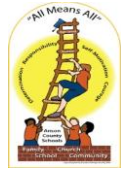




Anson Children's Center



## 2012-2013 Anson County Pre-K Application

Today's Date: \_\_\_\_\_

Child's Full Name (as on birth certificate) \_\_\_\_\_

Family Contact \_\_\_\_\_ Contact's Date of Birth \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Alternate Family Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Child's Gender (please circle one) M F Child's birth date (mm/dd/yyyy) \_\_\_\_\_

Child's Race (please mark **all** that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> White/European          | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> Black/African           | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> Spanish/Latino/Hispanic          |

Is your child currently attending any child care program, child care home, preschool or Head Start Program?

no  yes If yes, where? \_\_\_\_\_ Do you have a voucher? \_\_\_\_\_

Has your child ever attended any child care program, child care home, preschool or Head Start Program?

no  yes If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

Is your child on the Anson County Department of Social Services waiting list for subsidy?

no/don't know  yes

What language(s) are most often spoken in your home? \_\_\_\_\_

Your child speaks English  most of the time  some of the time  does not speak English

Has your child received a developmental screening or evaluation?

no/don't know  yes (if yes, please attach screening results) by which agency? \_\_\_\_\_

Do you think your child might have a developmental or educational challenge?

no/don't know  yes If yes, please explain \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)?

no/don't know  yes (if yes, please attach)

Does your child have a physical challenge or chronic illness?

no/don't know  yes (please describe and attach health provider statement \_\_\_\_\_)

Where will your child attend Kindergarten? \_\_\_\_\_

Does your family have transportation for your child to and from a preschool program?

no (we need transportation)  yes (we have transportation)

Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?

no  yes

# Family Information

\*please note, income eligibility is not considered for Title One programs

**Mother's/Guardian's Name** \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Hours of Employment per week \_\_\_\_\_ Currently attending High School/ College  Yes  No

**Mother's/Guardian's Income**

To convert weekly income to annual, multiply weekly by 4.3 to obtain monthly, then by 12 for annual

Earned Income	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Public Assistance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSA	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSI	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Unemployment Insurance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Child Support/Alimony	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Other _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually

**Method of Documentation**

- 1040 Tax Statement
- Pay Stub
- Unemployment
- Child Support
- W-2 Statement
- Income Declaration (from supervisor)
- Public Assistance Form
- SSI Statement
- Class Schedule
- Other: Specify \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Hours of Employment per week \_\_\_\_\_ Currently attending High School/ College  Yes  No

**Father's/Guardian's Income**

To convert weekly income to annual, multiply weekly by 4.3 to obtain monthly, then by 12 for annual

Earned Income	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Public Assistance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSA	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSI	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Unemployment Insurance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Child Support/Alimony	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Other _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually

**Method of Documentation**

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- SSI Statement
- Class Schedule
- Other: Specify \_\_\_\_\_

\* Other household members should only include the applicant's minor brothers and sisters, half brothers, half sisters, stepbrothers and stepsisters, parents and stepparents. If the child is living with other individuals who have legal custody or legal guardianship, these adults should not be included, nor should the children of these adults.

Other children (under 18) in Household (please list)				Adults in Household (please list)	
name	date of birth	relationship to child	Special Needs (Y/N)	name	relationship to child
Total Family Size					

**Documentation Required  
Before Application is Accepted**

- Birth Certificate
- Proof of Residency – for example, mortgage, lease contract or utility bill
- Proof of Income – for example, two check stubs, or statement from supervisor or case worker
- Immunization Records
- Social Security Card

Please mail complete application package to:

**Attn: NC Pre-Kindergarten Program  
Anson County Partership for Children  
117 South Greene Street  
Wadesboro, NC 28170** or fax to: 704-694-4010

**Please read carefully, initial each paragraph, sign and date:**

I certify that all information given is true and correct and that all income is reported. I understand that this information is given for the receipt of program funds. Program officials may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

The information provided will be used in the determination of eligibility for Pre-K programming in Anson County. I hereby release the information so that my child may be considered for programs including Anson County Public School System Title One Program, UCCA Head Start, Anson County Partnership for Children (NC Pre-K) and Anson County DSS Subsidy Program . The designated agencies may share and/or verify any and all information regarding my child.

I understand that there may be a waiting list for services.

I understand that if my child is selected to participate in a program, family involvement will be critical to the success of my child. My family will commit to participate with program staff to submit necessary documentation and application for additional services.

I understand that transportation to and from Pre-K Programs may be the responsibility of my family.

I understand that this application will be considered for any and all programs designated. While family preference is essential to our process, assignments will be based on program eligibility and availability. **Family requests cannot always be honored.**

I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening.

I understand that if there is any change in my child's status - address, attendance in any type of licensed care (family child care home, child care center and/or preschool program), phone numbers, guardianship, etc., I will contact the Pre-K Application Center office immediately and inform them of changes.

I give permission for my child to be photographed and/or videotaped for the purpose of center display, scrapbook, newspaper articles, television broadcast and/or posting to Pre-K program websites

I understand that my child will need a current, completed health assessment before they attend the program.

**Parent/Guardian\* Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Other Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

\* if guardian signs, please attach official documentation of guardianship



## Program Preference

Dear Families,

In order to simplify the application process, we are offering you the opportunity to apply for all Pre-K programs offered in Anson County. Please understand that this is only an initial application. Each program has an orientation/intake procedure that may require developmental screening and will require additional information from you.

Using a score sheet, your application will be reviewed and shared with the agency most closely matching your selection and eligibility. You may request a particular site or program, however, we cannot guarantee your requests. Selection criteria are very specific and non-negotiable.

**When possible, place this child closest to:**

- home zip code \_\_\_\_\_
- work zip code \_\_\_\_\_

**Please select your first and second choice of programs for which you would like to be considered.**

- \_\_\_ Anson Children's Center
- \_\_\_ Morven Elementary School
- \_\_\_ Central Center for Children and Families
- \_\_\_ Faison Head Start
- \_\_\_ Open Doors Center for Children

These are my preferences. **I understand that not all requests can be honored.**

Signature \_\_\_\_\_ Date \_\_\_\_\_