

120 Providence Rd., Suite 101

Chapel Hill, NC 27514

Phone: 919-967-9091

Child Application Form



**Name:**

**Placed:**

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

2. Child's gender: Male Female

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

3a. Document to verify age: **Must be submitted**

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 Confirmed by parent

6. Is Child a NC Resident: Yes No

7. County of Residence: **If not Orange, provide justification on an attachment**

8. With whom does the child reside: Both Parents Mother only Father only Married Partners Both Parent and Step Parent 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 NA

10. Total Family size: **\_\_** **\_\_**Total number of adults living in the child’s home **\_\_**Total number of adults contributing to the child’s household income **\_\_**Total number of minor children living in the child’s home

11. Please List all Names, Dates of Birth, and Relationship to Pre-K child of all individuals living in the household below. (Parents, Step Parents, Partners, Guardians, Custodians, siblings, step brothers or sisters, non-relatives)

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| **Adult’s Name** | **Date of Birth** | **Relationship to Pre-K Child** |  |
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| **Minor Child's Name** | **Date of Birth** | **Relationship to Pre-K Child** |
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**Family Contact Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Income eligibility must have supporting documentation**

**Mom’s Status**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mom’s Income**

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

Weekly Daily No earned income

**Child Support:** $\_\_\_\_\_\_ Yearly Monthly Bi-Monthly Weekly Daily Not Selected

**Unemployment:** $\_\_\_\_\_\_ Yearly Monthly Bi-Monthly Weekly Daily Not Selected

**SSI/TANF/Work First:** $\_\_\_\_\_\_\_\_\_ Yearly Monthly Bi-Monthly Weekly Daily Not Selected

**Dad’s Status**

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

Weekly Daily Not Selected

**Child Support: $** Yearly Monthly Bi-Monthly Weekly Daily

Not Selected

**Unemployment: $**\_\_\_\_\_\_\_ Yearly Monthly Bi-Monthly Weekly Daily Not Selected

**SSI/TANF/Work First: $**\_\_\_\_\_\_\_ Yearly Monthly Bi-Monthly Weekly Daily Not Selected

Any additional sources of income contributing to the household must be declared.

**Total Household 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 NoIf 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 in a regulated child care/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 Visual impaired

Educable mentally disabled Trainable mentally retarded

Hearing impaired Traumatic brain injured

Specific learning disabled Preschool development delayed

Multi-handicapped Other health impaired

N/A

**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 Date**

**X**

**Witness Signature Required Date**