



NC PRE-KINDERGARTEN SERVICES INFORMATION 2024-2025

NC Pre-K classrooms operate six and a half 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, 2024** to be considered for the upcoming 2024-2025 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 or developmental/educational need;
- 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.

Return signed 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

scsx@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.**

Applications are incomplete without the following documentation:

- 1) Verification of birth (Birth Certificate, Medical Records, Immunization Record)
- 2) Verification of gross household income (tax form 1040 or W-2 or 4 paystubs, Social Security benefits, Public Assistance Benefits, Child Support, etc.)
- 3) Verification of Stokes County Residency (copy of utility bill, rental agreement, 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 a child is enrolled you must submit a recent (exam in past 12 months) health assessment including dental, vision and hearing completed and signed by medical provider

Information About Locations of 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.

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 on page one of the application.**

Site	Address	Phone	Director/Principal	Extended Care Offered?	Transportation Offered?
Danbury Head Start	1070 Hospice Dr. Danbury, NC 27016	336-593-8113	Rhonda Wrenn	No	Yes (limited)
King Elementary	152 East School St. King, NC 27021	336-983-5824	Daniel Bryant	No	Within District (only with older sibling & if space is available)
London Head Start	609 School St. Walnut Cove, NC 27052	336-591-7340	Rhonda Wrenn	No	No
Mt. Olive Head Start	2145 Chestnut Grove Rd. King, NC 27021	336-367-4993	Rhonda Wrenn	No	No
New Life Center	415 Summit Street Walnut Cove, NC 27052	336-591-3109	Nann Phillips	Yes	No
Pinnacle Elementary	1095 Surry Line Road Pinnacle, NC 27043	336-368-2990	Susan Sprinkle	No	Within District (only with older sibling & if space is available)
Poplar Springs Elementary	223 Hobe Kiser Rd. King, NC 27021	336-983-3882	Jeff Boyles	No	Within District (only with older sibling & if space is available)
Sandy Ridge Head Start	1308 Amostown Road Sandy Ridge, NC 27046	336-871-2551	Rhonda Wrenn	No	No
Walnut Cove Elementary	1211 Walnut Cove Rd. Walnut Cove, NC 27052	336-591-4408	Katherine Thrower	No	Within District (only with older sibling & if space is available)



2024-2025 NC Pre-K application for Stokes County

1st Site Choice _____ 2nd Site Choice _____ 3rd Site Choice _____

Do you have another child enrolled at any of the sites that have a NC Pre-K classroom? If so, which site?: _____

CHILD'S INFORMATION

Child's name _____ Date of Birth _____
First Middle Last

Age: _____ If child is not 4, will your child be 4 on or before August 31st? YES NO

Child's Address _____
Street City State Zip County

Mailing Address _____
If different from above Street City State Zip

Race (Check All That Apply):

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

Ethnicity (Please Check One):

- Hispanic or Latino? Yes No

Gender Male Female Child's Primary Language _____ In what language would you like for child to be screened? _____

FAMILY INFORMATION

Who does the child live with?

- Mother and Father
- Grandparent(s)
- Single Mother
- Foster parent(s)
- Single Father
- Legal Guardian
- Parent & Step parent
- Other _____
- 50/50 Joint Custody

Does your family currently have a stable living arrangement?

Yes No Prefer not to answer (please explain) _____

Mother/Stepmother/Guardian Name _____ Resides w/ child YES NO

Home Phone Number _____ Cell Phone _____ Work Phone _____

Father/Stepfather/Guardian Name _____ Resides w/ child YES NO

Home Phone Number _____ Cell Phone _____ Work Phone _____

Email address: _____ If you wish to opt out of receiving SPC's e-newsletter, initial here _____

What is the child's family size? _____ Total Number (including the NC Pre-K Child)

Please list the names of ALL family members that live in the household.	Relationship to the NC Pre-K Child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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

Mother/Guardian: Working YES NO Employer name: _____ F/T P/T
 Seeking Employment YES NO
 In School YES NO School name: _____

Father/Guardian: Working YES NO Employer name: _____ F/T P/T
 Seeking Employment YES NO
 In School YES NO School name: _____

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 _____