

# NC Pre-Kindergarten Application 2020-21 School Year

NC Pre-K is a high-quality state 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](http://www.theAllianceforChildren.org) under NC Pre-K.

## Complete this application and return to the Alliance for Children office with these documents:

- \_\_\_\_\_ Fully Completed Application Form
- \_\_\_\_\_ A Copy of Child's Birth Certificate
- \_\_\_\_\_ Two Proofs of Residency (examples: recent utility bill, insurance card, driver's license with current 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.
- \_\_\_\_\_ Site Options and Eligibility Form – complete parent site ranking (child placement is based on program eligibility and available space)

DPI Health forms and dental screening forms dated between September 1, 2019 and September 1, 2020 along with current shot (immunization) records must be provided to your child's school upon enrollment. Prepare now by making doctor appointments and gathering documents.

### Student's Information

Please complete each line and print clearly

First Name:	Middle	Last
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Complete Address:	Street	City	State	Zip Code
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Age: _____ Child must be 4 by August 31, 2020	Child's Birthday ____/____/____ Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language child usually speaks at home and with friends:
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Race: (check ALL that apply): ☐ Black/African American ☐ White/Latin American ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander

☐ Asian ☐ Other Race (specify): \_\_\_\_\_ Check one: 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? \_\_\_\_\_

### Complete each line for family members who live in the child's home.

Print clearly please

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Female Guardian	Full Name:
Full Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child	Own _____ Rent _____ Live with family member _____ Other _____

Home #:	Work #	Cell #
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*Email – print clearly:	Employer	Weekly Gross (before tax) Income \$
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Check ALL that apply:

☐ Employed # hours per week? \_\_\_\_\_ ☐ Unemployed ☐ Looking for work ☐ Attending College Where? \_\_\_\_\_  
☐ In High School/GED program ☐ In Job Training ☐ Other \_\_\_\_\_

<b>Child's Name:</b>			
<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Stepfather</b> <input type="checkbox"/> <b>Male Legal Guardian</b>	First Name _____ Last Name _____	Full Address: (Street, City, State, Zip Code) _____ <input type="checkbox"/> <b>Same address as child</b>	

<b>Father's Email:</b> _____	<b>Father/Male Caregiver Phone #:</b> _____	<b>Work #</b> _____
<input type="checkbox"/> <b>Employed</b> How many hours per week? _____ Employer _____	Father/Male Caregiver: Check all that apply: <input type="checkbox"/> <b>Unemployed</b> <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending College Where? _____ <input type="checkbox"/> In Job Training <input type="checkbox"/> In High School/GED program	Father's weekly before tax Income \$ _____

**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.			

If more, attach list with application

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

<b>Emergency Contact Information</b>	<b>List a family member for contact if parents cannot be reached in an emergency</b>
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Emergency Contact: _____		Relationship to Child: _____
Home Phone: _____	Work Phone: _____	Mobile Phone: _____

<b>Home Language Survey</b>	<b>Your child will be assessed in the language you list below* Please answer with this in mind.</b>
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Language the child learned to speak?	Second language?	Most often? *
Primary language of the <b>Mother</b> ?	Second language?	Primary/ <b>Father</b> ?
		Second language?

- 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 to best serve my child.
- I understand that this application is for possible enrollment following NC Pre-K eligibility guidelines.
- I give permission for my child to be photographed and/or videotaped for display, scrapbook, newspaper articles, and/or posting to social media, Facebook or websites.
- I agree that my child will attend Pre-K on time and on a regular basis and I will work as a team with my child's teachers and staff.

**My signature below certifies that all information on this application and the documents I provided is accurate, true and completed correctly.**

Mother/Caregiver Signature: X \_\_\_\_\_ Date \_\_\_\_\_ I receive no income of any kind \_\_\_\_\_ Initial here

Father/Caregiver Signature: X \_\_\_\_\_ Date \_\_\_\_\_ I receive no income of any kind \_\_\_\_\_ Initial here

(Dad's signature required if dad is sole custodial parent or if dad receives no income)

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



NC Pre-K ~2661 W. Roosevelt Blvd., Suite A ~ Monroe NC 28110  
 Phone: 704-238-8917 or 704-226-1407 Fax: 704-226-1369

**Read the "Frequently Asked Questions" under NC Pre-K at: <https://theallianceforchildren.org/>**



Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_

## North Carolina Pre-Kindergarten – Alliance for Children

Classroom and site space are limited- early application is encouraged.

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

- NC Pre-K is designed to strengthen students' academic and social skills in a play-based environment.
- Students must be four years old by August 31, 2020. 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. Income eligible students will be placed first.
- NC Pre-K sites (^) offer transportation if the family resides near downtown Monroe. Weekday Children's Ministries offers bus transportation for those who don't have vehicles within the downtown Monroe/Walkup Avenue areas. Families pay the site \$7 per week for this service. *Space is limited.*
- Walter Bickett Education Center offers bus service to families who live within the Benton Heights Elementary bus route. Check your address to see if Benton Heights shows as an option for your address here: <http://web01.edulogweb.com/Union/webquery/>.
- NC Pre-K sites (\*\*) offer extended care before and after school hours for a fee. Parents arrange with the site director before school begins.
- Upon enrollment, family must provide current shot records and a health/dental assessment (completed by doctor) on the DPI form dated between September 1, 2019 and September 1, 2020 to the child's school.

### Parents: Carefully review the site information below.

- Check beside three sites that could work for your child's placement. Consider your family's after-school needs, scheduling, and ability to drop off and pick up your child on time every school day. *You may be offered a different option or added to a waiting list. Classes are limited to eighteen students. Regular attendance helps your child receive maximum benefits from NC Pre-K.*
- NC Pre-K closely follows public school schedules from August to June including workdays and breaks. For 20-21, changes may occur due to state and local health recommendations.

**NC  
Pre-K  
Class  
Hours**

Check  
off  
three  
sites  
that  
could  
work  
for  
you  
✓

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	full
Kids R Kids (**)	5549 Potter Rd, Matthews	NC Pre-K	7:30-2:00	
Matthews KinderCare	15000 Lawyers Rd, Matthews	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	



# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

## 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:

☐ M ☐ F

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: ☐ 1 Yes ☐ 2 No

Race:

☐ 1 Other Non-White ☐ 2 White ☐ 3 Black ☐ 4 American Indian ☐ 5 Chinese  
☐ 6 Japanese ☐ 7 Hawaiian ☐ 8 Filipino ☐ 9 Other Asian ☐ 10 Unknown

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:



Public Health  
HEALTH AND HUMAN SERVICES



# PUBLIC SCHOOLS OF NORTH CAROLINA

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**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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health  
HEALTH AND HUMAN SERVICES

## 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.

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

**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)

<b>Comments:</b>
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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_