

**FOR OFFICE USE ONLY**

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

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Site: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Entered into NCPK: \_\_\_\_\_

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

**COUNTY NAME:** Stokes

## NC Pre-Kindergarten Program SCHOOL YEAR 2012-2013

CHILD INFORMATION			
<b>Child's Full Name:</b> _____			
<b>Contact Information:</b>			
Address: _____ _____			
Mailing Address: (If different from above) _____ _____			
Home Phone        _____			
Cell Phone         _____			
Alternate Phone    _____			
Email Address:     _____			
<b>Child's Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>		
<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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is Child a N.C. Resident?</b>	<input type="checkbox"/>	<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"/>	<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 tax form, last 3 consecutive paystubs, or signed statement if \$0 income)**

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

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

**EDUCATION INFORMATION**

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

**Which Pre-K 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>	
_____	
_____	
_____	

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- **The following must be provided before your application is processed:**

- \_\_\_\_\_ Income (Last three consecutive pay stubs or 1040 tax forms, copy of public assistance, child support if receiving, signed statement if \$0 income)
- \_\_\_\_\_ Residency (Two proofs of residency showing same address)
- \_\_\_\_\_ Child's Certified Birth Certificate

- **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 \_\_\_\_\_ 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.

**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.**