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 with experienced early childhood teachers.

Eligibility details AND parent tips: www.theAllianceforChildren.org under NC Pre-K!

Turn in copies of all paperwork listed below:

_____Complete, sign, & date this application form   _____Completed 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**   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 **eligibility letter OR** copy of family's current Food and Nutrition services **eligibility 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**

Address: Street   City   State   Zip Code

Age: _____ *Child must be four (4) on 8/31/25*	Child's Birthday _____/_____/_____ Month Day Year	☐ Male ☐ Female	*Language child speaks at home and with friends*:

Race: (check *ALL* that apply): ☐ Black/African American ☐ White or Latino/Hispanic ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

(Check One) ☐ Hispanic/Latino   ☐ Non- Hispanic/Latino   **(Check One)**   Is the CHILD a US citizen? ☐ Yes   ☐ No

Does this child have a parent who is actively serving in the military OR disabled during military service? ☐ **No**   ☐ **Yes**

(include a copy of military LES or disability benefit letter with **all other required documents**)

Child Lives With: *Check all that apply*: ☐ Both Parents ☐ Mother/Stepmother ☐ Father/Stepfather ☐ Other non-relative_____

☐ Foster Parent * ☐ Legal Guardian or Legal Custodian* *(*attach copies of legal documents)* ☐ Other/ Relative _____

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*

☐ Child's **Mother** ☐ **Female Legal Guardian or Custodian**   Print Full Name of Female Parent or Legal Caregiver

☐ **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 #

Check *ALL* that apply: ☐ Unemployed ☐ Looking for work   ☐ Attending College   ☐ Receive unemployment income

☐ Employed   *# hours per week?* _____   ☐ In High School/GED program   ☐ In Job Training   ☐Other _____

☐ Father ☐ Stepfather **Full Name of Male Parent or Legal Caregiver**		Full Address: (Street, City, State, Zip Code) ☐ **Same address as child**
☐ Male Legal Guardian/custodian		

Best Phone #:	**Father's Email:**	Work #
☐ Employed How many hours per week? _____ Employer_____	Father/Stepfather/ Male Caregiver: Check **all** that apply: ☐ Unemployed ☐ Looking for work ☐ Attending College ☐ In Job Training ☐ In High School/GED program	☐ Receive unemployment 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?

- *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 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. 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:

Alliance for Children
investing in bright futures
a partner in the Smart Start network

NORTH CAROLINA
NC Pre-K
Prekindergarten Program

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:
N. C. law requires parents to provide the site/school with a child's up to date immunization (shot) records and a physical/dental exam form completed by a physician.
Blank forms under NC Pre-K:
www.theAllianceforChildren.org

Save copies of health forms! You will register your child for Kindergarten in February 2026.

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? See the NC Pre-K page at www.theAllianceforChildren.org
   or email NCPre-K@theAllianceforChildren.org

- NC Pre-K sites **(E)** offer <u>limited</u> extended care spots before and/or after NC Pre-K hours.
  If needed, parents arrange before/after care with the site director before school begins.
  Parents pay sites for time **outside** NC Pre-K hours. Apply for income-based assistance: 704-706-9494

- **Parents** provide transportation to and from school each day for childcare and UCPS schools.

- *Give your child the full benefits of NC Pre-K with on-time, regular attendance!*

NC Pre-K Partner Site Options	Site Address		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
East Elementary School	221 Elizabeth Ave., Monroe		7:00-2:00
Indian Trail Elementary School	200 Education Rd., Indian Trail		7:15-2:00
Kids R Kids	5549 Potter Rd., Matthews		7:30-2:00
LeafSpring School at Matthews **(E)**	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 School	1101 Old Providence Rd, Waxhaw		7:00-1:50
Weekday Children's Ministries	801 S. Hayne St, Monroe		7:30-2:00
Wingate Baptist Childcare **(E)**	109 E. Elm St, Wingate		7:30-2:00
Wonder Academy **(E)**	3309 Faith Church Rd., Indian Trail		8:00-2:30

NC Pre-K follows the UCPS traditional calendar including workdays, breaks and holidays.
*For Indian Trail and Waxhaw Elementary sites. placement preference to children in school attendance area.

All NC Pre-K classrooms meet the same state quality standards.
Map out and list three sites close to your home or work. You provide transportation each school day.
Your child may be placed at any of the sites you list. If these sites are full, your child is placed in an open spot.

Note: You may be offered a different site, classes may be full. 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.

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Child Development and Early Education

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