



School Year: _____
Site: _____
Date Received: _____
Entered into NCPK: _____
Entered into NCWise: _____
<b>FOR OFFICE USE ONLY</b>

**North Carolina Pre-Kindergarten Program Application**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street City Zip*

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Family size: \_\_\_\_\_ Adults living with family: \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Sibling Names/Ages: \_\_\_\_\_

Race: *(check all that apply)*

- American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  Spanish/Hispanic/Latino  White or European American  
 Other: \_\_\_\_\_

Gender:  Male  Female N.C. Resident  Yes  No U.S. Citizen  Yes  No

Which elementary school will your child attend? \_\_\_\_\_

- Tentatively approved preschool sites (check preferred site):  Almost Home  Central Davie Preschool  Cooleemee Preschool  
 Cornatzer Preschool  Kountry Kids Learning Center  Mocksville Preschool  Mudpies (Mocksville Child Dev)  
 Pinebrook Preschool  William R. Davie Preschool  Shady Grove Preschool  Young Children's Learning Centez  
 Mocksville Head Start

Is English spoken in the home? No English Some English We speak fluent English

What language(s) are spoken in the home? \_\_\_\_\_

Total **annual** income prior to taxes is (unless child is in Foster Care where income is \$0): Mother \$ \_\_\_\_\_ Father \$ \_\_\_\_\_

Other income (welfare, child support, social security, retirement)?  Yes (If yes, please provide documentation of the amounts)  No

Are you currently employed? Yes No If no, are you currently looking for employment or going back to school? Yes No

Is your child currently enrolled in a Pre-Kindergarten or childcare program? Yes No

If yes, which one and the dates enrolled? \_\_\_\_\_

If no, has your child ever been enrolled in a childcare program?  Yes  No

If yes, where did your child attend? \_\_\_\_\_

**Mailing Address and Contact Information**

DCS Preschool  
 220 Martin Luther King Jr. Road  
 Mocksville, NC 27028  
 336-751-0016

Are you or your spouse an active member of the military?  Yes  No

Do any of your children receive subsidy from the Department of Social Services?  Yes  No

Does your child have any special developmental needs or disabilities?  Yes  No

If yes: Does your child have an Individualized Education Plan?  Yes  No

Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.?  Yes  No

If yes, please explain (doctor's note must be provided to prove diagnosis): \_\_\_\_\_

Has your child received a developmental screening or evaluation?  Yes  No

If yes, please tell us about any areas of concern. \_\_\_\_\_

Is there any other information you would like to share with us? \_\_\_\_\_

**The following must be turned with this application:**

- \_\_\_birth certificate
- \_\_\_proof of income

The following may be verified by school staff before your application may be accepted:

- \_\_\_residency

The following documentation is required before your child can attend a North Carolina Pre-Kindergarten program:

- \_\_\_immunization records
- \_\_\_kindergarten health assessment

**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 I 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 Central Davie Education Center 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 /Guardian Printed Name** \_\_\_\_\_

**\*Parent/Guardian Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address and Contact Information**

**DCS Preschool  
220 Martin Luther King Jr. Road  
Mocksville, NC 27028  
336-751-0016**

## STUDENT INFORMATION CARD



School Year \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

School: \_\_\_\_\_ Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**Ethnicity (Check one):**  Hispanic/Latino  
 Not Hispanic/Latino

**Race (You Must Check One or More):**  White  Black  Asian  
 American Indian/Alaskan Native  Hawaiian/Pacific Islander

Student Cell Phone Number: \_\_\_\_\_

**Do you have internet access at home?**  Yes  No

**Physical Address:** \_\_\_\_\_  
Number Street Apt # City Zip Code

**Bus Rider?**  Yes  No **Bus #** \_\_\_\_\_  
**Car Rider?**  Yes  No

**Mailing Address:** \_\_\_\_\_  
 (If different) Number Street P.O Box or Apt # City Zip Code

### CONTACT INFORMATION

Call order is the order contacts will be contacted in case of an emergency. Please enter email addresses for parent or guardians only. Please place a check in the boxes that apply for "Living with Student?" and "Can Pick Up Student?" for each contact.

Call Order	Relationship	First Name	Last Name	Home Phone	Cell Phone	Place of Employment	Work Phone	Living With Student?	Can Pick Up Student?	Email Address
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

**SIBLING INFORMATION**

School	First Name	Last Name	Relationship to Student

**OTHER INFORMATION**

Last School Attended: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ City/State: \_\_\_\_\_

In the previous school, did your child receive any of these services?  AIG  EC  Remediation

Does your child have one of these plans?  IEP  504  LEP

If the last school attended was not a Davie County School, has the student previously attended a Davie County School?  Yes  No

If Yes, Davie County School Name: \_\_\_\_\_ Year Withdrawn: \_\_\_\_\_

**CUSTODY INFORMATION**

Student Lives With:  Both Parents  Mother Only  Father Only  Legal Guardian  Other - please specify: \_\_\_\_\_

Parents' Marital Status:  Married to each other  Divorced  Separated  Widow(er)  Never married to each other

*If student does not live full time with both parents, please answer the following questions. Schools need the following information to determine the legal rights of the parents.*

If parents are separated or divorced, who has primary physical custody?  Father  Mother  Joint Custody  Other – please specify: \_\_\_\_\_

Custody Awarded By:  Oral Agreement  Written Agreement  Court Ordered **\*\*Please provide a copy of any court ordered documentation\*\***

If custody is shared between households, please list any address information that is different from the physical address on the front of this card:

Parent Name	Number	Street	P.O Box or Apt #	City	Zip Code

*Students may be immediately withdrawn and referred for enrollment in the appropriate school if parents submit fraudulent information in an effort to enroll a student in a school to which the student is not assigned.*

FOR OFFICE USE ONLY Enrollment Date: _____ Current as of: _____ Updated: _____ Hrm Teacher: _____
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**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**



# PREK REGISTRATION

## Insurance Information

Insurance Carrier

Policy Number

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating, and sleeping habits, special fears, likes or dislikes)

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## Publicity Permission

Parent/Guardian Name

give permission for my child

Child's Name

to be photographed, videotaped, and written about. These items may be used at school events, published in the newspaper, yearbook, website or other publications.

Signature

Date

# Travel and Activity Authorization

You will receive a travel authorization for each field trip we plan during the school year. Once you receive a travel authorization form from a teacher it is important that you return it as soon as possible. If your child does not have a signed travel authorization form **three days before** the scheduled field trip they will not be able to participate. All transportation for the preschool field trips are contracted through Yveddi Transportation.

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## Permission to Play Planned Activities Outside of Fenced Areas of the School Campus

I will allow my child to play outside the fenced area

I will not allow my child to play outside the fenced area

Child's Name:

Parent/Guardian Signature:

Date:

# Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the flowing discipline and behavior management policy.

We:

1. Do praise, reward, and encourage the children.
2. Do reason with and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide alternatives for inappropriate behavior to the children.
7. Do provide the children with natural and logical consequences of their behaviors.
8. Do treat the children as people and respect their needs, desires, and feelings.
9. Do ignore minor misbehaviors.
10. Do explain things to children on their levels.
11. Do use short supervised periods of "time out".
12. Do stay consistent in our behavior management program.

We:

1. Do not spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. Do not make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Do not shame or punish the children when bathroom accidents occur.
4. Do not deny food or rest as punishment.
5. Do not relate discipline to eating, resting, or sleeping.
6. Do not leave the children alone, unattended, or without supervision.
7. Do not place the children in locked rooms, closets, or boxes as punishment.
8. Do not allow discipline of children by children.
9. Do not criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent/guardian of (Child's Name)

Do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment

Signature of Parent/Guardian

Date

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# Childcare Laws and Rules Signature Page

I have received a copy of the summary of the Childcare Laws and Rules for North Carolina

Yes

No

Parent/Guardian Name (Please Print)

Date

Child's Name

Teacher's Name





# EMERGENCY MEDICAL CARE INFORMATION

Hospital Preference \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Date

The following requirements apply to both centers and homes.

### **Transportation**

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

### **Program Records**

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

### **Discipline and Behavior Management**

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### **Parental Rights**

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov)

### **Reviewing Files**

A public file is maintained in the Division's main office in Raleigh for every center or family child care home.

These files can be

- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

### **How to Report a Problem**

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

### **Child Abuse, Neglect, or Maltreatment**

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education** at 919-527-6335 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**



# Summary of the North Carolina Child Care Law and Rules

Division of Child Development and Early Education

North Carolina Department of Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27699

Revised March 2016

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

### **What Is Child Care?**

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

### **Star Rated Licenses**

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

### **Family Child Care Homes**

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid,

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per daily, if weather conditions permit.

### **Child Care Centers**

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

### **Staff**

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

### **Staff/Child Ratios**

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher: Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

*Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

### **Space and Equipment**

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

### **Curriculum**

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### **Health and Safety**

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

# 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 # \_\_\_\_\_