

**NC Pre-K Child Application Form** *updated 1-2021*

*For assistance completing this form please contact Dionne Smith, Early Childhood Coordinator/NC Pre-K: dsmith@orangesmartstart.org.*

*Mail or deliver to 402 Millstone Drive Suite 300, Hillsborough, NC 27278.*

**This page is for administrative use only. Parents, start on page 2.**

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

**Name:**

**Placed:**

Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's gender: Male Female

Child's date of birth: \_ \_ / \_ \_ / \_ \_ \_ \_ ***Document to verify age must******be submitted***

Child's Ethnicity Hispanic Yes No

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

Is Child a U.S. Citizen: Yes No Confirmed by parent

Is Child a NC Resident: Yes No

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_ ***If not Orange, provide justification on an attachment***

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

If child lives with a non-relative who has legal custody or guardianship, are documents on file? Yes No N/A

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

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

**Parent/Guardian 1 Information *Income eligibility must have supporting documentation.***

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

**Parent/Guardian 1 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

**Parent/Guardian 2 Information**

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

**Parent/Guardian 2 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: $\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

Was child previously served by this site's program as a three-year old?

Yes No

Does the child have an active IEP? Yes No

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**

***Witness Signature Required***