2024 – 2025 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: ☐ Male ☐ Female

Child's Date of Birth: _____ / _____ / _____
Month / Day / Year

Is the child Hispanic? ☐ Yes ☐ No

Child's Race: **(MUST check at least one AND all that apply):**

☐ White/European American ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Native American Indian or Alaska Native
☐ Asian

Is the child a U.S. citizen? ■ Yes ☐ No

Is the child a NC resident? ■ Yes ☐ No

County of Residence: _____

Is the child a twin? ☐ Yes ☐ No

Email where parent can be reached: _____

HOUSEHOLD INFO

Mailing Address:
(Street, City, State, Zip Code)

Parent Phone Number: _____

Emergency Contact Phone Number: _____

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

If the child lives with an adult who has legal custody or guardianship, is the adult: ☐ Blood Relative ☐ Non-Relative

Please indicate the family address situation: ☐ Permanent ☐ Homeless or Emergency Homeless Shelter ☐ Battered Women and Children Shelter
☐ Foster Home ☐ Hotel/Motel ☐ Hospital for 30 days or under ☐ 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			N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
			FOR OFFICE USE ONLY: Total Family Size _____		

Mother / Stepmother / Legal Caregiver's Name:	Father / Stepfather / Legal Caregiver's Name:
_____	_____

Relationship to Child: ☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Legal Custodian ☐ Foster Parent ☐ Kinship Provider	Relationship to Child: ☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Legal Custodian ☐ Foster Parent ☐ Kinship Provider

Physical Address: ☐ Check here if same as mailing address	Physical Address: ☐ Check here if same as mailing address

Primary Phone Number: _____	Primary Phone Number: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower	**Marital Status:** ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower

Employment Status: (must check Yes or No for each question) Mother Employed: ☐ Yes ☐ No Mother Seeking Employment: ☐ Yes ☐ No Mother Attending Secondary Education: ☐ Yes ☐ No Mother Attending High School/GED: ☐ Yes ☐ No Mother Attending Job Training: ☐ Yes ☐ No Other Employment: ☐ Yes ☐ No	**Employment Status: (must check Yes or No for each question)** Father Employed: ☐ Yes ☐ No Father Seeking Employment: ☐ Yes ☐ No Father Attending Secondary Education: ☐ Yes ☐ No Father Attending High School/GED: ☐ Yes ☐ No Father Attending Job Training: ☐ Yes ☐ No Other Employment: ☐ Yes ☐ 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: _____

Current wages BEFORE Taxes $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Current wages BEFORE Taxes** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
Alimony $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Alimony** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
Child Support $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Child Support** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
Worker's Comp $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Worker's Comp** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
Unemployment $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Unemployment** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
Social Security $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Social Security** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
VA Disability $ _____ ☐Yearly ☐Monthly ☐Twice Monthly ☐Bi-Weekly ☐Weekly	**VA Disability** $ _____ ☐Yearly ☐Monthly ☐Twice Monthly ☐Bi-Weekly ☐Weekly
Retirement $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Retirement** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly
Overtime $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly	**Overtime** $ _____ ☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Bi-Weekly ☐ Weekly

Statement of No Income Complete this section if you are unemployed 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. *By typing your name below, you are signing this form electronically. You agree that your electronic signature is the legal substitute of your manual signature on this form.* _____ Parent/Legal Caregiver Signature (required): Today's Date	**Statement of No Income** Complete this section if you are unemployed 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. *By typing your name below, you are signing this form electronically. You agree that your electronic signature is the legal substitute of your manual signature on this form.* _____ Parent/Legal Caregiver Signature (required): Today's Date

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 a military dependent? ☐ Yes ☐ No   If yes, select one: ☐ Active Duty ☐ Reserves ☐ National Guard (Provide proof)

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 childcare setting

☐ Child is currently unserved (ie: at home now, but have previously been in childcare 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 childcare or preschool program

☐ Child is receiving subsidy and is in some kind of regulated childcare 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	Has this child had a developmental screening? ☐ Yes ☐ No
Date of physical:_____(month, day, year)	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. 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.

Please *initial* next to "Agree"

1. (initial) Agree _____ **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 _____ **Media Consent Waiver and Release**- I hereby ☐ give permission, ☐ do not 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-visualt ape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.

3. (initial) Agree _____ **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 childmay 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.

By typing your name below, you are signing this form electronically. You agree that your electronic signature is the legal substitute of your manual signature on this form.

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

_____The Children's Courtyard (private), 81 Plantation Dr, Cameron
_____Little Miracles (private), 1497 NC Hwy 87 S, Cameron

Dunn/Erwin Area

_____Dunn Elementary (public), 800 W. Harnett St, Dunn
_____Adventures Under the Sun (private), 803 Lucas St, Erwin
_____Erwin Elementary (public), 114 Porter Dr., Erwin

Lillington Area

_____Boone Trail Elementary School (public), 1425 Adcock Rd. Lillington
_____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:

_____

_____

_____

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, 2024 will be considered in the first round of placements. These parents will be notified regarding the status of their child's application by July 15, 2024. Applications submitted after June 30, 2024 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 (copies are accepted)
- ☐ 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.

******For all PreK application inquires email: ncprek@harnettsmartstart.org******

HAND DELIVER IN PERSON TO:
Harnett County Partnership for Children
107 W. Front St. or 170 Pine State. St.
Lillington, NC 27546
Telephone Number: 910-893-2344

US MAIL TO:
Harnett County Partnership for Children
Attn: Pre-K
170 Pine State. St.
Lillington, NC 27546

ONLINE SUBMISSIONS:
https://harnettsmartstart.org/wp-content/uploads/2024/03/24-FINAL-en-no-box-HarnettCounty-Pre-K-app.pdf
Go to step 3 to upload your application and all required documents