

2021 – 2022 NC Pre-Kindergarten Application for Randolph County

Randolph County Pre-K Programs are looking for children living in Randolph County who will be 3 years old* (at select sites) or 4 years old by August 31, 2021, and who MAY QUALIFY for the NC Pre-K program. You must provide the following documentation listed below for your application to be processed.

Without copies of these documents, your application cannot be considered complete.

- Child's Birth Certificate Child's Updated Immunization Record Verification of Income (4 consecutive pay stubs from both parents in the home or 1040 tax forms-**ONLY** if self-employed for current year and copy of all public assistance, including child support if receiving) Parent photo ID and 2 proofs of residency documents (like a bill showing current address)
- Child's Medicaid Card Guardianship papers if necessary Child's IEP papers (if applicable)

Please attach copies of the documents and return the completed application form to:

**RANDOLPH COUNTY
PARTNERSHIP FOR CHILDREN**
349 SUNSET AVENUE
ASHEBORO, NC 27203
(336) 629-2128

HEAD START*
118 VIRGINIA AVE
P.O BOX 1883
ASHEBORO, NC 27204
(336) 672-5570

EARLY CHILDHOOD DEVELOPMENT CENTER*
1738 N. FAYETTEVILLE ST
ASHEBORO, NC 27203
(336) 672-6636

INFORMATION ABOUT YOUR CHILD

Child's Name _____
Last
First
Middle
Nickname

Date of Birth _____ Male _____ Female
Month
Day
Year

Select child's ethnicity: _____ *Hispanic* or _____ *Non-Hispanic*

Race (check all that applies): _____ *Asian* _____ *Black/African American* _____ *Native Hawaiian/Pacific Islander*
 _____ *White/European American* _____ *Native American Indian /Alaska Native*

Family's Primary Language _____ Can someone in the home speak English? _____ Yes _____ No

INFORMATION ABOUT THE FAMILY

Name of Parent(s) or Legal Guardian(s) who lives in the household:

Mother _____ Phone _____ Alt. phone _____
Last
First
Middle

Father _____ Phone _____ Alt. phone _____
Last
First
Middle

Household Address _____
Street
City
State
ZIP Code

Mailing Address (if different) _____
Street
City
State
ZIP Code

Person(s) in Household: One parent Two parents, married Two parents, not married
 Legal guardian(s) 50/50 Joint Custody Other: _____

How many people live in your household? _____ **Number of Parents in home** _____ **Number of Children** _____

Ages of children in household _____

PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY

- I understand that if my child is enrolled he/she may also be screened to determine eligibility for other services that will help prepare him/her for Kindergarten. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- Once enrolled in the NC Pre-K program, daily attendance is required. Poor attendance could result in child losing the slot.
- I understand my application will be shared with agencies providing Pre-K & childcare subsidy to ensure children are served.
- My signature confirms that the information provided on this application is true and accurate.**
- If any information submitted on or with this application is fraudulent, my child may be disqualified for services.**

Parent/Guardian's Signature
Date

Email address _____

2021-2022 Pre-Kindergarten Application

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential. **Please answer all questions** as accurately as possible.

1. Information of All Members in House (only Mother, Father, (or Guardians) and Siblings under 18)

Name	Relationship to Child	Annual Income of Parents	Date of Birth
	Mother (or Guardian)	\$	
	Father (if in the home)	\$	

2. Are the parents in this family employed or enrolled in school? Please circle.

Mother: Working/Seeking **F/T** **P/T** Employer: _____ Job Title: _____

How long employed here? _____ Hours per week _____ How often are you paid? _____

In School **F/T** **P/T** Course of study: _____ School: _____

Stay at home _____ Seeking work _____ Disability _____ Other (explained) _____

Father: Working/Seeking **F/T** **P/T** Employer: _____ Job Title _____

How long employed here? _____ Hours per week _____ How often are you paid? _____

In School **F/T** **P/T** Course of study: _____ School: _____

Stay at home _____ Seeking work _____ Disability _____ Other (explained) _____

3. Please circle the highest level of education completed:

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher

Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher

Received?

GED

GED

4. **Is your child currently enrolled in any type of preschool program? If so please indicate.**

___ Child Care Center/Home: Name _____ Town/City _____

___ Head Start site name: _____

___ Parent/Home

___ Other – Please specify _____

5. If your child is not in a program, has he/she ever been in any type of child care program? ___ Yes ___ No ___ N/A

If yes, indicate last day of attendance _____ Name of child care center/home, preschool or head start program:

_____ Town/City _____

6. Does your child have or has he/she ever had a chronic health condition? ___ Yes ___ No

If yes, what is the health condition? _____

7. Is your child currently or has he/she ever received services for a special need or disability? ___ Yes ___ No

If yes, please specify (check all that applies) **Date of Services:** _____

___ Speech _____ Physical Therapy

___ Educational Services _____ Identified disability – Please specify _____

___ Mental Health _____ Other- Please specify _____

8. Does the parent/legal guardian serve as an active member of the Armed Forces of the United States or has been ordered to active duty by the proper authority within the last or next 18 months? ___ Yes ___ No

9. Has a parent/legal guardian been seriously injured or killed while in active duty? ___ Yes ___ No

10. Is your child currently receiving subsidy for child care? ___ Yes ___ No. On the subsidy waiting list? ___ Yes ___ No

11. Are any siblings currently enrolled in an elementary school? _____ If so what school? _____

12. How did you hear about this program? _____

13. If available in your area, will your child need transportation? (**Note: Transportation is limited) ___ Yes ___ No

14. Name & Phone # of Doctor or Medical Service Provider _____

15. Name & Phone # of Child's Dentist _____

16. Randolph Health will be used in case of emergency unless otherwise listed: _____