

2026-27 North Carolina Pre-Kindergarten Application

NC Pre-Kindergarten is a free, high-quality North Carolina funded program. Your child's regular, on-time 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 with this completed application form:

_____ 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: current 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 2025, provide a 2025 W-2 **or** 2025 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 **OR** Public Housing assistance letter. Include documents for: alimony, SSA, SSDI, child support, disability, unemployment for mom and dad/stepmom/stepdad.

_____ Review sites and locations, complete and return the **Site Options form** with the application packet

_____ If applicable - Legal guardian, custodian, or foster provide legal/DSS documents with the application

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 8/31/26

Child's Birthday

____/____/____
Month Day Year

☐ Male

☐ Female

Language child speaks most:

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 disability benefit letter with application and all other required documents, including income 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 daily? List childcare site or caregiver here: _____

Does your child have a chronic health condition diagnosed by a doctor? ☐ No ☐ Yes* condition _____

Will your child require medication during the school day or for possible allergic reactions? ☐ No ☐ Yes* Provide the site with a doctor completed School Medication Plan

Does your child receive support services now for speech, a special need or disability? ☐ No ☐ Yes _____speech _____OT _____PT Other _____

List UCPS or private provider _____ #days per week _____ Continue all services, NC Pre-K does not provide services.

Do you have concerns 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

☐ Stepmother (legally married to child's father) ☐ Foster parent

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:

☐ Employed

☐ Unemployed

☐ Looking for work

☐ Attending College

☐ In High

☐ Receive unemployment income

School/GED program

☐ In Job Training

☐ FNS/SNAP

☐ Medicaid

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather Full Name of Male Parent or Legal Caregiver <input type="checkbox"/> Male Legal Guardian/custodian (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: _____
<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 provide benefit letter with child's application packet <input type="checkbox"/> Medicaid	

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: _____	Mobile Phone: _____
Work 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? *
Mother's Primary language: _____	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 NC 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 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

Online applications and "Frequently Asked Questions"
under NC Pre-K at: www.theAllianceforChildren.org

Required in August!

North Carolina law requires parents to provide the child's up to date shot records and a physical/dental exam form completed by a physician to the site in August.

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

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

*You will register your child for Kindergarten in Feb. 2027.
 Save a copy of these health documents for registration.*

Child's Name: First _____ Last _____

Questions about NC Pre-K eligibility? Visit the NC Pre-K page at www.theAllianceforChildren.org or email NCPre-K@theAllianceforChildren.org for more information.

- NC Pre-K sites **(E)** offer limited extended care spots before and/or after NC Pre-K hours.
- If needed, parents arrange any extended care with the site director before school begins.
- Parents pay sites for time outside NC Pre-K hours. NC Pre-K hours are free for eligible families. Call 704-706-9494 to apply for income-based childcare assistance for wraparound care and/or care during breaks.
- Parents provide transportation to and from school each day, map out sites before listing.
- **On-time, regular attendance helps your child receive the full benefit of the NC Pre-K program.**

NC Pre-K Partner Sites	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 2014 (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* <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 (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	7:15-2:20
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
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.

Classes begin at the end of August and end in early June.

Class hours and site listings could be changed or adjusted.

All NC Pre-K classrooms meet the same quality standards for teacher education, classroom quality, and use the Creative Curriculum®.

I can drop off and pick up my child from one of these three sites for the 26-27 school year:

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Note: You may be offered a different site due to limited class size, options are not guaranteed.

Take time to map out and look at reviews before listing a site. Take a picture of this form for your records.

