Partnership for Children
(919)735-3371

Wayne County NC Pre-K Application

Application Date: _____ **School Yr. Applying for:** _____

CHILD and FAMILY INFORMATION

Child's Legal Name: Last	**First**	**Middle**
Child's Gender: □M □F **Date of Birth:**	**Preferred Name:**	
Name of Person(s) Child Lives With:	**Relationship to child:**	
Street Address:		
Mailing Address: **(if different)**		
City:	**State:** **Zip Code:**	**County:**
Primary Phone: □ **Home** □ **Work** □ **Cell** **( ) -**	**Alternate Phone:** □ **Home** □ **Work** □ **Cell** **( ) -**	

Email address: _____

MEDICAL INFORMATION

Child's Doctor:	**Office Phone:**	**Address:**
Child's Dentist:	**Office Phone:**	**Address:**
Preferred Hospital:		

Please indicate which insurance this child currently receives? □ **Medicaid** □ **NC Health Choice** □ **Tricare** □ **Private** □ **None**

Date Medicaid or NC Health Choice issued?

Which of the following relate to this child?

□ No significant health concerns
□ Behavior/Emotional Problems
□ Seizures/Convulsions
□ Chronic Health Problems (such as Asthma, Diabetes, Arthritis, Obesity)
□ Other – please explain any items checked above: _____
□ Developmental Delays
□ Medically Fragile
□ Hyperactivity
□ Allergies _____
□ Rashes
□ Fears
□ Not yet potty trained

List any medications child currently takes: _____

An Action Plan must be included to instruct staff on how to respond to medical emergencies (including emergencies related to: seizure, allergic reactions, diabetes, asthma, etc.)

EMERGENCY CONTACTS/CHILD RELEASE INFORMATION

Please list emergency contacts and/or persons to whom this child may be released to (other than parent/guardian):

1	❑ *Contact*	**Name:**	**Address:**	**Phone: ( )**
	❑ *Release*	**Relationship:**	**City:**	**State: Zip:**
2	❑ *Contact*	**Name:**	**Address:**	**Phone: ( )**
	❑ *Release*	**Relationship:**	**City:**	**State: Zip:**
3	❑ *Contact*	**Name:**	**Address:**	**Phone: ( )**
	❑ *Release*	**Relationship:**	**City:**	**State: Zip:**
4	❑ *Contact*	**Name:**	**Address:**	**Phone: ( )**
	❑ *Release*	**Relationship:**	**City:**	**State: Zip:**
5	❑ *Contact*	**Name:**	**Address:**	**Phone: ( )**
	❑ *Release*	**Relationship:**	**City:**	**State: Zip:**

In the event of an emergency, I give my permission for provider to secure needed emergency medical care in the event that neither the family physician nor I can be contacted immediately. I further understand that emergency medical care may be obtained from the closest available emergency room facilities (usually Wayne UNC Health), regardless of parent/guardian preference expressed to provider.

Parent/Guardian Signature: _____ **Date:** _____

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CHILD & FAMILY INFORMATION

Child's Race: □ Black /African American □ White □ American Indian/Alaska Native □ Pacific Islander/Native Hawaiian □ Asian □ Multi-Racial (please also check individual race boxes)

Parent's Race: □ Black/African American □ White □ American Indian/Alaska Native □ Pacific Islander/Native Hawaiian □ Asian □ Multi-Racial (please also check individual race boxes))

Child's Ethnicity: □ Hispanic or Latino origin (Cuban, Mexican, Puerto Rican, or other Spanish culture or origin)
□ Non-Hispanic/Non-Latino origin **Is Child a US Citizen?** □ Yes □ No

Primary Language spoken at home: □English □Spanish □Other (please indicate:_____)

Secondary Language spoken at home: □English □Spanish □Other (please indicate: _____)
Proficiency: □Poor □Moderate □Proficient

Family preference for written communication: □English □Spanish □Other (please indicate:_____)

Parental Status: □ One parent □ Two parent □ Foster □ Non-Parent □ Kinship □Other

Total Family Size? _____
□ Mother □Father □Number of Children_____ □ Other Adults (age 18+) How many?

Housing Status: __ Own home __Rent home/apartment/mobile home __ Living with friends/relatives temporarily
__ Living in shelter __ Living in hotel/motel __ Other (explain)_____

Does your family receive assistance from any of the following? □ Work First Family Assistance □TANF □ SSI
□ Food Stamps □ Medicaid through Work First □ Free/Reduced price School Meals

ADULT DEMOGRAPHIC INFORMATION

First and Last Name Enter Primary Adult First	Date of Birth	Sex	Marital Status	(D1) Edu Level	(D2) Employ Status	Notes Name of Employer, Or Occupation
		M F				
		M F				

Marital Status Codes
S - Single **M - Married**
D - Divorced **SP - Separated**
Other _____

D1 – Education Level
G9 = Grade 9(or less) **GED** **AA** = Associates
G10 = Grade 10 **COL** = Some College **BA** = Bachelors
G11= Grade 11 **DRP** = Dropped out **MA** = Masters
STU = In High school **HSG** = High school Graduate

D2- Employment Status
U= Unemployed **T**= Student in School
F= Full Time work **P**= Part Time work
B= F-time & student **L**= P-Time & student
M=Medical Leave **R**= Retired/ Disabled
S= Seasonal work **Other** _____

If unemployed, are you currently looking for employment? □ yes □ no

CHILD DEMOGRAPHIC INFORMATION

First and last name of children in home	Date of Birth	Sex	Schools siblings attend (child care, elementary, middle, high, etc.)
C01		M F	
C02		M F	
C03		M F	
C04		M F	
C05		M F	
C06		M F	

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ADDITIONAL INFORMATION

Indicate which of the following agencies this child has previously received or currently receives services from:

□ None
□ Public Schools (List county, state_____)
□ Care Management for At-risk Children (CMARC)
□ Children's Developmental Services Agency
□ Mental Health
□ Early Childhood Intervention
□ Other? _____

SPECIAL NEEDS INFORMATION

Does this child have a disability or special need? □Yes □ No □ Suspected
Comments: _____

If Yes, what is diagnosis: _____
Does child already have an IEP? □Yes □ No
Is child receiving services related to disability? □ Yes □ No
Date IEP initiated: _____
Please provide copies of IEP or referral paperwork to be added with your child's file.

If NO, has child been referred for services related to the suspected disability? □ Yes □ No
If Yes, who has child been referred to?

SITE PREFERENCE INFORMATION

(Please note that transportation and extended day services are not available nor guaranteed at all sites)

What is your site preference? (Please **numbe**r 1-4 your first four choices with 1 indicating most desired to 4 being least desired)
You are applying for the NC Pre-K Program. While we do request your site preferences, placement is not guaranteed. *The Partnership for Children has the authority to re-evaluate and/or modify your child's placement during participation if need arises.*
****Number of available classrooms are listed beside site name.*

***North Carolina Pre-K* sites:**

____ Bright Beginnings Site 1 (2)
____ Carver Elementary (1)
____ Wee are the World (Dudley) (4)
____ Little Warriors Christian Aca. (1)
____ North Drive Elementary (1)
____ Tommy's Road Elementary (1)
____ Bright Beginnings Site 2 (2) (Hwy 111)
____ Carver Head Start (3)
____ Eastern Wayne Elementary (2)
____ Meadow Lane Elementary (1)
____ Rosewood Elementary (1)
____ Small World Child Care (6)
____Brogden Primary (1)
____Wee are the World 2 (1) (Goldsboro)
_____Fremont Stars (1)
____ Northeast Elementary (1)
____ Royall Avenue Head Start (4)
____ Spring Creek Elementary (1)

Is child currently in childcare or other pre-K setting? □ Yes □ No If yes, where: _____ How long? _____
Has child ever been in childcare or other pre-K setting? □ Yes □ No If yes, where: _____ How long? _____

Does this child currently receive subsidy assistance for childcare services? □ Yes □ No
If No, is child/family currently on subsidy waiting list? □ Yes □ No

TRANSPORTATION INFORMATION

(Transportation for North Carolina Pre-K students is currently provided by WAGES Head Start and Wee Are the World on a very limited basis)

Will transportation services be needed? □ Yes □ No
If Yes, list Pick-up Location: _____

list Drop-off Location: _____
****Wee are the World offers transportation services at a cost and on a limited basis ONLY. Transportation services not guaranteed.***
If transportation is not available, would you be able to get your child to and from school on a daily basis?
□ Yes □ No Parent Initials: _____

EXTENDED DAY CHILD CARE INFORMATION:

Available at a cost to be decided by the NC Pre-K Site Director – contact the site for specific cost information

Will extended day childcare services be required for this child? (WCPS and WAGES sites does not provide extended day) □ Yes □ No
If Yes, check all that apply: □Before School Care □ After School Care □ Holiday Care □ Summer Care

Does family have alternative arrangements if extended day childcare services cannot be provided? □ Yes □ No
If Yes, with whom:

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INCOME AND PUBLIC ASSISTANCE) VERIFICATION DOCUMENTATION AND ELIGIBILITY

To be completed by NC Pre-K Contract Administrator ONLY

Based on Review of the following Income Verification and Public Assistance (check documents submitted)

_____*Tax Records (W-2's; 1040 – line 7) or Schedule C Profit or Loss from Business, line 7 Gross Income minus 20% (self-employed)*
_____*One month's worth of pay stubs (if weekly pay – 4 stubs, if biweekly or bimonthly – 2 stubs, if monthly – one month)*
_____*Award letters from the Social Security Administration*
_____*Award letters from the Employment Security Commission/ Unemployment*
_____*Award letters from the Veteran Affair*
_____*Employer written statements*
_____*Child support documentation*
_____*Signed statements when the individual claims to have no verifiable countable income*
_____*Guardianship/custody documentation*
_____*Experiencing Homelessness*
_____ *In Foster Care*
_____ _ *Receiving refugee services*
_____*WIC*
_____ *Public Housing*
_____ *TANF/Work First*
_____ _ *Medicaid*
_____ __*SSI*
_____ *Food and Nutrition Services (Food Stamps)*
_____ *SNAP*

This child is considered: _____*ELIGIBLE* _____*INELIGIBLE for NC Pre-K*

Verification Completed by: _____ ***Reviewed by:*** _____

PARENT/GUARDIAN - PLEASE READ AND SIGN

I understand that this is an application for services offered and does not constitute enrollment into any program. I certify that the information given on this application is true and accurate and all income has been reported. I understand that this information is being given for the receipt of state funds; that officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.

The information on this form may be used only in the determination of eligibility for the North Carolina Pre-K program. I understand that my child's application may be shared between the Partnership for Children of Wayne County and WAGES Head Start based on site preferences. Program administration may verify information on this form with all entities as reported (including but not limited to CMARC, Goldsboro Pediatrics, WAGES Head Start, Wayne County DSS, Wayne County Public School Exceptional Children's Program, Wayne County Health Department, etc.). I give up my rights to confidentiality for these purposes only.

NC Pre-K Program Requirements mandate that the following be completed within 30 days after a child enters the NC Pre-K Program: Physical Examination, includes hearing, vision, and dental screening, and current immunization. If your child does not have the necessary hearing and vision screenings noted on the physical prior to placement, your child may be screened at the facility. These screenings are not guaranteed; it is your responsibility to secure screenings for your child in order to meet this state mandate. Developmental and Social/Emotional Screenings will be completed within the first 90 days of enrollment.

I understand that my child may be deemed "eligible" for the program, but may be placed on the waiting list since there are more applicants than available slots.

I understand that if my child is selected to participate in the program, parent involvement will be critical to the success of my child. I/we will commit to participate as required by the program criteria. I also understand that,

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unless already completed on a current physical, my child may receive hearing and vision screenings at the placement site. Ultimately, it is my responsibility as a parent to ensure screenings are completed.

I agree to allow any and all documents pertaining to my child's enrollment of the program to be shared among collaborating agencies as necessary for my child's care.

I certify that I am the parent/guardian of the child for whom this application is being made. If requested, all information regarding the child will be provided to both parents/guardians unless legal documentation states otherwise.

_____ _____

Parent (Primary Caregiver) Signature (required) **Date**