

FOR OFFICE USE ONLY

HS Eligible Y N
 NCPK Eligible Y N
 Further Assessment Y N

**FOR OFFICE USE ONLY**

Site: _____
 Date Received: _____
 Entered into NCPK: _____

All completed applications should be returned to Stokes Partnership for Children,
 151 Jefferson Church Road, Suite 104, PO Box 2319, King, NC 27021. For Questions: 336-985-2676

STOKES COUNTY

NC Pre-Kindergarten Program

SCHOOL YEAR 2015-2016

CHILD INFORMATION			
Child's Full Name: _____			
Contact Information:			
Address: _____ _____			
Mailing Address: (If different from above) _____ _____			
Home Phone _____			
Cell Phone _____			
Alternate Phone _____			
Email Address: _____			
Child's Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Child's Date of Birth:		Month: _____ Day: _____ Year: _____	
Child's Ethnicity:		Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>	
Child's Race: (Check all that apply)		American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>	
Is Child a U.S. Citizen?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
Is Child a N.C. Resident?		<input type="checkbox"/>	<input type="checkbox"/>
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?		<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION

Child Lives With:

Both Parents Mother Father Other _____

Adults living with family: _____ **Siblings under age 18:** _____ **Family size:** _____

List names and ages of all people living in the household (Include parent(s)/guardian(s) & children):

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

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:

*Applications WILL NOT BE PROCESSED without PROOF of income
(1040 or W-2 tax form, last 3 consecutive paystubs, or signed statement if \$0 income;
Proof of Social Security income; proof of child support)*

Please check all Below That Pertain to Your Current Status

Mother \$ _____	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Father \$ _____
	<input type="checkbox"/>	Seeking Employment	<input type="checkbox"/>	
	<input type="checkbox"/>	In Post-Secondary Education	<input type="checkbox"/>	
	<input type="checkbox"/>	In High School or In GED Program	<input type="checkbox"/>	
	<input type="checkbox"/>	In Job Training	<input type="checkbox"/>	
		Hours Worked Per Week		_____
		Hours In School Per Week		_____

EDUCATION INFORMATION

Which elementary school will your child attend?

Which Pre-K site would you prefer?

1st Choice _____ 2nd Choice _____

Is your child currently enrolled in a preschool or childcare program? Yes No

If yes, which one? _____

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

If yes, where did your child attend? _____

Please provide the approximate dates of attendance. _____

PUBLIC ASSISTANCE INFORMATION	
Is your child on the subsidy waiting list at the Department of Social Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently receiving DSS vouchers for child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH INFORMATION	
Does your child have any special developmental needs or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Does your child have an Active IEP <i>Individualized Education Plan?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been referred for evaluation for or identified with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
Has your child had a Health Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child received a developmental screening or evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us about any areas of concern. _____ _____	
OTHER INFORMATION	
Is there any other information you would like to share with us? _____ _____ _____	

• You must provide the following before your application is processed to determine eligibility:

- _____ Verification of Income (Last three consecutive pay stubs or most current W2 or 1040 tax forms, proof of Social Security benefits, proof of child support if receiving, signed statement if \$0 income)
- _____ Verification of Residency (I.e.: Driver's license, utilities bill, etc.)
- _____ Copy of Child's **Certified** Birth Certificate (We do not need an original.)

• The following documentation is required before your child can attend a NCPK program:

- _____ Child's Updated Immunization Records
- _____ Child's 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. NCPK 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 NCPK and Head Start programs. I understand that I am releasing information so that my child may be considered for the NCPK program.
- _____ I understand there may be a waiting list for NCPK or Head Start services.
- _____ I understand that if my child is selected to participate in the NCPK Program, parent involvement will be critical to the success of my child. I/We commit to participate as much as possible at the NCPK Site.
- _____ I understand that transportation to and from NCPK sites may be 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 NCPK and Head Start 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 Shannon Cox
336.985.2676 immediately and inform them of changes.
- _____ I understand that if my child participates in NCPK, he/she may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, School website, NCPK related publications, etc.
- _____ I agree for the email address I provided to be added to the mailing list to receive the Stokes Partnership for Children electronic newsletter, which includes helpful parenting information and resources. We will not sell or give your email address to any third party vendors. (If you wish to opt out, please write "No" in the blank).

How did you hear about us?

*** MY SIGNATURE CONFIRMS THAT I AM LEGALLY RESPONSIBLE FOR THE CHILD APPLICANT ***

Parent/Guardian Signature : _____ Date: _____

For Questions, Call Stokes Partnership for Children at (336) 985-2676.