



2025-2026 NC Pre-K Application for Stokes County

- NC Pre-K classrooms operate at least six and a half hours a day, Monday through Friday, from early August - late May.
- NC Pre-K classes are located in the Stokes County School System, Head Start, and private child care centers.
- Different sites may have different eligibility requirements.
- By submitting an application, you will be considered for all possible placements.
- The program is free to qualifying families.
- Space is limited and some children may be placed on a wait list.

Should I Apply?

If one or more of the following guidelines is true for you or your child, you may qualify for NC Pre-K services:

- Child must turn four years of age on or before August 31, 2025 to be considered for the upcoming 2025-2026 school year;
- Household income meets limit of 75% State Median Income or less (receives priority);
- Family (of 8 or less) receiving Public Assistance (WIC, Medicaid, Food Stamps, Public Housing, TANF/Work First, SSI, SNAP);
- Eligible military family;
- Identified disability;
- Developmental/educational need based on developmental screening tool;
- Diagnosed chronic health condition having potential to interfere with development/learning as determined by medical professional;
- Limited English-speaking skills;
- Living in foster care or kinship care;
- Experiencing homelessness;
- Receiving refugee services.

Completing this application does not guarantee participation in the NC Pre-K program.

Parent/Guardian will be notified in writing of their child's eligibility/enrollment status in July 2025.

Required Documents

| | |
|--------------------------|------------------|
| Children's Health Report | Dental Screening |
|--------------------------|------------------|

Applications are incomplete without the following documentation:

1. Verification of birth (Birth Certificate, Medical Records, Immunization Record)
2. Verification of gross, annual household income (tax form 1040 or W-2 or 4 consecutive paystubs, Social Security benefits, Child Support, etc.)
OR
Verification of Public Assistance (WIC, Medicaid, Food Stamps, Public Housing, TANF/Work First, SSI, SNAP)
3. Verification of Residency (copy of utility bill, rental agreement, drivers license, etc.)
4. Documentation of custody/guardianship if child does not live with biological parent
5. Individualized Education Plan (IEP) or Section 504 plan if applicable

*If your child is enrolled you must submit a recent (exam in past 12 months) health assessment including dental, vision and hearing screenings completed and signed by your child's medical provider.

Submit Required Documents

- **Upload Files Now:** If you are completing the online application, you may upload the required documents at the end of this application.
- **Upload Files Later:** If you have submitted the online application form, you will receive an email with your application responses and a link to return to the application to make edits. When you visit this link, you will be able to return to your child's application to upload the documents at the end of the form.
- **Email Files:** Required documents may be emailed to: scox@stokespfc.com
- **Mail/Drop Off Files:** You may also deliver the required documents to:
Stokes Partnership for Children
PO Box 2319
151 Jefferson Church Rd, Suite 104
King, NC 27021

Applications will not be processed until all required documents have been submitted.

Information About Locations for Pre-K Sites

Children are assigned to sites by the Pre-K staff; however, it would be helpful for us to know which sites would be convenient for you. Some sites are open to all applicants and some sites are limited to children who meet certain criteria. Children will be assigned to a site based on eligibility, residency, needs of the family, and requirements of the program.

| Site | Address | Phone | Director/Principal |
|---------------------------|---|--------------|--------------------|
| Danbury Head Start | 1070 Hospice Dr, Danbury, 27016 | 336-593-8113 | Rhonda Wrenn |
| King Elementary | 152 East School St, King, 27021 | 336-983-5824 | Daniel Bryant |
| London Head Start | 609 School St, Walnut Cove, 27052 | 336-591-7340 | Rhonda Wrenn |
| Mt. Olive Head Start | 2145 Chestnut Grove Rd, King, 27021 | 336-367-4993 | Rhonda Wrenn |
| New Life Center* | 415 Summit St, Walnut Cove, 27052 | 336-591-3109 | Nann Phillips |
| Pinnacle Elementary | 1095 Surry Line Rd, Pinnacle, 27043 | 336-368-2990 | Susan Sprinkle |
| Poplar Springs Elementary | 223 Hobe Kiser Rd, King, 27021 | 336-983-3882 | Jeff Boyles |
| Sandy Ridge Head Start | 1308 Amostown Rd, Sandy Ridge, 27046 | 336-871-2551 | Rhonda Wrenn |
| Walnut Cove Elementary | 1211 Walnut Cove Rd, Walnut Cove 27046 | 336-591-4408 | Katherine Thrower |

Transportation is not offered at any Pre-K location.

*Extended Care Offered at New Life Center only (Limited Availability)

Child's Name *

First Name Middle Name Last Name

In order to help us with placement decisions, please let us know which site(s) might best meet your needs. Please indicate your 1st, 2nd, and 3rd choices below.

Do you have another child enrolled at any of the sites that have a NC Pre-K classroom? *

Yes No

Site Name

If so, which one?

1st Choice

2nd Choice

3rd Choice

Child's Name *

Date of Birth *

Child's Age *

First Name Middle Name Last Name

Month Day Year

If child is not 4, will your child be 4 on or before August 31st? *

Stop here if No. Child is not age-eligible.

Gender *

Yes No

Male Female

Home Address *

Mailing Address (if different than home address)

Street Address

Street Address

City State

City State

Zip Code

Zip Code

Race (Check All That Apply) *

Hispanic or Latino? *

Is Child a US Citizen? *

- American Indian or Alaskan Native
- Asian
- White or European American
- Black or African American
- Native Hawaiian or Other Pacific Islander

Yes No

Yes No
I Don't Know

Child's Primary Language *

In what language would you like for child to be screened? *

Who does the child live with? *

Mother and Father

Single Mother

Single Father

Parent and Step Parent
(Legally Married)

50/50 Joint Custody

Grandparent(s)

Foster Parent(s)

Legal Guardian

Other

Does your family have a stable living arrangement? *

Yes

No

Other

Mother/Stepmother/Guardian Name *

Contact Information

Phone Number

First Name

Last Name

Cell Phone #

Home Phone #

Resides with child? *

Yes

No

Work Phone #

Father/Stepfather/Guardian Name *

Contact Information

Phone Number

First Name

Last Name

Cell Phone #

Home Phone #

Resides with child? *

Yes

No

Work Phone #

Email Address *

The best email address to reach you at

What is the child's family size? (Total number including the Pre-K child) *

Please list the names of ALL family members that live in the household

| | Full Name | Relationship to NC Pre-K Child | Date of Birth |
|---|-----------|--------------------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Are the parents in this household employed or enrolled in school? Check all that apply.

| Mother/Guardian | Employer name | School Name |
|--|---------------|-------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | |
| Working | | |
| Seeking Employment | | |
| In School | | |

| Father/Guardian | Employer name | School Name |
|--|---------------|-------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | |
| Working | | |
| Seeking Employment | | |
| In School | | |

Please select the highest level of education completed

| | |
|-------------------|-----------------|
| Mother/Guardian * | Father/Guardian |
|-------------------|-----------------|

LIST ALL SOURCES OF INCOME IN THE CHILD'S HOUSEHOLD

Mother/Stepmother/Guardian's Income

Amount Frequency

Earned Income/OT

Social Security

SSA

SSI

Unemployment Benefits/Worker's

Comp

Child Support/Alimony

Other Support

Select any that apply

Public Housing

TANF/Work First

WIC

Food Stamps/SNAP

Medicaid for Child

Father/Stepfather/Guardian's Income

Amount Frequency

Earned Income/OT

Social Security

SSA

SSI

Unemployment Benefits/Worker's

Comp

Child Support/Alimony

Other Support

Select any that apply

Public Housing

TANF/Work First

WIC

Food Stamps/SNAP

Medicaid for Child

If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income, please list the person or source that provides support for this family

I certify this information is true. If any part is false, I understand my child's participation in the program may be terminated.

Parent/Guardian Signature (Type First and Last Name) *

Date *

Month Day Year

Other Information

Is parent/legal guardian of this child an active member of the military, or was a parent or legal guardian of this child injured or killed while on active duty? (Verification of military documentation required) *

Yes

No

Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? *

Yes

No

Is child currently enrolled in a preschool, child care center, or home day care? *

Yes

No

If currently enrolled, what is the name of the program?

Is your child receiving subsidy for child care? *

Yes

No

On
subsidy
waiting
list

Does your child have a chronic health condition? (Documentation from physician required) *

Yes

No

If yes, what is the health condition?

Does your child need assistance with potty training? *

Yes

No

Has your child been diagnosed with a Special Need? *

Yes

No

If yes, does your child have Individualized Education Plan (IEP) or a Section 504 plan?

Yes

No

Is your child currently receiving services for a special need or disability? *

Yes

No

If yes, please specify (check all that apply and list the service provider)

Check All That Apply

Service Provider

Speech

Physical Therapy

Educational Services

Mental Health

Occupational Therapy

Identified Disability

If Identified Disability, please specify

How did you hear about us? *

Parent Responsibility and Participation

- I understand this is an application for services offered and does not constitute enrollment into any program.
- I certify that the information given on this application is true and accurate and all income has been reported.
- I understand this information is being given for receipt of federal and/or state funds. Officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.
- The information on this form may be used only in the determination of eligibility for the Head Start, Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for either program. The designated agencies may share and/or verify any and all information regarding my child.
- I understand that if my child is selected in the NCPK program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.
- I understand that regular, on time attendance is expected to allow teachers to support my child's learning and readiness for kindergarten.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's school.
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results to be shared with partnering Pre-K programs (Head Start, Title I, and NC Pre-K).
- I understand I am required to provide my child's up to date immunization records and physical/dental exam form completed by a medical provider on the first day of school.

Parent/Guardian Signature (Type First and Last Name) *

Date *

Month Day Year

Submit Required Documents

See list of required documents under the "Required Documents" section that is located at the top of this application.