



a partner  
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Smart Start  
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HCPC is a 501 (c) (3) non-profit organization supported by public private funds through Smart Start, NC Pre-K, tax-deductible donations, and grants.

## 2021 – 2022 North Carolina Pre-Kindergarten (NC Pre-K) Child Application

Please answer each question clearly and completely to ensure a quick and accurate application process.

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

DEMOGRAPHICS					
Child's First Name:		Child's Middle Name:		Child's Last Name:	
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Date of Birth: _____/_____/_____ <small>Month Day Year</small>		Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Race: (MUST check at least one AND all that apply): <input type="checkbox"/> White/European American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> Asian					
Is the child a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the child a NC resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence: _____	
Is the child a twin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email where parent can be reached: _____			
HOUSEHOLD INFO					
Mailing Address: <small>(Street, City, State, Zip Code)</small>			Primary Phone Number: _____		
			Emergency Contact: _____		
With whom does the child live: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Foster Parent(s)					
If the child lives with an adult who has legal custody or guardianship, is the adult: <input type="checkbox"/> Blood Relative <input type="checkbox"/> Non-Relative					
Please indicate the family address situation: <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Battered Women and Children Shelter <input type="checkbox"/> Foster Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Hospital for 30 days or under <input type="checkbox"/> Lack permanent nighttime address					
Please list the names of ALL family members that live in the household.					
Name	Relationship to the NC Pre-K Child	Date of Birth	Age	Currently in School (Y/N)	Grade Level
1.	NC Pre-K Child				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
					<b>FOR OFFICE USE ONLY: Total Family Size</b> _____

Mother / Stepmother / Legal Caregiver's Name: _____	Father / Stepfather / 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	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
Physical Address: <input type="checkbox"/> Check here if same as mailing address	Physical Address: <input type="checkbox"/> Check here if same as mailing address
Primary Phone Number: _____	Primary Phone Number: _____
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower
<b>Employment Status: (must check Yes or No for each question)</b> Mother Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment Status: (must check Yes or No for each question)</b> Father Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Seeking Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Attending Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Attending High School/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Father Attending Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Work (if applicable): _____ Average hours worked per week? _____ Start Date: _____	Place of Work (if applicable): _____ Average hours worked per week? _____ Start Date: _____
<b>Current wages BEFORE Taxes \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Current wages BEFORE Taxes \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Alimony \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Alimony \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Child Support \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Child Support \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Worker's Comp \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Worker's Comp \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Unemployment \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Unemployment \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Social Security \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Social Security \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>VA Disability \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>VA Disability \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Retirement \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Retirement \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<b>Overtime \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<b>Overtime \$</b> _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<p style="text-align: center;"><b>Statement of No Income</b></p> <p style="text-align: center;">Complete this section if you are unemployed</p> <p>I, _____, certify that as the parent/legal caregiver of _____, has zero income at the time of application. I certify the above information is true and correct and accurately reported.</p> <p>_____          Parent/Legal Caregiver Signature (required):                      Today's Date</p>	<p style="text-align: center;"><b>Statement of No Income</b></p> <p style="text-align: center;">Complete this section if you are unemployed</p> <p>I, _____, certify that as the parent/legal caregiver of _____, has zero income at the time of application. I certify the above information is true and correct and accurately reported.</p> <p>_____          Parent/Legal Caregiver Signature (required):                      Today's Date</p>

## ELIGIBILITY FACTORS

Does the family and/or child speak limited or no English at home?  Yes  No

What is the primary language spoken at home? \_\_\_\_\_

In what language would you like for your child to be screened, if applicable? \_\_\_\_\_

Does the child have a chronic health condition or significant health concern?  Yes  No If yes, please explain:

\*Must provide documents from a health care provider

Does the child have a developmental or educational need?  Yes  No If yes, please explain:

\*Must provide documents from a health care provider

Is the child an active duty military dependent?  Yes  No

Has a parent or legal guardian of this child been seriously injured **OR** killed while on active duty military status?  Yes  No

## PRIOR PLACEMENT

### Child's prior placement at the time of enrollment

- Child has never been served in any preschool or child care setting
- Child is currently unserved (ie: at home now, but have previously have been in child care or other preschool program)
- Child is in unregulated childcare
- Child is in a one or two-star facility
- Child is not receiving subsidy but is in some kind of regulated child care or preschool program
- Child is receiving subsidy and is in some kind of regulated child care or preschool program

### Is the child currently attending a childcare, preschool, or part-day program:

Yes, Name of Program: \_\_\_\_\_

No

If yes, was the child served in the program as a three-year old?  Yes  No

Is family currently enrolled in the childcare subsidy program in DSS?  Yes  No

## ASSESSMENT EVALUATION

Has this child had a physical in the past year?  Yes  No

Date of physical: \_\_\_\_\_ (month, day, year)

Has this child had a developmental screening?  Yes  No

Date of assessment: \_\_\_\_\_ (month, day, year)

## DISABILITIES

Has this child been referred for evaluation for a disability or been identified with a disability?  Yes  No

Is the date of referral known?  Yes  No  N/A Date of Referral: \_\_\_\_\_

What was the decision from the disability evaluation for this child?  N/A  No disability identified  Evaluation decision in process

One or more disabilities identified  Do not know

Type of identified disabilities for this child (check all apply):  N/A  Autism  Deaf-blind  Hearing impaired  Multi-handicapped

Other health impaired  Orthopedically impaired  Speech/language impaired  Visual impaired  Traumatic brain injury

Preschool developmental delayed

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

Has this child been referred for services related to disability?  N/A  Yes  No  Do not know

Is this child receiving services related to disability?  N/A  Yes  No Specify type of disability services \_\_\_\_\_

## PARENTAL RESPONSIBILITY & PARTICIPATION

This application is being conducted to determine the eligibility of your child for the NC Pre-K Program being implemented in Harnett County. Five categories of information are reviewed to determine your child's eligibility. Inaccurate information may jeopardize your child's scoring and thus his/her priority to participate in the program at this time. The information gathered today will become a part of the NC Pre-K database and be used to select participants, place them in the appropriate classrooms, and monitor their progress throughout the program.

Please **initial** next to "Agree" or "Disagree"

1. (initial) Agree \_\_\_\_\_ Disagree \_\_\_\_\_ 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: Harnett 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.
2. (initial) Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Media Consent Waiver and Release- I hereby give permission to the Harnett County Partnership for Children 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.
3. (initial) Agree \_\_\_\_\_ Disagree \_\_\_\_\_ 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 Harnett 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 Harnett County Partnership for Children 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.
4. (initial) Agree \_\_\_\_\_ 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.
5. (initial) Agree \_\_\_\_\_ 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.
6. (initial) Agree \_\_\_\_\_ Transportation- I understand I am responsible for providing.
7. (initial) Agree \_\_\_\_\_ Wraparound- Families will be charged for the cost of wraparound 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.
8. (initial) Agree \_\_\_\_\_ 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 participate 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:
  - 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.)

## PARENT/LEGAL CAREGIVER 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.

Parent/Legal Caregiver's Signature (required):

Print Name

Signature

Today's Date

**SITE PREFERENCE**

**What is your site preference?**

Please rank in order of preferred location (number "1" being the most preferred and "2" being the next). Please select up to **3** preferred sites.

**Anderson Creek Area**

\_\_\_\_\_ Anderson Creek Primary School (public), 914 Anderson Creek School Rd, Bunnlevel

**Angier Area**

- \_\_\_\_\_ Angier Elementary School (public), 130 E. McIver St, Angier
- \_\_\_\_\_ North Harnett Primary School (public), 282 N. Harnett School Rd, Angier
- \_\_\_\_\_ The Village Learning Academy (private), 921 N. Raleigh St, Angier

**Cameron Area**

- \_\_\_\_\_ Building Blocks Early Education Center (private), 81 Plantation Dr, Cameron
- \_\_\_\_\_ Little Miracles (private), 1497 NC Hwy 87 S, Cameron

**Dunn/Erwin Area**

- \_\_\_\_\_ Adventures Under the Sun (private), 803 Lucas St, Erwin
- \_\_\_\_\_ Harnett Primary School (public), 800 W. Harnett St, Dunn

**Lillington Area**

- \_\_\_\_\_ Lillington Shawtown Elementary School (public), 855 Old US Hwy 421 Lillington
- \_\_\_\_\_ Spring Hill Child Care Center (private), 2559 Spring Hill Church Rd, Lillington

**Sanford Area**

- \_\_\_\_\_ Benhaven Elementary School (public), 520 Olive Farm Dr, Sanford

**Please state your reason(s) for these site preferences:**

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**While we will strive to place your child in your "number 1" desired site, placement preference is not guaranteed. 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.**

**Please understand that your child may be placed on a waiting list. Applications submitted before June 30, 2021 will be considered in the first round of placements. These parents will be notified regarding the status of their child's application by July 20, 2021. Applications submitted after June 30, 2021 will be processed on a rolling basis and placed in the program as availability allows.**

**RECRUITMENT INFORMATION**

- How did you hear about the NC Pre-K Program? Please check all that apply:  Brochure  School System  Current Childcare  DSS  Flyer  Family/Friends  Magazine  Newspaper Ad  On-Site Advertisement  Social Media  Web Search  Word of Mouth  Do Not Recall  Pediatrician  Other \_\_\_\_\_

**DOCUMENTATION REQUIRED WITH  
APPLICATION**

Application will not be processed until all of the required documentation has been received. Please see the checklist below for a list of the required documents.

**REQUIRED DOCUMENTATION**

- Completed Application (signed and dated)
- Child's Birth Certificate
- Proof of Income: 1 month of current pay stubs, 1040, 1040EZ, W2, or LES
- Additional income: child support, alimony, Social Security benefits, retirement, VA disability, etc. *(if applicable)*
- Residence Verification (water bill, electric bill, lease)

**IF APPLICABLE, TO DETERMINE ELIGIBILITY**

- Legal documentation for guardianship/custody
- Disability Documentation/Chronic Health Condition
- Military Documentation (LES)
- VA Disability Award Letter
- IEP Documentation

**DOCUMENTATION REQUIRED  
UPON FIRST DATE OF ATTENDANCE**

**UPDATED VACCINATION RECORD**

**HEALTH ASSESSMENT**

(Including hearing, vision, and dental screenings.  
Use Children's Medical Report form.  
Signed and dated within the last 12 months.)

**\*These two documents must be presented to your child's teacher at your Pre-K orientation or on your child's first date of attendance. Failure to do so will result in your child's disenrollment from NC Pre-K.**

**COMPLETE AND RETURN TO:**  
Harnett County Partnership for Children  
North Carolina Pre-K Program  
170 Pine State St.  
Lillington, NC 27546  
Telephone Number: 910-893-2344

**PARTNERSHIP USE ONLY**  
Date Received Stamp