

NC Pre-Kindergarten is a free, high-quality North Carolina funded program designed to strengthen four-year-old student's classroom, pre-literacy, math, and social skills.

For NC Pre-K sites, child is eligible if: Four by 8/31/22. The family meets income guidelines. See the income eligibility chart under NC Pre-K at www.theAllianceforChildren.org.

UCPS Title I Pre-Kindergarten is a free, full-day program designed to provide a rich, child-centered literacy-focused program. To be eligible for Title 1 Pre-K, students must demonstrate a need for education experience as indicated on the state-approved pre-kindergarten screening.

Child must be four years old by 8/31/22.
For Title 1 Pre-K consideration, apply on or before March 18.

Turn in all paperwork listed below as an application packet (check off list as you gather documents):

- _____ **This complete Application Form** _____ **If legal guardian, custodian, or foster family provide DSS 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. Options: four consecutive recent check stubs OR 2021 W-2 or 2021 tax return. Include documents for: alimony, SSA, SSDI, child support, disability, unemployment for mom and dad/stepmom/stepdad. If paid only in 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 no income, initial this form on page two by your signature.)
- _____ **Site Options and Eligibility Form** – complete based on your residence/work area (child placed based on eligibility and classroom space)

Child's Information

Please complete each line and print clearly

Child's First Name:	Middle	Last
----------------------------	---------------	-------------

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

Age: _____ <small>Child must be 4 by 8/31/22</small>	Child's Birthday ____/____/____ <small>Month Day Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language child speaks at home and with friends:
--	---	---	--

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

Ethnicity (must 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 I receive or applied for childcare voucher at DSS No Yes

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

Does your child have a chronic health condition diagnosed by a doctor? No Yes condition _____ School Medication Plan? No Yes

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 provider (list company): _____

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

Complete this section for family members who reside with the child. Print clearly please

Mother Female Legal Guardian or Custodian Print Full Name _____
 Stepmother (legally married to child's father)

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

BEST Phone Number	Employer	Work #
-------------------	----------	--------

Print Mom's email address: _____

Check ALL that apply:

<input type="checkbox"/> Unemployed	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Attending College Where?	<input type="checkbox"/> Receive unemployment (included as income/provide benefit letter)
<input type="checkbox"/> Employed # hours per week? _____	<input type="checkbox"/> In High School/GED program	<input type="checkbox"/> In Job Training	<input type="checkbox"/> Other _____

<input type="checkbox"/> Father <input type="checkbox"/> Male Legal Guardian/custodian <input type="checkbox"/> Stepfather (Legally married to child's mom)	Full Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same address as child	
Best Phone #: _____	Father's Email: _____	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 _____ <input type="checkbox"/> In Job Training <input type="checkbox"/> In High School/GED program	<input type="checkbox"/> Receive unemployment Included as income/provide benefit letter with child's appl. packet
---	--	---

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	List Brother or sister's school OR childcare site
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 ?
		Second language?

- o 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,
- o discuss my child's progress and needs for classroom or outside support to best serve my child.
- o I understand that this application is for possible enrollment following Title 1 and/or NC Pre-K eligibility guidelines.
- o 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.
- o I agree that my child will attend Pre-K on time and on a regular basis. I will work as a team with my child's teachers and staff.

Prepare now: Child's up to date immunization (shot) records and a physical/dental exam form **completed by a physician** must be provided to the site upon enrollment. This is a state requirement.

Health and dental screening forms at www.theAllianceforChildren.org under NC Pre-K and 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:



2661 W. Roosevelt Blvd., Suite A ~ Monroe NC 28110
 After Hours: Drop slot at office front door
 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 18, 2022 at the Title I Schools listed below or faxed to the Title I Office at 704-296-5009.

- Title I Schools
- | | |
|---------------------------|---------------------------|
| Benton Heights Elementary | Rocky River Elementary |
| East Elementary | Sardis Elementary |
| Marshville Elementary | Walter Bickett Elementary |
| Rock Rest Elementary | Wingate Elementary |



Child's Name: First _____ Last _____

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

According to your family's program eligibility and needs, please list your first, second, and third site preference at the bottom. Remember to consider your family's scheduling, and transportation needs.

Title 1 Pre-Kindergarten - Union County Public Schools – Apply by March 18

For Title 1 Pre-K eligibility, students must demonstrate a need for education experience on the state-approved pre-kindergarten screening. Screening appointment letters are mailed in late April to parents who apply by March 18. For Title 1 Pre-K program questions, call Title 1 Pre-K at 704-296-0152.

1. Only eighteen students may be placed at each classroom.
2. UCPS offers Title 1 Pre-K bus transportation only within the child's home school district. For other sites, parents provide transportation.
3. No before or after school is offered by UCPS for Title 1 Pre-K students.

NC Pre-Kindergarten – Alliance for Children – Apply by April 29

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

Example: A family of four is eligible for NC Pre-K with income less than \$60,554.

See the Income Eligibility Table: www.theallianceforchildren.org under NC Pre-K. For NC Pre-K program questions, call the NC Pre-K office at 704-226-1407, ext. 30.

1. Only eighteen students per class, some sites have multiple classrooms.
2. Three Monroe sites (^) offer transportation if the family resides near downtown Monroe.
3. For all other sites, the family drops off and picks up the child following NC Pre-K scheduled hours below.
4. NC Pre-K sites (**) offer extended care before and/or after NC Pre-K hours for a fee. You arrange with the director of the site before school begins. Parents pay the site for these services.

SITE	ADDRESS	PROGRAM	SCHEDULE
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
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
S.T.E.P.'s Developmental Academy, Inc. (*)	108 Indian Trail Road S., Indian Trail	NC Pre-K	7:30-2:00
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

Both Pre-K programs follow the UCPS traditional calendar and include workdays, breaks and holidays.

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

PLEASE LIST FIRST, SECOND AND THIRD SITE PREFERENCE:

1.	2.	3.
----	----	----

*Please note, site preferences are not guaranteed, but are taken into consideration.



Attention Parents – Medical forms are provided for your convenience.

On your child's next doctor appointment, have your doctor complete the health assessment and dental screening form.

- Get a copy of your child's current immunization records.
- Give the doctor completed forms and a copy of your child's immunization records to the child's school in August (or upon enrollment notification from the site director).
- The doctor completed health forms are not a part of the initial eligibility application packet. You do not have to turn the doctor completed forms with your initial application packet.

Atención, padres: los formularios médicos se proporcionan para su conveniencia.

En la próxima cita con el médico de su hijo, pídale a su médico que complete la evaluación de salud y el formulario de evaluación dental.

- Obtenga una copia de los registros de vacunación actuales de su hijo.
- Entregue al médico los formularios completados y una copia de los registros de vacunación de su hijo a la escuela del niño en agosto (o tras la notificación de inscripción del director del sitio).
- Los formularios de salud completados por el médico no forman parte del paquete de solicitud de elegibilidad inicial. No es necesario que entregue los formularios completados por el médico con su paquete de solicitud inicial.



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)

M F

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:





January 2016

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:



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 _____