



2017-2018 NC Pre-Kindergarten Application

NC Pre-K is a free, high-quality program to strengthen four-year-old children's academic and social skills. Children attend a 6.5-hour program each day based on school year calendars. For eligibility details and information: www.ansonchildren.org in the NC Pre-K section.



Print Student's Information

Complete each item

Child's First Name:		Middle	Last	
Child is called: _____				
Complete Address:	Street	City	State	Zip Code
Check which best describes child's residence: <input type="checkbox"/> permanent housing (owned/rented home) <input type="checkbox"/> temporary housing (motel, hotel, friend's home, etc.)				
Age: _____ Child must be 4 by August 31, 2017	Child's Birthday ____/____/____ Month Day Year	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Language Child Usually Speaks:	
Race: (check ALL that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____ Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino				
Does this child have a parent who is actively serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes Branch of military _____				
Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____				
Has child ever been in childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? _____ Attended at 3 yrs. of age? <input type="checkbox"/> No <input type="checkbox"/> Yes				
List current childcare site or situation (mom, babysitter, relative, etc.) _____				
Does your child have a chronic health condition or a significant health concern? <input type="checkbox"/> No <input type="checkbox"/> Yes				
** If yes, explain conditions and/or concerns _____				
Does your child have an active Individual Education Plan (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Has or does your child currently receive services for a special need or disability? <input type="checkbox"/> No <input type="checkbox"/> Yes*				
** If yes, explain needs, services received and where child receives services: _____				
Do you have a concern about your child's development (learning, speech, hearing or behavior)? <input type="checkbox"/> No <input type="checkbox"/> Yes				
*Please Describe: _____				

Print Family Information

Complete each item

Mother/ Stepmother/Female Guardian's Full Name (circle which):				
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Mailing Address: (if different from physical address)		
Home Phone:	Work Phone:	Cell Phone:		
Email:	Employer	Gross (before tax) Income \$		
Check ALL that apply:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending College	<input type="checkbox"/> Other		
<input type="checkbox"/> Employed	<input type="checkbox"/> In High School/GED program <input type="checkbox"/> In Job Training	_____		
# Hours per week? _____				
Convert weekly income to annual, multiply weekly by 4.3 to obtain monthly, then by 12 for annual				
Mother's/Guardian's Income				
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>

Father/ Stepfather/ Male Legal Guardian's Full Name (circle which):		<input type="checkbox"/> Birth Father	<input type="checkbox"/> Currently Married to Birth Mother
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Mailing Address: (if different from physical address)	
Home Phone:	Work Phone:	Cell Phone:	
Email:	Employer	Gross (before tax) Income \$	
Employed How many hours per week? _____	Check all that apply: <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending College <input type="checkbox"/> In Job Training <input type="checkbox"/> HS/GED	<input type="checkbox"/> Other _____	

Father's/Guardian's Income		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

If not currently employed, sign the following statement:

My signature certifies that I am currently unemployed and have no income of any kind. The person or source that provides basic living expenses for this family: _____ I certify this information is true. If any part is false, I understand my child's participation in the program will be terminated.

Parent/Guardian Signature _____ Date: _____

List parents, step-parents, legal guardians, brothers, sisters, half brothers and sisters, step brothers and sisters **living in child's home.**
 *Other household members should only include the applicant's minor (under the age of 18) siblings, half siblings, step siblings, 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.

Name	Age & Relationship to the Pre-K Child	Where do siblings attend school?
1.		
2.		
3.		
4.		
5.		
6.		

Total number of family members listed above (include NC Pre-K student) _____

NC Pre-K is a free program but classes end between 2:15 pm and 3:00 pm each day depending on the site. If you need childcare before or after the NC Pre-K day, you must arrange and pay for after-school or care during breaks. Working parents may apply for childcare subsidy(voucher) to help with after school care or care during school breaks- call DSS at 704-694-9351

The Anson County Partnership for Children is not responsible for helping arrange transportation or afterschool care the NC Pre-K students.



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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 local programs including 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 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 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 center display, scrapbook, newspaper articles, television broadcast and/or posting to Pre-K program websites

____ I understand that if my children are selected to participate in NC Pre-K, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program.

____ I understand that I am responsible for providing transportation for my child if transportation is not available at my child's site.

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

Parent/Guardian* Signature _____ Date _____
Relationship to child _____

Your child's NC Pre-K application is **complete** with these documents (**check off each item**):

- Completed, Signed Application**
- Child's Birth Certificate**
- Child's Immunization (Shot) Records**
- Proof of Anson County Residency** (driver's license, car registration, utility bill or rental agreement's name/address page)
- Proof of income for parents/step-parents/legal guardians of child** (*Provide the clearest picture of your current income including ALL income for the parents, step-parents and/or legal guardians of this child: copies of recent paychecks, social security, disability, workman's comp, child support, alimony, W-2 and/or 2016 tax returns.*)

IMPORTANT - Make Doctor appointments – Your site will require a Medical Report/Physical completed by your doctor within 30 days of child's school entry.

Completed applications with copies of documents (listed above) may be mailed or returned to the
Anson County Partnership for Children
117 South Greene Street, Wadesboro, NC 28170
Phone: 704-694-4036

Applications welcomed at the Anson County Partnership for Children office during these hours:
Monday-Friday, 9 to 11:30 am and 1:00 to 4:00 pm

