

PARENTS: Please remove this top sheet and keep for your information!



2015-2016 Iredell County NC Pre-Kindergarten Application

Parents/Families must complete this application to apply for the NC Pre-Kindergarten Program (formerly the More at Four program). Please use your child's legal name that is on his/her birth certificate on this application. If you change your address or your phone number it is **your responsibility** to let us know. Please remember to **sign** this application!

Your application AND all required documentation must be turned in by **July 15, 2015**, to be considered for the first selection process. You can either mail or hand deliver the application to 734 Salisbury Road, Statesville NC 28677, fax to 704-838-1421, or email to kmitcham@icpyc.org or cfoust@icpyc.org

Information about the NC Pre-Kindergarten Program

Age Requirements	Child must turn 4 years old by 8/31/2015.
Eligibility Requirements	Based on family's gross income. <i>(Information on application will be verified as much as possible to ensure accuracy of issues that relate directly to eligibility.)</i>
Transportation Provided	No, transportation is not provided by NC Pre-K. *See below for sites that may transport.
Hours	Generally, 8:00 am – 2:30 pm. Call location for more information.
Calendar	Same as public school year calendar, late August – early June.
Fees	None.
Required Documentation – Include with application	<ol style="list-style-type: none"> 1. Child's birthdate verification (birth certificate) 2. Child's immunization record 3. Child's medical form 4. Parent income verification if employed (ex. pay stubs, tax forms)
Notification of Acceptance into Program	Families will be notified by August 10, 2015 of their acceptance into the program from their child's teacher.
Before and After-School	Provided at some locations. Call location for more information.
Family Engagement Expectations	Families are encouraged to attend all Family Engagement activities provided by their child's classroom.

2015-2016 Classroom Locations (subject to change)

Statesville, NC

Buffalo Shoals Head Start (apply at Head Start)
 Celeste Henkel Elementary School
 Faith Child Enrichment Center
 Future Generation Child Development*
 Harmony Elementary School
 Kiddie Kollege Early Education Preschool
 LifeSpan Circle School
 NB Mills Elementary School
 Scotts Elementary School
 Small Beginnings Child Development Center*

Mooresville, NC

Cline Learning Center*
 J-Bear Child Development Center*
 Parkview Elementary School
 Rocky River Elementary School
 South Elementary School

*transportation may be available for a small fee



Iredell County Partnership for Young Children
 734 Salisbury Road, Statesville, NC 28677
 704-878-9980 · www.iredellsmartstart.org
cfoust@icpyc.org or kmitcham@icpyc.org



2015-2016 Iredell County NC Pre-Kindergarten Application

First Classroom Preference: _____ Second Classroom Preference: _____

*classroom locations listed on cover page *classroom preference not guaranteed

CHILD INFORMATION

Child's Full Name: _____
First Middle Last

Child's Birth Date: _____ Male Female
Month - Day - Year

Child's Ethnicity Hispanic Non-Hispanic

Child's Race White/European American Black or African-American Asian
 Native Hawaiian or other Pacific Islander Native American Indian or Alaska Native

Is child a U.S. Citizen? Yes No

Is child a North Carolina resident? Yes No

Address: _____
Street Apt. # City State Zip Code

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Is English spoken in the home? Fluent English Some English No English

What other language(s) does your child speak at home? _____

FAMILY INFORMATION

Child lives with: Both Parents Mother Father Other: _____

Does the child have a parent in current active military duty, active duty within the last 18 month, scheduled active duty in the next 18 months, or who was injured or killed while serving on active duty? Yes No

Mother or Guardian:

Mother/Guardian's Name: _____ Date of Birth: _____

Mother's Address: _____
Street Apt. # City State Zip Code

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Email Address: _____

Please choose all that apply: Unemployed Employed Attending Secondary Education

Attending High School / GED Attending job training Other _____

Mother's Education Level: Mother has not completed high school Mother has high school diploma

Mother has GED Mother has attended some college Mother has graduated from college



2015-2016 Iredell County NC Pre-Kindergarten Application

Father or Guardian:

Father/Guardian's Name: _____ Date of Birth: _____

Father's Address: _____
Street Apt. # City State Zip Code

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Email Address: _____

Please choose all that apply: Unemployed Employed Attending Secondary Education
 Attending High School / GED Attending job training Other _____

Father's Education Level: Father has not completed high school Father has high school diploma
 Father has GED Father has attended some college Father has graduated from college

Emergency Contact Person: _____
(someone other than parent or guardian)

Relationship to Child: _____ Phone: _____

Emergency Contact Person: _____
(someone other than parent or guardian)

Relationship to Child: _____ Phone: _____

Tell us something special about your child to be shared with their teacher. Tell us about your hopes and dreams for your child. _____

Consent:

I give my permission for photos and/or video of my child to be used for the exclusive use of the NC Pre-K program and Iredell County Partnership for Young Children for publicity and teacher professional development purposes. I understand that the photos may appear in printed materials and/or multi-media presentations at no fee to me or my child. I understand that I will not receive compensation for the use of my child's image.

Yes, I consent No, I do not consent



2015-2016 Iredell County NC Pre-Kindergarten Application

Special Needs:

Does your child have any special developmental needs or disabilities? Yes No *(If no, skip to medical section)*

If yes, has your child been referred for testing and been diagnosed with a delay? Yes No

Who (agency or private provider) evaluated your child? _____

Date the disability was identified? _____

Does your child have an IEP or an IFSP? Yes No

Does your child receive any kind of specialized services? (Please check all that apply.)

- Speech Therapy Physical Therapy Occupational Therapy
- Home Visits from Early Interventionist Other (please describe): _____

Medical:

Does your child have any chronic health problems? Yes No

If yes, please explain: _____

- Does your child have medical insurance? Yes No
- Does your child have a primary doctor? Yes No
- Does your child have a dentist? Yes No

Child Care:

Please check only one:

- Child has **NEVER** attended child care
- Child attended child care previously, currently **NOT** attending
Name of child care _____
- Child is receiving DSS subsidy and currently attending child care
Name of child care _____
- Child is **NOT** receiving DSS subsidy and currently attending child care
Name of child care _____



2015-2016 Iredell County NC Pre-Kindergarten Application

Documentation must include a copy of your most recent paycheck stubs (1 recent month), front page of 1040 tax form, W-2 form or signed statement from each parent's

FINANCIAL INFORMATION

Mother's Income:

Mother's place of employment (if applicable): _____

Number of hours worked per week: _____

Monthly wages BEFORE Taxes	\$ _____
Monthly alimony	\$ _____
Monthly child support	\$ _____
Monthly workers compensation	\$ _____

If unemployed please sign _____

Father's Income:

Father's place of employment (if applicable): _____

Number of hours worked per week: _____

Monthly wages BEFORE Taxes	\$ _____
Monthly alimony	\$ _____
Monthly child support	\$ _____
Monthly workers compensation	\$ _____

If unemployed please sign _____

PARENT/GUARDIAN SIGNATURE IS REQUIRED

I certify that all the information on this entire application is true to the best of my knowledge. I understand I am responsible for calling the NC Pre-K office, 704-878-9980, with any changes to information on this application. I understand that children are assigned based primarily on need. Availability of this program is dependent on available funding. I give my permission for the information on this application and any other documentation that I submit with this application to be viewed by the ICPYC staff, NC Pre-K classroom teachers, Division of Child Development and Early Education, Department of Social Services, Iredell Statesville Schools, Mooresville Graded School District, and others as necessary to verify accuracy. I understand that knowingly providing inaccurate information will result in this application being rejected.

Parent/Guardian Signature

Date



2015-2016 Iredell County NC Pre-Kindergarten Application

Application Date: _____

Child's Name: _____ **Gender:** _____

Language Preference: (circle one)

- | | | | | | |
|-----------|---------------|-----------|-----------|-------------------|------------|
| English | French | Hindi | Korean | Polish | Tagalog |
| Spanish | French Creole | Hmong | Laotian | Portuguese | Thai |
| Arabic | German | Hungarian | Miao | Portuguese Creole | Urdu |
| Cambodian | Greek | Italian | Mon-Khmer | Russian | Vietnamese |
| Chinese | Gujarati | Japanese | Persian | Serbo-Croatian | Other |

Race: (circle one)

- American Indian or Alaska Native Asian Black Native Hawaiian or Pacific Islander White

Ethnicity: (circle one)

- Not Hispanic or Latina Hispanic Cuban Hispanic Other Hispanic Mexican American Hispanic Puerto Rican

Parents/Guardians Name: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **Zip:** _____

Please list all **adults and children** living in the household, **including the NC Pre-K child applicant:**

First Name, Middle Initial, Last Name (print legal name)	Relationship to the NC Pre-K child applicant (please put an X beside the child applying)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

OFFICE USE ONLY

Site: _____

Yes approved from: _____ to _____

Start Date _____ Stop Date _____ Site Change Date _____

NC Pre-K Representative Signature