

**Orange County Partnership for Young Children**

120 Providence Rd., Suite 101

Chapel Hill, NC 27514

Phone: 919-967-9091

Child Application Form

Date application was received\_\_\_\_\_\_\_\_\_\_\_

Application complete:

* NC Pre-K child application
* Proof of age
* Proof of Residency
* Income verification
* Immunization records
* Kindergarten Health Assessment
* Developmental Screening
* Attachment C if applicable
* IFSP or IEP if applicable

1. **Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. Child's gender: Male Female

3. Child's date of birth: \_ \_ / \_ \_ / \_ \_ \_ \_

(**Must** **provide legal documentation to verify age**)

4. Child's Ethnicity Hispanic Yes No

4a. Child's Race (Check at least one, and all that apply)

White / European American Native Hawaiian or Other Pacific Islander

Native American Indian or Alaska Native Black or African American Asian

5. Is Child a U.S. Citizen: Yes No

6. Is Child a NC Resident: Yes No

7. County of Residence: **Must be an** **Orange County Resident**

8. With whom does the child reside: Mother only Father only Both Parents

Legal Custodian Legal Guardian Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. If child lives with a non-relative who has legal custody or guardianship are documents on file? Yes No

10. Family size: Number of parent(s)/guardian(s) and the number of children for whom they have responsibility (include NC Pre-K child in this number) \_\_\_\_\_\_

11. Answer all of the following questions concerning the child's parent/guardian:

**Family Contact Information**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone: ( ) \_\_\_\_\_-\_\_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_-\_\_\_\_\_\_**

**Proof of residency must be submitted.**

**Mom’s Status**

**Mom’s Name:** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed? Yes No

Seeking Employment? Yes No

In post-secondary education? Yes No

In high school or in a GED program? Yes No

In job training? Yes No

Other Employment? Yes No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Income**

**Current Wages BEFORE Taxes: $\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**Alimony: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Twice Monthly Bi-weekly

Weekly Not Selected.

**Child Support: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly Bi-weekly Weekly

Not Selected

**Workers Comp: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**Unemployment: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**SSI/TANF/Work First: $ \_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**Overtime: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Twice Monthly Bi-weekly

Weekly Not Selected

**Dad’s Status**

**Dad’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed? Yes No

Seeking Employment? Yes No

In post-secondary education? Yes No

In high school or in a GED program? Yes No

In job training? Yes No

Other Employment? Yes No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dad’s Income**

**Current Wages BEFORE Taxes: $\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**Alimony: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Twice Monthly Bi-weekly

Weekly Not Selected.

**Child Support: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly Bi-weekly Weekly

Not Selected

**Workers Comp: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**Unemployment: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**SSI/TANF/Work First: $ \_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Bi-Monthly

Bi-weekly Weekly Not Selected

**Overtime: $\_\_\_\_\_\_\_\_\_\_\_\_\_** Yearly Monthly Twice Monthly Bi-weekly

Weekly Not Selected

**Income verification not older than two months of application date must be submitted.**

**(A signed written statement must be submitted for families with no income.)**

12. Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?

Yes No

13. Are there additional risk factors which apply to this child?

(Check Yes or No for each factor)

Limited English Proficiency (LEP): Yes No

Chronic Health Condition: Yes No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental/Educational Need: Yes No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Child's Prior Placement at the time of NC Pre-K enrollment

Child has never been served in any preschool or child care setting

Child is currently unserved

Child is in unregulated child care

Child is not receiving subsidy but is in regulated child care or preschool program

Child is receiving subsidy and is in regulated child care or preschool program

15. Was child previously served by this site's program as a three-year old? Yes No

16. Does the child have an active IEP? Yes No

16a. Type of identified disabilities for this child (check all that apply):

Autistic Orthopedically impaired

Deaf-blind Speech/language impaired

Behaviorally/emotionally disabled Severe/profound mentally disabled

Educable mentally disabled Trainable mentally retarded

Hearing impaired Traumatic brain injured

Specific learning disabled Visual impaired

Multi-handicapped Preschool development delayed

Other health impaired N/A

17. Date of child’s most current Health Assessment? \_ \_ / \_ \_ / \_ \_ \_ \_

**(Provide Supporting Documentation within 30 days of enrollment)**

18. Date of child’s Developmental Screening? \_ \_ / \_ \_ / \_ \_ \_ \_

**(Provide Supporting Documentation within 90 days of enrollment)**

**Certification of Applicant/Authorized Representative**

I certify that the information I have provided, as reflected on this form, is accurate and complete to the best of my knowledge. By my signature, and submission of requested documentation, I grant the Orange County Partnership for Young Children the permission to enter the information into the NC Pre-K State Kids Data System as application for eligibility into the NC Pre-K program.

**X**

**Parent Signature Required**

**X**

**Witness Signature Required**