

**NC Pre-K Child Application Form** *updated 7-2021*

*For assistance completing this form please contact Linda Hindman: lhindman@orangesmartstart.org or 984-677-2218.*

*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***