

**FOR OFFICE USE ONLY**

HS Eligible Y  N   
MAF Eligible Y  N   
Further Assessment Y  N



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Site: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Entered into MAF Kids: \_\_\_\_\_



**COUNTY NAME:** \_\_\_\_\_  
**MORE AT FOUR** pre-kindergarten program

CHILD INFORMATION		
<b>Child's Full Name:</b>		
<b>Address:</b>		
<b>Mailing Address: (If different from above)</b>		
<b>Phone Numbers:</b>	Home Phone _____	
	Cell Phone _____	
	Alternate Phone _____	
<b>Child's Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Child's Date of Birth:</b>	Month: _____ Day: _____ Year: _____	
<b>Child's Ethnicity:</b>	Hispanic or Latino	<input type="checkbox"/>
	Not Hispanic or Latino	<input type="checkbox"/>
<b>Child's Race: (Check all that apply)</b>	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"/>
<b>Is Child a U.S. Citizen?</b>	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is Child a N.C. Resident?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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

**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:**

Mother \$ \_\_\_\_\_

Father \$ \_\_\_\_\_

**EDUCATION INFORMATION**

**Which elementary school will your child attend?**

**Which MAF site would you prefer?**

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> 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?**

Yes    No

**Is your child currently receiving DSS vouchers for child care?**

Yes    No

<b>HEALTH INFORMATION</b>	
<b>Does your child have any special developmental needs or disabilities?</b>	<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
<b>Has your child been referred for evaluation for or identified with a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
<b>Has your child had a Health Assessment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has your child received a developmental screening or evaluation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us about any areas of concern. _____ _____	
<b>OTHER INFORMATION</b>	
<b>Is there any other information you would like to share with us?</b>	
_____	
_____	
_____	

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

    \_\_\_ Birth Certificate

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

    \_\_\_ Income

    \_\_\_ Residency

- The following documentation is **required** before your child can attend a More at Four 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. More at Four 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 More at Four and Head Start programs. I understand that I am releasing information so that my child may be considered for the More at Four program.
- \_\_\_\_\_ I understand there may be a waiting list for More at Four or Head Start services.
- \_\_\_\_\_ I understand that if my child is selected to participate in the More at Four Program, parent involvement will be critical to the success of my child. I/We commit to participate as much as possible at the More at Four Site.
- \_\_\_\_\_ I understand that transportation to and from More at Four 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 More at Four 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 \_\_\_\_\_ immediately and inform them of changes.
- \_\_\_\_\_ I understand that if my child participates in More at Four, he/she may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, School website, More at Four related publications, etc.

**How did you hear about us?**

\_\_\_\_\_

**\* PARENT/GUARDIAN SIGNATURE IS REQUIRED \***

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**For Questions, Call (336) 985 - 2676**

Mail Completed Applications to:  
**Stokes Partnership for Children  
PO Box 2319  
King, NC 27021**