

# Partnership for Children & Families NC Pre-K Application 23-24

www.pfcf.org/ncprek  
ncprek@pfcf.org

(919) 774-9496  
507 N Steele Street, Sanford



<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Is this child a twin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race (MUST check at least one and all that apply):</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____		
<b>Is this child a US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this child an NC Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this child of Hispanic origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this child potty trained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Language Spoken at Home</b>	<b>Secondary Language</b>
<b>In what language would you like for your child to be screened, if applicable?</b>		

<b>Address</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>
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**Please indicate the family address situation (check all that apply):**  
 Permanent  With Family/Friends  Battered Women and Children Shelter  Homeless  Homeless Shelter  
 Living in Car  Hotel/Motel  Lack Permanent Nighttime Address  Foster Home

**With whom does the child live with:**  
 Father Only  Mother Only  Both Parents  Parent & Step-Parent  Grandparent(s)  Legal Guardian  
 Legal Custodian  Foster Parent(s)  Kinship Provider

**If the child lives with Legal Guardian/Custodian, is the adult:**  Blood Relative  Non-Relative

**ONLY NEED INFORMATION IF THEY LIVE WITH PRE-K CHILD**

First Name	Last Name	Relationship to Pre-K Child	Date of Birth
1.		Pre-K Child	
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Family Size: \_\_\_\_\_

**ONLY NEED INFORMATION IF THEY LIVE WITH PRE-K CHILD**

<b>Primary Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Father / Stepfather / Legal Caregiver's Name:</b>	<b>Mother / Stepmother / Legal Caregiver's Name:</b>
<b>Relationship to Child:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Kinship Provider	<b>Relationship to Child:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Kinship Provider
<b>Primary Phone Number:</b>	<b>Primary Phone Number:</b>
<b>Secondary Phone Number:</b>	<b>Secondary Phone Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
<b>Employment Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Employed at: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Attending High School/GED <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Continuing Education <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Job Training <input type="checkbox"/> Yes <input type="checkbox"/> No Stay at Home Parent/Caregiver	<b>Employment Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Employed at: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Attending High School/GED <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Continuing Education <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Job Training <input type="checkbox"/> Yes <input type="checkbox"/> No Stay at Home Parent/Caregiver
<b>Statement of No Income   Complete if Unemployed</b> I, _____, certify that as the parent/legal caregiver, I have zero income at the time of application. I certify the above information is true and correct and accurately reported.	<b>Statement of No Income   Complete if Unemployed</b> I, _____, certify that as the parent/legal caregiver, I have zero income at the time of application. I certify the above information is true and correct and accurately reported.
_____ Parent/Legal Caregiver Signature	_____ Parent/Legal Caregiver Signature
_____ Today's Date	_____ Today's Date
<b>Does the child have a chronic health condition or significant health concern?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (must provide documents from a health provider):	<b>Does the child have a developmental or educational need?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (must provide documents from a health provider):
<b>Is the child a military dependent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select one: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard	<b>Has a parent/legal guardian been seriously injured OR killed while on active duty military status?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child's prior placement at the time of enrollment:</b> <input type="checkbox"/> Child has never been served in any preschool or childcare setting <input type="checkbox"/> Child is currently unserved (ie: at home now, but have previously been in childcare or other preschool program) <input type="checkbox"/> Child is in unregulated childcare <input type="checkbox"/> Child is in a one or two star facility <input type="checkbox"/> Child is not receiving Subsidy but is in some kind of regulated child care or preschool program <input type="checkbox"/> Child is receiving Subsidy and is in some kind of regulated child care or preschool program	
Is the family currently enrolled in the DSS Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the family currently enrolled in Child Care Subsidy with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Is the child currently attending a childcare, preschool, or part-day program?**  Yes  No  
 If yes, name of program: \_\_\_\_\_  
 If yes, was the child served as a three-year old?  Yes  No

**Does your child have an active Individual Education Plan (IEP)?**  Yes  No  In Process

<b>Has child had a physical in the past year?</b> <input type="checkbox"/> Yes   Date of physical: _____ <input type="checkbox"/> No	<b>Has child had a developmental screening?</b> <input type="checkbox"/> Yes   Date of screening: _____ <input type="checkbox"/> No
<b>Has child been referred for evaluation for a disability or been identified with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Is the date of referral known? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Referral: _____	<b>What was the decision from the disability evaluation for this child?</b> <input type="checkbox"/> N/A <input type="checkbox"/> No disability identified <input type="checkbox"/> Do not know <input type="checkbox"/> Evaluation decision in process <input type="checkbox"/> One or more disabilities identified
<b>Disability identified:</b> _____ <b>Has child been referred for services related to disability?</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<b>Is this child receiving services related to disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Services: _____

**If any of the following apply for the child, please select all that apply:**  
 Experiencing Homelessness  In Foster Care  Receiving Refugee Services  Receiving Public Assistance  
 (any of the following: WIC, Public Housing, TANF/Work First, Medicaid, SSI, Food and Nutrition Services (Food Stamps), SNAP)  
 Comments: \_\_\_\_\_

**If there are any compounding factors in the child's home or near the child, please select all that apply:**  
 Substance Abuse  Mental Health Concern  Physical Health Concern  
 Comments: \_\_\_\_\_

**Has someone close to the child passed away recently?**  Yes | Relationship to child: \_\_\_\_\_   
 No

**Is someone close to the child incarcerated?**  Yes | Relationship to child: \_\_\_\_\_   
 No

<b>NC Pre-K Site Preference</b>					
<ul style="list-style-type: none"> <li>● What is your site preference? Please rank in order of preferred location. Number 1 being the most preferred...</li> <li>● Every site MUST have a DIFFERENT number from 1 to 8. If no site preference has been selected, your child will be placed in the closest NC Pre-K site based on the address provided and availability.</li> <li>● While we will strive to place your child in your "Number 1" desired site, placement preference is not guaranteed.</li> <li>● Please understand that your child may be placed on a waiting list and sites subject to change.</li> </ul>					
Choice	Site	Address	Phone Number	Possible Transportation	Wrap-Around Care Offered
	Broadway Elementary School	307 S Main Street	(919) 258-3828	Yes	No
	Childcare Network	1309 Washington Ave	(919) 775-3885	No	Yes
	Education Station	1618 Deep River Road	(919) 292-6404	No	Afterschool
	Estelle's Day Care II	3009 Cameron Drive	(919) 718-6705	No	Yes
	Kiddie Land Day Care	912 Broadway Road	(919) 774-1184	No	Yes
	Shooting Stars Learning Center	152 Charlotte Ave	(919) 776-0190	No	Yes
	Warren Williams CDC	901 Lawrence Street	(919) 774-3458	Yes	No
	Alexandria's Angels Daycare	531 Cox Maddox Road	(919) 842-9109	Yes	Yes

**Reason(s) for your first (1) preference:** Please check all that apply, this will help us better accommodate your family's needs (feel free to add any comments or additional information you would like us to consider)

<input type="checkbox"/> Near my job or relative's job	<input type="checkbox"/> I can arrange transportation	<input type="checkbox"/> Sibling(s) attend(s) this site
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<input type="checkbox"/> Walking distance	<input type="checkbox"/> Before/after school care is offered	Other:
Comments:		

<b>PARENTAL RESPONSIBILITY &amp; PARTICIPATION</b>		
This application is being conducted to determine the eligibility of your child for the NC Pre-K Program being implemented in Lee County. Please initial under "Agree" or "Disagree"		
Agree	Disagree	The information gathered today will become a part of the NC Pre-K database and be used to confirm eligibility, select participants, place them in the appropriate classrooms, and monitor their progress throughout the program.
		Consent for the Release and Exchange of Information   The information on this form may be used in the determination of eligibility for the NC Pre-K Program administered by the Harnett County Partnership for Children. Upon acceptance into the program, I agree that all information provided herein may be used for research purposes and be shared with other agencies collaborating with the NC Pre-K Program, such as: Lee County Schools, Department of Social Services, etc. I understand that information will not be shared for any reason other than to support my child's participation in the NC Pre-K Program.
		Media Consent Waiver and Release   I hereby give permission to the Partnership for Children & Families and other news media entities to prepare, reproduce, publish, or exhibit my or my child's picture, portrait, or likeness for use by the news media or the Partnership in their news and public awareness programs. Any photograph, photo transparency, drawing, or other illustrative graphic material, audio-visual tape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.
		Permission to Administer Screenings   I understand that if my child is enrolled, he/she may also be screened to determine eligibility for other services that will help prepare him/her for kindergarten. As a participant in the NC Pre-K program in Lee County, my child may receive a vision screening, a speech/language screening, a hearing screening and a developmental screening to determine if he/she needs any assistance in these developmental areas before entering kindergarten. These screenings will be conducted by various clinicians approved and authorized by Partnership for Children & Families at no charge to me. If it is determined that my child needs further evaluation as a result of a screening, I will be contacted to schedule an appointment for further consultation.
		Health Assessment   A health assessment is required to be on file at the NC Pre-K site within 30 days after a child enters the NC Pre- K program and must have been conducted within 12 months of program entry. If the health assessment is not completed within 30 calendar days, my child may lose their NC Pre-K placement.
		Hours of Operation and Attendance   I understand NC Pre-K is a 6-1/2 hour day program 5 days a week and children should be in attendance regularly for the full day. I understand my child must attend at least 50% of operational days each month or my child may be dismissed from the program.
		Transportation   I understand I am responsible for providing transportation.
		Wrap-Around   Families will be charged for the cost of wrap-around services for any requested care before or after the regular school day, during holidays or during summer months. I understand I am responsible for any fees charged for this service by the NC Pre- K site of my placement.
		Parent Involvement Agreement   I understand that if my child is selected to participate in the NC Pre-K Program, parent involvement will be critical to the success of my child. I/we will commit to participating as required by the NC Pre-K criteria. As a parent participant in the NC Pre-K Program, I understand and agree to the following: <ul style="list-style-type: none"> <li>• Keep the staff at my child's NC Pre-K site informed about all information necessary to keep my child's record up to date.</li> <li>• Participate in home visits in which my child's NC Pre-K classroom teacher may come to my home to discuss my child and family needs/discuss my child's goals and preparation for kindergarten (participating sites only).</li> <li>• Participate in classroom activities, parent/teacher conferences, and communicate with my child's teacher on a regular basis about his/her progress.</li> <li>• Communicate with all NC Pre-K teachers, other staff members, and other parents in a respectful manner.</li> <li>• Abide by all center or school policies regarding my child's enrollment at a NC Pre-K site.</li> <li>• Inform my child's teacher or center director if and when I expect to withdraw my child from the NC Pre-K classroom.</li> </ul>

		• Participate in Kindergarten transition activities and parent workshops (e.g., kindergarten screening, registration, open house, etc.)
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<p><b>How did you hear about this program?</b></p> <p> <input type="checkbox"/> Google Search   <input type="checkbox"/> Newspaper   <input type="checkbox"/> Facebook   <input type="checkbox"/> Instagram   <input type="checkbox"/> Website   <input type="checkbox"/> Family   <input type="checkbox"/> Friend   <input type="checkbox"/> Church  <input type="checkbox"/> Email   <input type="checkbox"/> Community Event   <input type="checkbox"/> Current Childcare   <input type="checkbox"/> DSS   <input type="checkbox"/> School System  <input type="checkbox"/> Other: </p>
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- You will be notified of the status of your child's application within a month of completion.
- Completed applications between the dates of **February 20 and May 1** will be considered in the first round of placements on **June 9**.
- Letters with placement information will be mailed to families on **June 9**.
- Completed applications between the dates of **May 2 to July 14** will be considered in the second round of placements on **July 21**.
- Letters with placement information will be mailed to families on **July 21**.
- School will start on **August 14** of this year, so after that second round we will only be placing weekly as the applications come in.

<b>PARENT / LEGAL GUARDIAN SIGNATURE</b>		
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.		
Print Name:	Signature:	Date:

**FOR OFFICE USE ONLY**

**REQUIRED DOCUMENTATION**

- \_\_\_ Completed Application (signed & dated)
- \_\_\_ Child's Birth Certificate
- \_\_\_ Proof of Income
- \_\_\_ Additional Income
- \_\_\_ Residence Verification

**IF APPLICABLE, TO DETERMINE ELIGIBILITY**

- \_\_\_ Legal Documentation for Guardianship or Custody
- \_\_\_ Disability Documentation
- \_\_\_ Chronic Health Condition Documentation
- \_\_\_ Documentation for Developmental Need
- \_\_\_ Documentation for Educational Need
- \_\_\_ IEP Documentation
- \_\_\_ Military Documentation (LES)
- \_\_\_ VA Disability Award Letter
- \_\_\_ Proof of Receiving (WIC, Public Housing, TANF/Work First, Medicaid, SSI, Food and Nutrition (Food Stamps), SNAP
- \_\_\_ Documentation of Homelessness and/or Refugee Services (ex. letter from shelter, eviction, Salvation Army, Navigation Center, Family Promise, Social Services, Haven, Mission Outreach, Hispanic Liaison/ El Vinculo Hispano, or Consulate of Country of Origin)

Application Received By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Reviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_