
| Comments: |
|--|

Signature _____

Date _____