



Orange County Partnership
for Young Children

a partner in the
Smart Start network 

2026-2027 NC Pre-K Child Application Form updated 01/2026

For assistance completing this form please contact:

Arlene Owens: email: aowens@orangesmartstart.org Phone: 984-677-2211

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
- IFSP or IEP if applicable

Name:

Placed:

Childs Information

Child's name: _____

Child's gender: Male Female

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

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

Categorically Eligible

Is this child/family experiencing any of the following:	<input type="checkbox"/> Homelessness <input type="checkbox"/> In Foster Care <input type="checkbox"/> Receiving Refugee Services
Receiving Public Assistance: Documentation of start/end date of Assistance must be submitted in place of income documents.	<input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> TANF/Work First <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Food and Nutrition Services (Food Stamps) <input type="checkbox"/> 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:

Developmental/Educational Need: Yes No If 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):

<input type="checkbox"/> Autistic	<input type="checkbox"/> Orthopedically impaired
<input type="checkbox"/> Deaf-blind	<input type="checkbox"/> Speech/language impaired
<input type="checkbox"/> Behaviorally/emotionally disabled	<input type="checkbox"/> Visual impaired.
<input type="checkbox"/> Educable mentally disabled	<input type="checkbox"/> Trainable mentally retarded
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Traumatic brain injured
<input type="checkbox"/> Specific learning disabled	<input type="checkbox"/> Preschool development delayed.
<input type="checkbox"/> Multi-handicapped	<input type="checkbox"/> Other health impaired
<input type="checkbox"/> N/A	

Has the child been referred for services? Yes No

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

<input type="checkbox"/> Autistic	<input type="checkbox"/> Orthopedically impaired
<input type="checkbox"/> Deaf-blind	<input type="checkbox"/> Speech/language impaired
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<input type="checkbox"/> Specific learning disabled	<input type="checkbox"/> Preschool development delayed.
<input type="checkbox"/> Multi-handicapped	<input type="checkbox"/> Other health impaired
<input type="checkbox"/> 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)

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 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

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

Total Household income: \$ _____

By checking this box, and including my cell number, zip code, and child(ren)'s birthdate, I acknowledge that I will be enrolled in a texting service to receive text messages about resources and events for families with children 0-8 years old from Bright by Text. I also understand that I can unsubscribe from these messages at any time. <https://brightbytext.org/Privacy-Policy>

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