

Partnership for Children & Families NC Pre-K Application 24-25

www.pfcf.org/ncprek
ncprek@pfcf.org

(919) 774-9496
507 N Steele Street, Sanford



First Name	Middle Name	Last Name
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this child a twin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (MUST check at least one and all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____		
Is this child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child an NC Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Spoken at Home	Secondary Language
In what language would you like for your child to be screened, if applicable?		

Address	City	Zip Code	County
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Please indicate the family address situation (check all that apply):
 Permanent With Family/Friends Battered Women and Children Shelter Homeless Homeless Shelter
 Living in Car Hotel/Motel Lack Permanent Nighttime Address Foster Home

With whom does the child live with:
 Father Only Mother Only Both Parents Parent & Step-Parent Grandparent(s) Legal Guardian
 Legal Custodian Foster Parent(s) Kinship Provider

If the child lives with Legal Guardian/Custodian, is the adult: Blood Relative Non-Relative

ONLY NEED INFORMATION IF THEY LIVE WITH PRE-K CHILD

First Name	Last Name	Relationship to Pre-K Child	Date of Birth
1.		Pre-K Child	
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Family Size: _____

ONLY NEED INFORMATION IF THEY LIVE WITH PRE-K CHILD

Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Father / Stepfather / Legal Caregiver's Name:	Mother / Stepmother / Legal Caregiver's Name:
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Kinship Provider	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Kinship Provider
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
Email:	Email:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Employment Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Employed at: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Attending High School/GED <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Continuing Education <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Job Training <input type="checkbox"/> Yes <input type="checkbox"/> No Stay at Home Parent/Caregiver	Employment Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Employed at: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Attending High School/GED <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Continuing Education <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Job Training <input type="checkbox"/> Yes <input type="checkbox"/> No Stay at Home Parent/Caregiver
Statement of No Income Complete if Unemployed I, _____, certify that as the parent/legal caregiver, I have zero income at the time of application. I certify the above information is true and correct and accurately reported. _____ Parent/Legal Caregiver Signature Today's Date	Statement of No Income Complete if Unemployed I, _____, certify that as the parent/legal caregiver, I have zero income at the time of application. I certify the above information is true and correct and accurately reported. _____ Parent/Legal Caregiver Signature Today's Date
Does the child have a chronic health condition or significant health concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (must provide documents from a health provider):	Does the child have a developmental or educational need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (must provide documents from a health provider):
Is the child a military dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select one: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard	Has a parent/legal guardian been seriously injured OR killed while on active duty military status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's prior placement at the time of enrollment: <input type="checkbox"/> Child has never been served in any preschool or childcare setting <input type="checkbox"/> Child is currently unserved (ie: at home now, but have previously been in childcare or other preschool program) <input type="checkbox"/> Child is in unregulated childcare <input type="checkbox"/> Child is in a one or two star facility <input type="checkbox"/> Child is not receiving Subsidy but is in some kind of regulated child care or preschool program <input type="checkbox"/> Child is receiving Subsidy and is in some kind of regulated child care or preschool program	
Is the family currently enrolled in the DSS Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the family currently enrolled in Child Care Subsidy with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the child currently attending a childcare, preschool, or part-day program? Yes No
 If yes, name of program: _____
 If yes, was the child served as a three-year old? Yes No

Does your child have an active Individual Education Plan (IEP)? Yes No In Process

Has child had a physical in the past year? <input type="checkbox"/> Yes Date of physical: _____ <input type="checkbox"/> No	Has child had a developmental screening? <input type="checkbox"/> Yes Date of screening: _____ <input type="checkbox"/> No
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Has child been referred for evaluation for a disability or been identified with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the date of referral known? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Referral: _____	What was the decision from the disability evaluation for this child? <input type="checkbox"/> N/A <input type="checkbox"/> No disability identified <input type="checkbox"/> Do not know <input type="checkbox"/> Evaluation decision in process <input type="checkbox"/> One or more disabilities identified
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Disability identified: _____ Has child been referred for services related to disability? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	Is this child receiving services related to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Services: _____
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If any of the following apply for the child, please select all that apply:
 Experiencing Homelessness In Foster Care Receiving Refugee Services Receiving Public Assistance
 (any of the following: WIC, Public Housing, TANF/Work First, Medicaid, SSI, Food and Nutrition Services (Food Stamps), SNAP)
 Comments: _____

If there are any compounding factors in the child's home or near the child, please select all that apply:
 Substance Abuse Mental Health Concern Physical Health Concern
 Comments: _____

Has someone close to the child passed away recently? Yes | Relationship to child: _____
 No

Is someone close to the child incarcerated? Yes | Relationship to child: _____
 No

NC Pre-K Site Preference

- What is your site preference? Please rank in order of preferred location. Number 1 being the most preferred...
- Every site **MUST** have a DIFFERENT number from 1 to 7. If no site preference has been selected, your child will be placed in the closest NC Pre-K site based on the address provided and availability.
- While we will strive to place your child in your "Number 1" desired site, placement preference is not guaranteed.
- Please understand that your child may be placed on a waiting list and sites subject to change.

Choice	Site	Address	Phone Number	Possible Transportation	Wrap-Around Care Offered
	Alexandria's Angels Daycare	531 Cox Maddox Road	(919)842-9109	Yes	Yes
	Childcare Network	1309 Washington Ave	(919) 775-3885	No	Yes
	Education Station	1618 Deep River Road	(919) 292-6404	No	No
	Estelle's Day Care II	3009 Cameron Drive	(919) 718-6705	No	Yes
	Kiddie Land Day Care	912 Broadway Road	(919) 774-1184	No	Yes
	Shooting Stars Learning Center	152 Charlotte Ave	(919) 776-0190	No	Yes
	Warren Williams CDC	901 Lawrence Street	(919) 774-3458	Yes	No

Reason(s) for your first (1) preference: Please check all that apply; this will help us better accommodate your family's needs (feel free to add any comments or additional information you would like us to consider)

<input type="checkbox"/> Near my job or relative's job	<input type="checkbox"/> I can arrange transportation	<input type="checkbox"/> Sibling(s) attend(s) this site
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<input type="checkbox"/> Walking distance	<input type="checkbox"/> Before/after school care is offered	Other:
Comments:		

PARENTAL RESPONSIBILITY & PARTICIPATION

This application is being conducted to determine the eligibility of your child for the NC Pre-K Program being implemented in Lee County. Please initial under “Agree” or “Disagree”

Agree	Disagree	The information gathered today will become a part of the NC Pre-K database and be used to confirm eligibility, select participants, place them in the appropriate classrooms, and monitor their progress throughout the program.
		Consent for the Release and Exchange of Information The information on this form may be used in the determination of eligibility for the NC Pre-K Program administered by the Harnett County Partnership for Children. Upon acceptance into the program, I agree that all information provided herein may be used for research purposes and be shared with other agencies collaborating with the NC Pre-K Program, such as: Lee County Schools, Department of Social Services, etc. I understand that information will not be shared for any reason other than to support my child’s participation in the NC Pre-K Program.
		Media Consent Waiver and Release I hereby give permission to the Partnership for Children & Families and other news media entities to prepare, reproduce, publish, or exhibit my or my child’s picture, portrait, or likeness for use by the news media or the Partnership in their news and public awareness programs. Any photograph, photo transparency, drawing, or other illustrative graphic material, audio-visual tape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.
		Permission to Administer Screenings 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. As a participant in the NC Pre-K program in Lee County, my child may receive a vision screening, a speech/language screening, a hearing screening and a developmental screening to determine if he/she needs any assistance in these developmental areas before entering kindergarten. These screenings will be conducted by various clinicians approved and authorized by Partnership for Children & Families at no charge to me. If it is determined that my child needs further evaluation as a result of a screening, I will be contacted to schedule an appointment for further consultation.
		Health Assessment A health assessment is required to be on file at the NC Pre-K site within 30 days after a child enters the NC Pre- K program and must have been conducted within 12 months of program entry. If the health assessment is not completed within 30 calendar days, my child may lose their NC Pre-K placement.
		Hours of Operation and Attendance I understand NC Pre-K is a 6-1/2 hour day program 5 days a week and children should be in attendance regularly for the full day. I understand my child must attend at least 50% of operational days each month or my child may be dismissed from the program.
		Transportation I understand I am responsible for providing transportation.
		Wrap-Around Families will be charged for the cost of wrap-around services for any requested care before or after the regular school day, during holidays or during summer months. I understand I am responsible for any fees charged for this service by the NC Pre- K site of my placement.
		Parent Involvement Agreement I understand that if my child is selected to participate in the NC Pre-K Program, parent involvement will be critical to the success of my child. I/we will commit to participating as required by the NC Pre-K criteria. As a parent participant in the NC Pre-K Program, I understand and agree to the following: <ul style="list-style-type: none"> • Keep the staff at my child’s NC Pre-K site informed about all information necessary to keep my child’s record up to date. • Participate in home visits in which my child’s NC Pre-K classroom teacher may come to my home to discuss my child and family needs/discuss my child’s goals and preparation for kindergarten (participating sites only). • Participate in classroom activities, parent/teacher conferences, and communicate with my child’s teacher on a regular basis about his/her progress. • Communicate with all NC Pre-K teachers, other staff members, and other parents in a respectful manner. • Abide by all center or school policies regarding my child’s enrollment at a NC Pre-K site. • Inform my child’s teacher or center director if and when I expect to withdraw my child from the NC Pre-K classroom. • Participate in Kindergarten transition activities and parent workshops (e.g., kindergarten screening, registration, open house, etc.)

How did you hear about this program?

- Google Search
- Newspaper
- Facebook
- Instagram
- Website
- Family
- Friend
- Church
- Email
- Community Event
- Current Childcare
- DSS
- School System
- Other:

- You will be notified of the status of your child's application within a month of completion.
- Completed applications between **February 12th, 2024 and May 6th, 2024** will be considered in the first round of placements on **June 10th**.
- Letters with placement information will be mailed to families on **June 10th**.
- Completed applications between **May 7th, 2024 to July 12th, 2024** will be considered in the second round of placements on **July 22nd**.
- Letters with placement information will be mailed to families on **July 22nd**.
- School will start on **August** of this year, so after that second round we will only be placing weekly as the applications come in.

PARENT / LEGAL GUARDIAN SIGNATURE

I certify that I am the parent/legal caregiver of the child for whose name appears on this application. I certify that all the information contained in this application is accurate and complete to the best of my knowledge, including income information. I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.

Print Name:	Signature:	Date:
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FOR OFFICE USE ONLY

REQUIRED DOCUMENTATION

- _____ Completed Application (signed & dated)
- _____ Child's Birth Certificate
- _____ Proof of Income
- _____ Additional Income
- _____ Residence Verification

IF APPLICABLE, TO DETERMINE ELIGIBILITY

- _____ Legal Documentation for Guardianship or Custody
- _____ Disability Documentation
- _____ Chronic Health Condition Documentation
- _____ Documentation for Developmental Need
- _____ Documentation for Educational Need
- _____ IEP Documentation
- _____ Military Documentation (LES)
- _____ VA Disability Award Letter
- _____ Proof of Receiving (WIC, Public Housing, TANF/Work First, Medicaid, SSI, Food and Nutrition (Food Stamps), SNAP
- _____ Documentation of Homelessness and/or Refugee Services (ex. letter from shelter, eviction, Salvation Army, Navigation Center, Family Promise, Social Services, Haven, Mission Outreach, Hispanic Liaison/ El Vinculo Hispano, or Consulate of Country of Origin)

Application Received By: _____ Date: ____/____/____

Application Reviewed By: _____ Date: ____/____/____