



North Carolina Pre-Kindergarten (NC Pre-K) Child Application

Please answer each question clearly and completely to ensure a quick and accurate application process.

REQUIRED DOCUMENTATION

Application will not be processed until all of the required documentation has been received. Please see the checklist below for a list of the required documents:

REQUIRED DOCUMENTATION

- Completed Application (signed and dated)
- Child's Birth Certificate
- Proof of Income: One month of current paystubs, 1040, 1040EZ, W2 or LES
- Additional income: child support, alimony, Social Security benefits, retirement, etc. (if applicable)

IF APPLICABLE, TO DETERMINE ELIGIBILITY

- Legal documentation for guardianship/custody
- Disability Documentation/Chronic Health Condition
- Military Documentation (LES)
- IEP Documentation

The following documentation **is required within 30 days of enrollment** of the North Carolina Pre-Kindergarten program:

- Immunization records
- Children's Medical Report (included)

Complete and return to:
DCS Preschool
220 Martin Luther King Jr. Road
Mocksville, NC 27028
336-751-0016

DEMOGRAPHICS

Child's First Name:	Child's Middle Name:	Child's Last Name:
Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Date of Birth:	Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Race: (MUST check at least one AND all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> White/European American		
Is the child a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child a NC resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence:
Is the child a twin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address for parent:	

FOR OFFICE USE ONLY

Date Received: _____	<input type="checkbox"/> Income Eligible <input type="checkbox"/> Income NOT Eligible <input type="checkbox"/> P: _____
School Year: _____	NCPK: _____
Site: _____	Powerschool: _____

HOUSEHOLD INFORMATION

Family Address (Street, City, State Zip Code)	Primary Phone Number: Alternate Phone Number:
---	--

With whom does the child live?
 Mother Only Father Only Both Parents Parent and Step-Parent Kinship Provider(s)
 Legal Guardian/Custodian Foster Parent(s)

If the child lives with an adult who has legal custody or guardianship, is the adult: Blood Relative Non-Relative

Please indicate the family address situation:
 Permanent Homeless or Emergency Homeless Shelter Battered Women and Children Shelter Hotel/Motel
 Hospital for 30 days or under Lack permanent nighttime address

Please list the names of ALL family members that live in the household:

Name	Relationship to the NC Pre-K Child	Date of Birth	Age	Currently in School (Y/N)	Grade Level
1.	NC Pre-K Child				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

ELIGIBILITY FACTORS

Does the family and/or child speak limited or no English at home? Yes No

What is the primary language spoken at home?

Does the child have a chronic health condition or significant health concern? Yes No

If yes, please explain:

*Must provide documents from a health care provider.

Does the child have a developmental or educational need? Yes No

If yes, please explain:

*Must provide documents from a health care provider.

Is the child an active duty military dependent? Yes No

Has a parent or legal guardian of this child been seriously injured OR killed while on active duty military status?

Yes No

Mother / Stepmother / Legal Caregiver's Name:	Father / Stepfather / Legal Caregiver's Name:
Employment Status: Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Status: Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Work, if applicable:	Place of Work, if applicable:
Average hours worked per week:	Average hours worked per week:
Current wages BEFORE Taxes \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly-12 mos <input type="checkbox"/> Monthly-10 mos <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Current wages BEFORE Taxes \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly-12 mos <input type="checkbox"/> Monthly-10 mos <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Overtime \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Overtime \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Alimony \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Alimony \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Child Support \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Child Support \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Worker's Comp \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Worker's Comp \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Unemployment \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Unemployment \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Social Security \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Social Security \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
VA Disability \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	VA Disability \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Retirement \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	Retirement \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<i>*Complete ONLY if there is NO Household Income*</i> NC Pre-K Zero Income Statement	
I certify that as the parent/legal caregiver of _____ (child's name), our household has zero income at the time of application. I certify the above information is true and correct and accurately reported. I understand this information is being given for the receipt of state funds; that NC Pre-K officials may verify the information on this statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.	
Parent/Legal Caregiver Signature (required): _____	
Print Name	Signature
Today's Date	
FOR OFFICE USE ONLY	
Family Size: _____ 75% State Median Income: \$ _____ NC Pre-K Eligible Income: \$ _____	
Limited English? <input type="checkbox"/> Yes <input type="checkbox"/> No; Health Concern? <input type="checkbox"/> Yes <input type="checkbox"/> No; Dev/Ed Need? <input type="checkbox"/> Yes <input type="checkbox"/> No; Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is child eligible for NC Pre -K? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSESSMENT EVALUATION

Has this child had a physical in the past year? Yes No
Date of physical: (month/day/year)

Has this child had a developmental screening? Yes No
Date of assessment: (month/day/year)

DISABILITIES

Has this child been referred for evaluation for a disability or been identified with a disability? Yes No

Is the date of the referral known? N/A Yes No Date of Referral: _____

What was the decision from the disability evaluation for this child? N/A No disability identified

Evaluation decision in process One or more disabilities identified Do not know

Type of identified disabilities for this child (check all apply): N/A Autism Deaf-blind Hearing impaired

Other health impaired Speech/language impaired Visual impaired Developmental delayed

Does your child have an active Individual Education Plan (IEP)? N/A Yes No

Has this child been referred for services related to disability? N/A Yes No Do not know

Is this child receiving services related to disability? N/A Yes No Specify type of disability services:

PRIOR PLACEMENT

Child's prior placement at the time of enrollment:

Child has never been served in any preschool or child care setting

Child is currently unserved (ie: at home now, but previously has been in child care or other preschool program)

Child is in unregulated child care

Child is in a one or two-star facility

Child is not receiving subsidy, but is in some kind of regulated child care or preschool program

Child is receiving subsidy and is in some kind of regulated child care or preschool program

Is the child currently attending a child care, preschool, or part-day program? Yes No

If yes, name of program: _____

If yes, was the child served in the program as a three-year old? Yes No

Is family currently enrolled in the DSS child care subsidy program? Yes No

SITE PREFERENCE

Please rank in order of preferred location (number '1' being the most preferred and '2' being the next). Please select up to **3** preferred sites. **Please indicate which elementary school child will attend:** _____

_____ Central Davie Developmental Preschool
220 Martin Luther King Jr. Rd., Mocksville, NC 27028

_____ DCS Cooleemee Preschool
136 Marginal St, Cooleemee, NC 27014

_____ DCS Cornatzer Preschool
552 Cornatzer Rd, Mocksville, NC 27028

_____ DCS Mocksville Preschool
295 Cemetery St, Mocksville, NC 27028

_____ DCS Pinebrook Preschool
477 Pinebrook School Rd, Mocksville, NC 27028

_____ DCS Shady Grove Preschool
3179 Cornatzer Rd, Advance, NC 27006

_____ DCS William R. Davie Preschool
3437 US Hwy 601 N, Mocksville, NC 27028

_____ Almost Home Child Care
571 S Main St, Mocksville, NC 27028

_____ Kountry Kids Learning Center
373 Cherry Hill Rd, Mocksville, NC 27028

_____ Mocksville Head Start
819 Dulin Rd, Mocksville, NC 27028

_____ Mudpies Child Development Center
622 N Main St, Mocksville, NC 27028

_____ Young Children's Learning Center
184 Council St, Mocksville, NC 27028

While we will strive to place your child in your 'number 1' desired site, placement is not guaranteed. If no site preference has been selected, your child will be placed in the closest NC Pre-K site based on the address provided. Please understand that your child may be placed on a wait list.

PARENTAL RESPONSIBILITY AND PARTICIPATION

This application is being conducted to determine the eligibility of your child for the NC Pre-K program being implemented in Davie County. Five categories of information are reviewed to determine your child's eligibility. Inaccurate information may jeopardize your child's scoring and his/her priority to participate in the program at this time. The information gathered will become a part of the NC Pre-K database and will be used to select participants, place them in the appropriate classrooms, and monitor their progress throughout the program. **Please read the following statements carefully and initial by each.**

_____ I certify that all of the given information is true and correct and that all income is reported. I understand this information is being given for the receipt of state funds. North Carolina Pre-Kindergarten officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

_____ The information on this form will be used in the determination of North Carolina Pre-Kindergarten programs. I understand that I am releasing information so that my child may be considered for the North Carolina Pre-Kindergarten program.

_____ I understand there may be a waiting list for North Carolina Pre-Kindergarten services.

_____ I understand that if my child is selected to participate in the North Carolina Pre-Kindergarten program, parent involvement will be critical to the success of my child. I/We commit to participate as requested by North Carolina Pre-Kindergarten sites.

_____ I understand that transportation to and from North Carolina Pre-Kindergarten sites is the responsibility of the family.

_____ I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screening while attending the North Carolina Pre-Kindergarten program.

_____ I understand that if there is any change in my child's status (address, attendance in any type of licensed care, phone numbers, guardianship, etc.) I will contact Davie County Schools (DCS) Preschool immediately and inform them of changes.

_____ I understand that if my child participates in North Carolina Pre-Kindergarten they may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, North Carolina Pre-Kindergarten related publications, etc.

PARENT/LEGAL CAREGIVER SIGNATURE

I certify that I am the parent/legal caregiver of the child for whose name appears on this application. I certify that all the information contained in this application is accurate and complete to the best of my knowledge, including income information. I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.

Parent/Legal Caregiver Signature (required):

Print Name

Signature

Today's Date

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___; diabetes No ___ Yes ___; convulsions No ___ Yes ___; heart trouble No ___ Yes ___; asthma No ___ Yes ___.
If others, what/when? _____

6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____