

NC Pre-Kindergarten is a free high-quality state program designed to strengthen four-year-old student's academic and social skills.

Children must be four on August 31, 2021.  
The family must meet income guidelines. Details at [www.theAllianceforChildren.org](http://www.theAllianceforChildren.org) under NC Pre-K.

UCPS Title I Pre-Kindergarten is a full-day program designed to provide a rich, child-centered literacy-focused program.

Students must demonstrate a need for education experience as indicated on the state-approved pre-kindergarten screening to be eligible for the free program.  
Applicants must be four years old on or before Aug. 31, 2021.

**To determine if your child is eligible, please provide this paperwork at one time:**

- \_\_\_\_\_ **This Fully Completed Application Form** \_\_\_\_\_ **If legal guardian, custodian, or foster family provide legal documents**
- \_\_\_\_\_ **A Copy of Child's Birth Certificate** (foster parent income does not count for NC Pre-K eligibility)
- \_\_\_\_\_ **Two Proofs of Residency** (examples: recent utility bill, insurance card, driver's license with parent's name/Union County address)
- \_\_\_\_\_ **Proof of household income** (provide **copies of all current sources** of family income: four consecutive recent check stubs **or** 2020 W-2 **or** 2020 tax return. 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)

**Student's Information**

**Please complete each line and print clearly**

<b>First Name:</b>	<b>Middle</b>	<b>Last</b>
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<b>Complete Address:</b> Street _____	City _____	State _____	Zip Code _____
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<b>Age:</b> _____ <small>Child must be 4 by August 31, 2021</small>	<b>Child's Birthday</b> _____/_____/_____ <small>Month Day Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Language child speaks at home and with friends:</b>
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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): \_\_\_\_\_    **Ethnicity (check one):**  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 #
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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 Where?

Employed # hours per week? \_\_\_\_\_     In High School/GED program     In Job Training     Other

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

Father's Email: _____	Father/Male Caregiver Phone #: _____	Work # _____
<input type="checkbox"/> Employed How many hours per week? _____ Employer: _____	Father/Male Caregiver: Check all that apply: <input type="checkbox"/> Unemployed <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) \_\_\_\_\_

**Emergency Contact Information List a family member for contact if parents cannot be reached in an emergency**

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.**

Language the child learned to speak?	Second language?	Most often? *
Primary language of the Mother?	Second language?	Primary/ Father? <span style="float: right;">Second language?</span>


- I give my permission for NC Pre-K staff, UCPS EC or Title 1, 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 Title 1 and/or 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 child's up to date immunization (shot) records and a physical/dental exam form completed by a physician must be provided to the site if my child is enrolled.**

**Health and dental screening forms at [www.theAllianceforChildren.org](http://www.theAllianceforChildren.org) under NC Pre-K and [www.ucps.k12.nc.us](http://www.ucps.k12.nc.us) under Pre-K.**  
**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

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/>




Complete application packets will be accepted through

**March 19, 2021** at UCPS Central Office  
or faxed/mailed to the Title I Office at 704-296-5009

**UCPS Central Office**  
400 N. Church Street, Monroe, NC 28112

**UCPS Title I Office**  
501 Lancaster Avenue, Monroe, NC 28112



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

**Parents: Read the eligibility, site options and transportation information for both programs below.**

1. According to your family's eligibility, scheduling and transportation needs, check three possible sites.
2. Return this form with the application and *all required documents listed on the application.*

Both Pre-K programs follow the UCPS traditional calendar.

**Title 1 Pre-Kindergarten - Union County Public Schools – Apply by March 19.**

To be eligible for Title 1 Pre-K placement, students must demonstrate a need for education experience on the state-approved pre-kindergarten screening. Apply before March 19. Screening appointment letters are mailed in April to parents who have applied by the deadline. For program questions, call Title 1 Pre-K at 704-296-0152.

- Only eighteen students may be placed at each school.
- Union County Public Schools offers transportation only within the child's home school district. No extended care (before or after school) is offered by UCPS for Title 1 Pre-K students. Check

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	
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 - Spring application encouraged.**

To be eligible for NC Pre-K, families must meet state income guidelines.

Income Table: [www.theallianceforchildren.org](http://www.theallianceforchildren.org) under NC Pre-K. (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.

Provide LEP and IEP documents with child's application and all other required documents.)

For program questions, call the NC Pre-K office at 704-226-1407, ext. 30.

- Only eighteen students per class, some sites have multiple classrooms.
- 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. If your family needs this care, arrange with the director of the site before school begins. Parents will pay the site for these services. Check

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, Monroe	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, 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	

\*Class hours and site listings are subject to change or adjustment.



# 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:





# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

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:



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> Male      Female <b>Parent or Guardian:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>Phone number:</b> _____ <b>School/Pre-K:</b> _____
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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 \_\_\_\_\_