THE NORTH CAROLINA PRE-K PROGRAM

PARENTS – READ AND KEEP THIS INFORMATION

The NC Pre-K Program administered by the Region A Partnership for Children provides eligible families with access to full-time, high-quality Pre-K services at many elementary school, Head Start and private childcare sites located in the western seven counties of North Carolina and on the Qualla Boundary. NC Pre-K classrooms operate for at least 6 ½ hours a day for ten months. Qualifying sites must be approved, must hold an NC four or five-star rated childcare license and must employ Lead Pre-K Teachers with a four-year degree.

Who is Eligible for NC Pre-K?

A child is age eligible if s/he has turned four on or before August 31 of the program year but is not yet five years old. A family is eligible if they meet income guidelines. A family may be over the income guidelines and still be eligible for NC Pre-K assistance if other eligibility criteria are met (family is homeless, primarily speaks a language other than English at home, or is an eligible military family; or child exhibits an Educational Need or has an Individualized Education Plan or Chronic Health condition). Further documentation may be required to verify such circumstances. All families enrolling a child in an NC Pre-K classroom are asked to complete and submit a full application packet.

WHEN COMPLETING THIS APPLICATION,
INCLUDE ONLY PARENTS/STEPPARENTS, CUSTODIANS AND GUARDIANS LIVING IN THE SAME HOUSEHOLD AS THE PRE-K CHILD

How Do I Apply for NC Pre-K Enrollment?

- Obtain NC Pre-K Child Application materials from the site where you wish to enroll your child in Pre-K.
- Complete, sign and date the attached Child Application. ***All items must be answered in full.***
- Include the following documents **with** your child's application for NC Pre-K:
  - Copy of birth certificate or shot record
  - Current income for all parents/stepparents/custodians/guardians ***who live in the same household*** as the NC Pre-K child (see box below for acceptable forms of income documentation)
  - If child lives with custodian or guardian, attach most recent court order or other authorization
  - If child is in foster care, the Department of Social Services Social Worker must sign this application
- Submit all application materials to the school system, Head Start or private site where you obtained this Paperwork. Contact the Region A Partnership for Children at 828-586-0661 for further information.

What Forms of Income are Acceptable?

Submit the following for **every parent/stepparent, custodian and guardian who is living in the same household as the Pre-K child. DO NOT list or include parents who do not live in the same household as the Pre-K child. DO NOT include income for parents who do not live in the same household as the Pre-K child.**

1) First two pages of 2020 income tax return (1040); **OR** W2 forms for 2020; **OR** a minimum of one month's recent consecutive paycheck stubs which include the name of the payee, the pay period, gross and net wages, including overtime; **OR** a signed, dated statement from a person's employer on business letterhead stating the frequency of pay and gross wages, including overtime.
2) For self-employed individuals, provide Schedule C along with first two pages of 2020 income tax return (1040). If taxes are not available, contact NC Pre-K Coordinator at ncprek@rapc.org for assistance.
3) Documentation of Per Capita/Indian Gaming Proceeds from 2020: check stubs **OR** 1099 Miscellaneous tax form bearing name of recipient; **OR** first 2 pages of 2020 income tax return (1040);
4) Documentation of child support payments for all minor children in household;
5) Alimony Award Letter (attach copy of court order) **OR** first 2 pages of 2020 income tax return (1040);
6) Workman's Compensation (attach copy of award letter) **OR** first 2 pages of 2020 income tax return (1040);
7) Retirement/disability benefit income (attach award letters from Social Security or Veteran's Admin);
8) Payment roster of all current Unemployment Benefits (including state and federal benefits).

NC Pre-K Program Child Application for 2021-2022

Printed name of person who is completing this application: _____

Check box indicating your relationship to the child:

Child's Parent ❒ Child's Stepparent ❒ Other Family Member ❒ (relation) _____

Child's Legal Custodian ❒ Child's Legal Guardian ❒ DSS Caseworker ❒ (county) _____

If you are the child's legal custodian/guardian (other than the child's parent or stepparent) please attach the most recent court papers or authorization.

*For your child to be considered for NC Pre-K, **ALL PAGES OF THIS APPLICATION MUST BE FULLY COMPLETED** including signatures and dates. All supporting documents as listed on the **Information Sheet** must be attached. For questions or further information, please contact the NC Pre-K Coordinator at the Region A Partnership for Children located in Sylva, NC at ncprek@rapc.org.*

Child's Full Name: _____ ❒ F ❒M

Child's Birth Date: _____/_____/_____ **Copy of birth certificate or shot record MUST be attached**

Child's Physical Address: _____

City: _____ **Zip**: _____ **Phone**: _____

What County Does Child Live In? (circle one): Cherokee Clay Graham Haywood Jackson Macon Swain

Is child a North Carolina resident? Yes ❒ No ❒ **Is child a United States citizen?** Yes ❒ No ❒

Child's Ethnicity: *(check one)*: _____ Non-Hispanic _____ Hispanic

Child's Race: *(check all that apply)*: _____American Indian/Alaska Native _____Asian
_____Black/African American _____Native Hawaiian/other Pacific Islander _____White/European American

HEALTH AND DENTAL EXAMINATIONS

Documentation of a health examination (including hearing, vision and dental screening) occurring within one year prior to the child's first day in Pre-K MUST be submitted by the date the child begins in the classroom. Please have child's medical provider use the Children's Medical Report attached to this application for this purpose.

CHILDCARE HISTORY

Please check the statement that best describes your current childcare situation:

_____ Child has never been served in any preschool or childcare setting
_____ Child is currently unserved (at home now but has been in childcare or some preschool program)
_____ Child is in unregulated childcare (such as a private babysitter or family member)
_____ Child is not receiving subsidy but is in some kind of regulated childcare or preschool program (Head Start)
_____ Child is receiving subsidy and is in some kind of regulated childcare or preschool program

If your child was enrolled in childcare as a three-year-old program, list the name of the Center or care provider: _____

NC Pre-K Program Child Application for 2021-2022

Child's Full Name: _____

HOUSEHOLD & INCOME INFORMATION

List ONLY Parents/Stepparents/Custodians/Guardians Living in the Same Home with the Child

Note that income of these individuals is COUNTED and appropriate documentation as listed on the *Information Sheet* must be submitted.

***Name of Parent/Stepparent/Custodian/Guardian #1*: _____**

Is This Person Employed? Yes ❒ No ❒
Disabled? Yes ❒ No ❒
In High School/GED Program Yes ❒ No ❒

Seeking Employment? Yes ❒ No ❒
Retired? Yes ❒ No ❒
In College? Yes ❒ No ❒

Check types of income this person receives:

_____ **Regular wages/employment income**
_____ **Alimony Payments**
_____ **Retirement/disability benefit income**
_____ **Per Capita/Indian Gaming Proceeds**
_____ **Unemployment Benefits/Workman's Comp**
_____ **Child Support for any minor child(ren) living in same home**
_____ **I have income from the following sources, but I have no documentation of this income:**

_____

ZERO INCOME STATEMENT – Complete the statement below ONLY if you are unemployed and have no income at all.

I, (print name) _____ verify that I am NOT employed and receive NO income.

Signature _____ Date _____

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List ONLY Parents/Stepparents/Custodians/Guardians Living in the Same Home with the Child

***Name of Parent/Stepparent/Custodian/Guardian #2*: _____**

Is This Person Employed? Yes ❒ No ❒
Disabled? Yes ❒ No ❒
In High School/GED Program Yes ❒ No ❒

Seeking Employment? Yes ❒ No ❒
Retired? Yes ❒ No ❒
In College? Yes ❒ No ❒

Check types of income this person receives:

_____ **Regular wages/employment income**
_____ **Alimony Payments**
_____ **Retirement/disability benefit income**
_____ **Per Capita/Indian Gaming Proceeds**
_____ **Unemployment Benefits/Workman's Comp**
_____ **Child Support for any minor child(ren) living in same home**
_____ **I have income from the following sources, but I have no documentation of this income:**

_____

ZERO INCOME STATEMENT – Complete the statement below ONLY if you are unemployed and have no income at all.

I, (print name) _____ verify that I am NOT employed and receive NO income.

Signature _____ Date _____
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NC Pre-K Program Child Application for 2021-2022

Child's Full Name: _____

LIST ALL OTHER PERSONS LIVING IN THE SAME HOME WITH THE CHILD DO NOT LIST PARENTS OR PERSONS WHO DO NOT LIVE IN THE SAME HOME WITH THE PRE-K CHILD		
NAME	RELATIONSHIP TO PRE-K CHILD/FAMILY	DATE OF BIRTH
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____

Check any of the following additional eligibility factors that apply to your child or your family.

____ We lack a fixed, regular and adequate nighttime residence (living with friend or relative, in a motel, shelter, tent, abandoned building or vehicle)

____ Limited English Proficiency (Family and/or child speaks limited or no English in the home)

____ Educational Need (attach copy of pages 1 & 2 of **current** IEP OR documentation of scores on recent developmental screening instrument as approved for use with NC Pre-K program)

____ Chronic Health Condition (Doctor's statement required)
Describe your child's health condition: _____

____ Child of Eligible Military Family—Parent is: **active** duty member of the US Armed Forces (including NC National Guard, state military or reserve component of Armed Forces) who was ordered to active duty within the last 18 months **OR** who was injured or killed while serving on active duty (attach either military member's Leave & Earnings Statement, OR documentation of service-connected disability or death).

SIGNATURE

I certify that all information provided above is accurate to the best of my knowledge and I understand that providing false or inaccurate information may disqualify my child from receiving services.

Parent/Stepparent/Guardian/Custodian:

SIGN YOUR NAME: _____

PRINT YOUR NAME: _____

RELATIONSHIP TO CHILD: _____

TODAY'S DATE: _____

NC Pre-K Program Child Application for 2021-2022

Children's Medical Report

RAPC 2/2020

Name of Child ____ Date of Birth _____________________

Name of Parent/Guardian ____

Address of Parent/Guardian ____

A. Medical History (may be completed by parent/guardian)

1. Is child allergic to anything? No ___ Yes ____ If yes, what? ______________________________________
____
2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? ___________________
____
3. Is child on any continuous medication? No ___ Yes ___ If yes, list diagnoses and medications: _________
____
4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? ____________
____
5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ **Diabetes** No ___ Yes ___
Convulsions No ___ Yes ___ **Heart Trouble** No ___ Yes ___ **Asthma** No ___ Yes ___
If others, what and when? ____
6. Does child have any physical disabilities? No ___ Yes ___ If yes, please describe: ___________________
____
7. Any behavioral/mental health concerns? No ___ Yes ___ If yes, please describe: ___________________
____

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B. Physical Examination: This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a licensed Nurse Practitioner, or a licensed Public Health Nurse

Height ______________ % Weight _____________ %
Head __________ Eyes __________ Ears __________ Nose __________ Teeth __________ Throat __________
Neck __________ Heart __________ Chest __________ Abd/GU __________ Ext __________
Neurological System _____________________ Skin __________ Vision __________ Hearing __________
Results of TB test, if given: Type __________ Date __________ Normal ___ Abnormal ___ Followup __________

Developmental Screening: Instrument used _____________________ Date Admin _____________________
Delayed __________ Age Appropriate ___________ If delay, note significance and suggestions for care or follow-up: ____
Should activities be limited? No ___ Yes ___ If yes, explain: __________________________________
____
Other recommendations: ____

DATE OF EXAMINATION: __________________

Signature of Authorized Examiner/Title: ____
Name, Address of Agency or Medical Practice: ____
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