

2025-2026 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 under NC Pre-K!

Turn in copies of all paperwork listed below:

_____ Complete, sign, & date this application form _____ Complete and return the site options form

(If legal guardian, custodian, or foster provide legal/DSS documents with the application)

_____ A Copy of Child's Birth Certificate or copy of child's passport

_____ Two copies of Proofs of Residency with a parent name and current Union County address

(Examples: recent utility bill, car or home insurance card, driver's license or registration, lease or mortgage statement

_____ Proof of household income Choose from these options for working parent/stepparents/guardians/custodians:

A month's worth of consecutive recent check stubs **OR** If same job for all of 2024, provide a 2024 W-2 **or** 2024 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.

Child's Information

Please complete each line and print clearly

Child's First Name:	Middle	Last
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Address:	Street	City	State	Zip Code
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Age: _____ Child must be four (4) on 8/31/25	Child's Birthday ____/____/____ Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language child speaks at home and with friends:
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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 benefit letter with all other required documents)

Child Lives With: Check all that apply: 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 704-706-9494) 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 or private provider (list) _____ Continue all services, NC Pre-K does not provide support services.)

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 and support services 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	Email:	Work #
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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 _____

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather Full Name of Male Parent or Legal Caregiver		Full Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same address as child
<input type="checkbox"/> Male Legal Guardian/custodian (Legally married to child's mom)		
Best Phone #:	Father's Email:	Work #
<input type="checkbox"/> Employed How many hours per week? _____ Employer _____	Father/Stepfather/ 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 application 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. Child:			
2.			
3.			
4.			
5.			
6.			
7.			

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, 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

Questions: NCPRE-K@theAllianceforChildren.org

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 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. 2026. 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 or email NCPre-K@theAllianceforChildren.org

- NC Pre-K sites (E) offer limited extended care spots before and/or after NC Pre-K hours.
- If needed, parents arrange extended care with the site director before school begins.
- Parents pay sites for time outside NC Pre-K hours. Call 704-706-9494 to apply for income-based assistance.
- Parents provide transportation to and from school each day.
- **On-time, regular attendance helps your child receive the full benefit of the NC Pre-K 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 Indian Trail (E)	120 Business Park Dr., Indian Trail	7:30-2:00
ChildTime Monroe (E)	1714 N. Charlotte Ave, Monroe	7:30-2:00
Indian Trail Elementary* <i>note below</i>	200 Education Rd., Indian Trail	7:15-2:00
Kids R Kids	5549 Potter Rd., Matthews	7:30-2:00
LeafSpring School at Matthews	3424 Pleasant Plains Rd., Stallings	8:00-2:30
Oakboro Kid's Club (Stanly Co.) (E)	206 N. Main St, Oakboro	8:00-2:30
S.T.E.P.'s Developmental Academy	108 Indian Trail Rd., Indian Trail	7:15-2:00
Walter Bickett Education Center	501 Lancaster Ave, Monroe	7:00-1:30
Waxhaw Elementary* <i>note below</i>	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 could be changed or adjusted.

*For Indian Trail and Waxhaw Elementary sites. placement preference to children in school attendance area.

All NC Pre-K classrooms meet the same quality standards.
Map out and list three sites close to your home or work.
 This information is used to place your eligible child.

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Note: You may be offered a different site due to limited class size. Due to the large number of families served in NC Pre-K, site options are not guaranteed. Take a picture of this form for your records.

