



NC PRE-KINDERGARTEN SERVICES INFORMATION 2022-2023

Please keep this page for your information

What is NC Pre-K?

NC Pre-K is a fun and exciting learning opportunity for children. They develop many skills which make the transition to kindergarten easier. NC Pre-K classrooms in our community operate at least six hours a day Monday through Friday from late August- early June. 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, 2022** to be considered for the upcoming 2022-2023 school year;
- Child must reside in a household meeting 75% State Median Income or less;
- Child of eligible military family;
- Child with an identified disability or developmental/educational need;
- Child/family with limited English skills;
- Child living with a foster family, legal guardian, or relative;
- Child experiencing homelessness.

If you are interested in applying, please return application and supporting documents to:

Stokes Partnership for Children
 PO Box 2319
 151 Jefferson Church Rd., Suite 104
 King, NC 27021
 Phone: 336-985-2676
 Fax: 336-985-3302

scox@stokespfc.com

**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.**

No application will be considered complete until the following information has been received.

- Completed and Signed Application
 - Proof of Birth (Birth Certificate, Medical Records, or Immunization Records)
 - Proof of income (1040, W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, Military pay or 4 recent consecutive paystubs).
Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family. (See box on second page of application).
 - Proof of Residency (current utility bill or rental agreement)
- Once a child is accepted in the program the following will need to be submitted:**
- Child's Immunization Record
 - Individualized Education Plan (IEP) or Section 504 plan **if applicable**
 - Health Assessment including dental, vision and hearing completed by physician within 30 days of enrollment
 - Documentation of custody/guardianship if child does not live with a biological parent

Please circle the highest level of education completed:

Mother/Guardian: 1 2 3 4 5 6 7 8 9 10 11 12 Some College HS Diploma GED AA BA/BS or higher
 Father/Guardian: 1 2 3 4 5 6 7 8 9 10 11 12 Some College HS Diploma GED AA BA/BS or higher

Mother/Stepmother/Guardian's Income- LIST ALL SOURCES OF INCOME IN THE CHILD'S HOUSEHOLD

Earned Income/OT	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Public Assistance/Work First	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Social Security/SSA/SSI	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Child Support/Alimony	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Other _____	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>

Father/Stepfather/Guardian's Income

Earned Income/OT	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Public Assistance/Work First	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Social Security/SSA/SSI	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Child Support/Alimony	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>
Other _____	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>

***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: _____ Amount provided \$ _____ week/month**

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 _____ Date _____

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 If no, on the subsidy wait list? YES NO
- 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
 o If yes, does 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)

Speech _____ Physical Therapy _____ Educational Services _____
 Mental Health _____ Occupational Therapy _____ 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 to participate 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 NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment and participation.
- 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).

Parent/Guardian Signature _____ Date _____