

2016-2017 Pre-Kindergarten Application

Child/Applicant's name: First Name MI Last Name Date of Birth: MM DD YY

Gender: Male Female Is child: A North Carolina Resident? Yes No County of residence:

Is child: A U.S. Citizen? Yes No; Legal U.S. Non-Citizen (residing in U.S. legally) Yes No

Is this child Hispanic or Latino? (Mark only one) No Yes: What origin?

What race/ethnicity do you consider this child to be? (Choose one or more. You must select one.) White American Indian or Alaskan Native Asian (specify): Black Native Hawaiian or Other Pacific Islander:

Residential Address: Street Town/City State Zip Code

Mailing Address: (If different from Residential address) Town/City State Zip Code

Phone No. (Primary): (Cellular): (Alternate): (Email address):

Transportation Information: Parent Provided Transportation Needed (Transportation may not be available)

Does this child speak English? Yes Not Well or Not At All; Primary Language Spoken in Home:

Does the child have any chronic health condition(s) requiring a doctor's care: No Yes: Please list

Does this child have a current Individualized Education Plan (IEP)? No: This child does not have an IEP Yes: This child has an IEP (verification/copy required)

Is child/applicant a Military Dependent? No Yes (verification required)

Is this child currently or has this child previously been enrolled in child care, daycare, Head Start, or other child development program? No: This child has never attended any type of child care, daycare, or pre-school program. Yes: Last/current facility attended Dates of service: from to

Does this child receive child care subsidy through DSS? Yes No Currently on Waiting List

Child lives with: Mother only Father only Both Parents Legal Guardian/Custodian (verification required) Other:

Mother/Stepmother/Guardian's Information: Mother Step-parent Legal Guardian, relation to child Name: Marital Status: Single Married Separated Divorced Widowed Employed: Place of Employment: Work Phone: Unemployed, and: Seeking Employment Not Seeking Employment Enrolled in School: Where: Program enrolled in: GED/HS AAS BA/BS MA/MS ESL/ABE Job Training Last Grade Completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Father/Stepfather/Guardian's Information: Father Step-parent Legal Guardian, relation to child Name: Marital Status: Single Married Separated Divorced Widowed Employed: Place of Employment: Work Phone: Unemployed, and: Seeking Employment Not Seeking Employment Enrolled in School: Where: Program enrolled in: GED/HS AAS BA/BS MA/MS ESL/ABE Job Training Last Grade Completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Parent/Guardian Acknowledgement: I understand that by submitting this application form that my child will be assessed for all of the pre-school programs including, Family Literacy, NC Pre-Kindergarten Program, Three-School, Title 1 and/or Head Start. I understand that the information compiled on this application is to assure the most appropriate placement for my child's preschool education. I hereby grant permission and authorize any employer, Department of Social Services, or Child Care Center to disclose needed information to determine eligibility for assistance to any of the above named pre-school programs. This includes all income and enrollment verification from any pre-school/child care. I understand the pre-school programs must verify all information concerning my eligibility and I give my permission for them to contact anyone having such records or information. I hereby authorize the release of any and all information or reports pertaining to my child's history of any physical or mental conditions by any hospitals, agencies, institutions, physicians, psychologist and other knowledgeable persons to the pre-school programs. I CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE CHILD FOR WHOM THIS APPLICATION IS BEING MADE AND THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

Parent/Guardian's Signature: Date Signed:



2016-2017 Income Verification Form

Child/Applicant's Name: _____

Section I. Household Member Information *(List all Family members living in the home):*

First Name	Last Name	Relationship to Child	Date of Birth	Does this person receive any income listed in Section III?	PFC USE Member of Income Unit
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Income Unit/Family Size: _____

Section II. Household Assets

Do you have assets that exceed (1) million dollars? Yes No

Section III. Household Income Received

(Complete the table below for all Family members living in the home. You must provide verification of income received.)

Income		Name of Person Receiving	How Often Received	Gross Amount	Annual Gross Amount
Yes	No	Type (Verification needed)	(Weekly, Biweekly, Monthly, Semi-Monthly)		
<input type="checkbox"/>	<input type="checkbox"/>	Employment (a month's worth of recent paystubs)			
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment (Contact PFC for verification needed)			
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation (printout for last 6 months)			
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits/ Supplemental Security Income (printout)			
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits (printout)			
<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance/Welfare (TANF/WFFA) (printout)			
<input type="checkbox"/>	<input type="checkbox"/>	Child Support/Alimony (printout for the last 12 months) <input type="checkbox"/> currently not receiving			
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Legally obligated child support paid out (printout for the last 12 months)			()
<input type="checkbox"/>	I attest that our family has not received benefits or income during the last 12 months including but not limited to income earned over several months, regular employment through a temporary employment agency, child support, alimony payments, social security income and/or worker's compensation				\$0.00
Total Countable Income:					

Parent/Guardian Acknowledgement: I hereby grant permission and authorize any employer Department of Social Services, or other funding sources to disclose needed information to determine eligibility for assistance. I understand the Partnership for Children of Lenoir and Greene Counties must verify all information concerning my eligibility and I give my permission for them to contact anyone having such records or information. **I CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE CHILD FOR WHOM THIS APPLICATION IS BEING MADE AND THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.**

Parent/Guardian's Signature _____

Date _____



2016-2017 Rights and Responsibilities (Parental Consent)

1. As a participant in the NC Pre-Kindergarten/Three-School Program in Lenoir or Greene County, herein after referred to as the Program, I consent for my child to receive screenings in the following areas: vision, hearing, dental, and/or development. If it is determined that my child needs further evaluation as a result of a screening, I will be contacted so that appropriate referrals for my child can be made.
2. I understand that a health assessment for my child is required to be on file at the Program's classroom site within 30 days after my child enters the Program, must have been conducted within 12 months of Program entry, and include vision, hearing, and dental. I agree to provide the classroom site with the completed Health Assessment form. I understand that if the assessment is not on file at the Program site within 30 calendar days of Program entry that my child will lose their placement in the Program and the slot will be filled by another eligible child unless I have notified and receive approval from the Partnership for Children's Program Director/Coordinator to retain my slot.
3. I understand that parental involvement is critical to the success of my child. While my child is participating in the Program I agree to be involved with my child to the extent possible and this may include but is not limited to: parent/teacher conferences, parent education, classroom visits, involvement in decision making for my child, and/or opportunities outside of the regular school day. Parent involvement may include visits made to my home by my child's teacher before and during the program year to share information with me and my child and to observe my child while in his/her own home. I also understand that I must complete orientation with the classroom site that my child is assigned to attend.
4. I understand that I cannot be charged for any services delivered to my child within the Program's day. This includes but is not limited to snacks, materials, and/or field trips. I understand that I am responsible for any charges associated with any care for my child received before and/or after the Program day or during teacher workdays, holidays, or the summer. I understand that the Program sites must provide breakfast and/or snacks and lunch meeting USDA requirements during the regular Program day. Fees may be charged to cover the full/partial costs of meals when children do not qualify for free/reduced priced lunch or if my child is being transported to/from the Program site.
5. I understand that participation in the Program is voluntary and that I may withdraw my child from the Program at any time during the Program year. I also understand that it is important for my child to attend on a regular basis. I agree that my child will attend at least the majority of the attendance days each month or my child may lose his/her slot in the Program unless I have notified and receive approval from the Partnership for Children's Program Director/Coordinator to retain my slot due to extenuating circumstances. If my child is absent I will contact the Program site to let my child's teacher know when my child will return. I also understand that my child must attend the majority of the Program day to be counted present and I must adhere to attendance/tardy policies that the Program site may impose.
6. I agree that any pictures taken of my child may be used in newspapers, displays, on bulletin boards or web sites, or in other types of educational publications.
7. I understand that if my child's situation changes in any way (including changes of address, telephone number, or employment that I will notify the Program within 5 days of the change).

By signing this form I am certifying that I am the legal parent/guardian of the child listed on this form and that I understand and will abide by the rights and responsibilities listed above or my child may lose his/her slot in the Program.

Signature

Date

What is your site preference?

I would like to be considered for any available site

These are my choices:

1st choice: _____

2nd choice: _____

3rd choice: _____

2016-2017 Current Sites:

NC Pre-K Only:

Banks
Contentnea
La Grange
Northeast
Pink Hill

NC Pre-K & Three-School Sites:

Deep Run Child Care
Greene County Pre-K
Teachers Memorial