

**NC Pre-K Child Application Form** *updated 02/2024*

*For assistance completing this form please contact:*

*Arlene Owens: email* [*aowens@orangesmartstart.org*](mailto:aowens@orangesmartstart.org) *Phone#984-677-2211 or*

*Linda Hindman: email:* [*lhindman@orangesmartstart.org*](mailto:lhindman@orangesmartstart.org) *Phone# 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:**

**Childs Information**

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

Child's gender: Male Female

Child's date of birth: \_ \_ / \_ \_ / \_ \_ \_ \_ ***One of the following must be submitted as proof of child’s age:* child’s birth certificate, passport, medical records, or immunization records.**

Child's Race/Ethnicity (*Check at least one, and all that apply*)

Hispanic Yes No

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/Guardian

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 Stepparent 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

**Childs Information**

|  |  |
| --- | --- |
| Is this child/family experiencing any of the following: | * Homelessness * In Foster Care * Receiving Refugee Services |

|  |  |
| --- | --- |
| Receiving Public Assistance:  **Documentation of START/END DATE of Assistance must be submitted in place of income documents.** | * WIC * Public Housing * TANF/Work First * Medicaid * SSI * Food and Nutrition Services (Food Stamps) * SNAP |

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

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Developmental/Educational Need: Yes NoIf yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childs Information**

Child's previous enrollment in Childcare:

Child has never been served in any preschool or childcare setting.

Child is currently unserved.

Child is in unregulated childcare.

Child is not receiving subsidy but in a regulated childcare/preschool program.

Child is receiving subsidy and is in regulated childcare or preschool program

Was the child previously served in the same childcare as a three-year old?

Yes No

Does the child have an active IEP? Yes No If yes, date of IEP \_\_/\_\_/\_\_\_\_

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

Has the child been referred for services? 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

**Please list all names, dates of birth, and relationship to Pre-K child of all individuals living in the household below. (Parents, stepparents, partners, guardians, custodians, siblings, step brothers or sisters, non-relatives)**

Other members within household

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Relationship to Pre-K Child |
|  |  |  |
|  |  |  |
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**Parent/Guardian 1 Contact Information:**

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

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

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

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 2 Contact Information:**

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

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

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

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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: $\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification of Applicant/Authorized Representative**

*I certify that the information I have provided 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/Guardian Signature Required Date**

**X**

**Witness Signature Required Date**

***Witness Signature Required***