



# 2024-25 North Carolina Pre-Kindergarten Application

NC Pre-Kindergarten is a free, high-quality North Carolina funded program. Your child's regular attendance will strengthen classroom, pre-literacy, math, and social skills in a child-focused learning environment.

Eligibility details AND frequently asked questions for parents: [www.theAllianceforChildren.org](http://www.theAllianceforChildren.org) under NC Pre-K!

### Turn in copies of all paperwork listed below:

- \_\_\_\_\_ Complete, sign, & date this application form \_\_\_\_\_ If legal guardian, custodian, or foster provide legal/DSS documents
- \_\_\_\_\_ A Copy of Child's Birth Certificate (foster parent income does not count for NC Pre-K eligibility)
- \_\_\_\_\_ Two copies of Proofs of Residency with a parent name and current address  
(Examples: recent utility bill, car or home insurance card, driver's license or registration, lease or mortgage statement)
- \_\_\_\_\_ Proof of household income Options: Four consecutive recent check stubs **OR** If same job for all of 2023, provide a 2023 W-2 **or** 2023 tax return. If **new** job, job offer letter from employer. **OR** copy of child's recent Medicaid card **OR** copy of family's current Food and Nutrition services letter. Include documents for: alimony, SSA, SSDI, child support, disability, unemployment for mom and dad/stepmom/stepdad.
- \_\_\_\_\_ Complete the Site Options section

### Child's Information

Please complete each line and print clearly

<b>Child's First Name:</b>	<b>Middle</b>	<b>Last</b>
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<b>Address:</b>	Street	City	State	Zip Code
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<b>Age:</b> _____ <i>Child must be four (4) on 8/31/23</i>	Child's Birthday ____/____/____ Month Day Year	<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 or Latino/Hispanic     Asian     American Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander     Other Race (specify): \_\_\_\_\_ (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/Stepmother     Father/Stepfather     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 (to apply call 704-296-4339)     Yes  
 Who cares for this child during the day now? List childcare 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\*    (\* For all YES answers, include a copy of medical support plan or IEP with application packet)

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?\* \_\_\_\_\_ Call the UCPS EC Preschool Assessment Center at 704-282-6259 to inquire about assessments for children ages 3 or 4.

### Complete this section for family members who reside with the child.

Print clearly please

Print Full Name of Female Parent or Legal Caregiver

Child's Mother     Female Legal Guardian or Custodian  
 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 #
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**Print Mom's email address:** \_\_\_\_\_

**Check ALL that apply:**  
 Employed # hours per week? \_\_\_\_\_     Unemployed     Looking for work     Attending College     Receive unemployment income  
 In High School/GED program     In Job Training     Other \_\_\_\_\_

**Child's Name - Page Two**

<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Stepfather</b> <b>Full Name of Male Parent or Legal Caregiver</b>  <input type="checkbox"/> <b>Male Legal Guardian/custodian</b> (Legally married to child's mom)	Full Address: (Street, City, State, Zip Code) <input type="checkbox"/> <b>Same address as child</b>
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Best Phone #:	Father's Email:	Work #
<input type="checkbox"/> <b>Employed</b> How many hours per week? _____  Employer _____	Father/Stepfather/ Male Caregiver: Check <b>all</b> 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"/> <b>Receive unemployment</b> 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 <b>Mother</b> ?	Second language?	Primary/ <b>Father</b> ?
		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, 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 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.

**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

**Anytime: Drop slot at office front door**

Phone: 704-226-1407, ext. 23 or 30    Fax: 704-226-1369

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

**Prepare now:**

North Carolina law requires a child's up to date immunization (shot) records and a physical/dental exam form completed by a physician be provided by the parent to the site on child's first school day.

**Health and dental screening forms at**

**[www.theAllianceforChildren.org](http://www.theAllianceforChildren.org) under NC Pre-K.**

Note: these documents do not have to be included for the eligibility/initial application process.

You will register your child for Kindergarten in Feb. 2025. Save a copy of these health documents for registration.

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

1. Review NC Pre-K partner site options, addresses, and NC Pre-K hours below.
2. Questions about NC Pre-K? Visit the NC Pre-K page at [www.theAllianceforChildren.org](http://www.theAllianceforChildren.org)

- NC Pre-K sites (E) offer limited extended care spots before and/or after NC Pre-K hours.
- If it's needed, parents arrange extended care with the site director before school begins.
- Parents pay sites for time outside NC Pre-K hours. Apply for income-based assistance by calling 704-296-4339.
- Parents provide transportation to and from school each day. **On-time, regular attendance is expected for children to receive the full benefit of the high-quality program.**

NC Pre-K Partner Site Options	Site Address	NC Pre-K Class Hours
A Plus Childcare & Learning Ctr. (E)	109 Camelia Dr, Monroe	7:30-2:00
Childcare Network 121 (E)	780 Sutton Place, Monroe	7:30-2:00
ChildTime Monroe (E)	1714 N. Charlotte Ave, Monroe	7:30-2:00
LeafSpring School at Matthews	3420 Pleasant Plains Rd., Stallings	8:00-2:30
Oakboro Kid's Club (Stanly Co.) (E)	206 N. Main St, Oakboro	8:00-2:30
Walter Bickett Education Center	501 Lancaster Ave, Monroe	7:00-1:30
Waxhaw Elementary* see note below	1101 Old Providence Rd, Waxhaw	7:00-1:50
Weekday Children's Ministries	801 S. Hayne St, Monroe	7:30-2:00
Wingate Baptist (E)	109 E. Elm St, Wingate	7:30-2:00

NC Pre-K follows the UCPS traditional calendar including workdays, breaks and holidays.

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

\*Waxhaw Elem. placement preference to children in school attendance area.

My child's sibling attends this childcare or elementary school: \_\_\_\_\_

**List three sites close your home or work:**

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Note: You may be offered a different site due to limited class size. Site options are not guaranteed.  
Take a picture of this form for your records.

