



## NC PRE-KINDERGARTEN SERVICES INFORMATION 2021-2022

Please keep this page for your information

### What is NC Pre-K?

NC Pre-K is a fun and exciting learning opportunity for children. They develop many skills which make the transition to kindergarten easier. NC Pre-K classrooms in our community operate at least six hours a day Monday through Friday from late August- early June. NC Pre-K classes are located in the Stokes County School System, Head Start, and private child care centers. The program is free to qualifying families. Funding for Pre-Kindergarten classes comes from Stokes County Schools, Head Start, and NC Pre-K. Each funding source has different eligibility criteria. By submitting an application, you will be considered for all possible placements. Space is limited and some children may be placed on a wait list.

### Should I apply?

If one or more of the following guidelines is true for you or your child, you may qualify for NC Pre-K services:

- Child must turn four years of age on or before **August 31, 2021** to be considered for the upcoming 2020-2021 school year;
- Child must reside in a household meeting 75% State Median Income or less;
- Child of eligible military family;
- Child with an identified disability or developmental/educational need;
- Child/family with limited English skills;
- Child living with a foster family, legal guardian, or relative;
- Child experiencing homelessness.

**If you are interested in applying, please return application and supporting documents to:**

Stokes Partnership for Children  
 PO Box 2319  
 151 Jefferson Church Rd., Suite 104  
 King, NC 27021  
 Phone: 336-985-2676  
 Fax: 336-985-3302

[scox@stokespfc.com](mailto:scox@stokespfc.com)

**Completing this application does not guarantee participation in the NC Pre-K program.  
 Parent/Guardian will be notified in writing of their child's eligibility/enrollment status in July.**

**No application will be considered complete until the following information has been received.**

- Completed and Signed Application
  - Proof of Birth (Birth Certificate, Medical Records, or Immunization Records)
  - Proof of income (1040, W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, Military pay or 4 recent consecutive paystubs).  
**Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family. (See box on second page of application).**
  - Proof of Residency (current utility bill or rental agreement)
- Once a child is accepted in the program the following will need to be submitted:**
- Child's Immunization Record
  - Individualized Education Plan (IEP) or Section 504 plan **if applicable**
  - Health Assessment including dental, vision and hearing completed by physician within 30 days of enrollment
  - Documentation of custody/guardianship if child does not live with a biological parent

**Information About Locations of Pre-K Sites**

Children are assigned to sites by the Pre-K staff; however, it would be helpful for us to know which sites would be convenient for you. Some sites are open to all applicants and some sites are limited to children who meet certain criteria. Children will be assigned to a site based on eligibility, residency, needs of the family, and requirements of the program.

In order to help us with placement decisions, please let us know which site(s) might best meet your needs. **Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices on page one of the application.**

Site	Address	Phone	Director/Principal	Extended Care Offered?	Transportation Offered?
Danbury Head Start	1070 Hospice Dr. Danbury, NC 27016	336-593-8113	Rhonda Wrenn	No	Yes (limited)
King Elementary	152 East School St. King, NC 27021	336-983-5824	Daniel Bryant	May be available through Stokes YMCA	Within District (only with older sibling & if space is available)
London Head Start	609 School St. Walnut Cove, NC 27052	336-591-7340	Lisa Moore	No	No
Mt. Olive Head Start	2145 Chestnut Grove Rd. King, NC 27021	336-367-4993	Rhonda Wrenn	May be available through Stokes YMCA	No
New Life Center	415 Summit Street Walnut Cove, NC 27052	336-591-3109	Nann Phillips	Yes	No
Pinnacle Elementary	1095 Surry Line Road Pinnacle, NC 27043	336-368-2990	Susan Sprinkle	No	Within District (only with older sibling & if space is available)
Poplar Springs Elementary	223 Hobe Kiser Rd. King, NC 27021	336-983-3882	Sam Jones	May be available through Stokes YMCA	Within District (only with older sibling & if space is available)
Sandy Ridge Head Start	1308 Amostown Road Sandy Ridge, NC 27046	336-871-2551	Rhonda Wrenn	No	No
Walnut Cove Elementary	1211 Walnut Cove Rd. Walnut Cove, NC 27052	336-591-4408	Chris Bottoms	May be available through Stokes YMCA	Within District (only with older sibling & if space is available)



### 2021-2022 NC Pre-K application for Stokes County

1<sup>st</sup> Site Choice \_\_\_\_\_ 2<sup>nd</sup> Site Choice \_\_\_\_\_ 3<sup>rd</sup> Site Choice \_\_\_\_\_

Do you have another child enrolled at any of the sites that have a NC Pre-K classroom? If so, which site?: \_\_\_\_\_

#### CHILD'S INFORMATION

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ If child is not 4, will your child be 4 on or before August 31<sup>st</sup>? YES  NO

Child's Address \_\_\_\_\_  
Street City State Zip County

Mailing Address \_\_\_\_\_  
If different from above Street City State Zip

#### Race (Check All That Apply):

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

#### Ethnicity (Please Check One):

- Hispanic or Latino?  Yes  No

Gender  Male  Female Child's Primary Language \_\_\_\_\_ In what language would you like for child to be screened? \_\_\_\_\_

#### FAMILY INFORMATION

##### Who does the child live with?

- Mother and Father
- Grandparent(s)
- Single Mother
- Foster parent(s)
- Single Father
- Legal Guardian
- Parent & Step parent
- Other \_\_\_\_\_
- 50/50 Joint Custody

##### Does your family currently have a stable living arrangement?

Yes  No  Prefer not to answer (please explain) \_\_\_\_\_

Mother/Stepmother/Guardian Name \_\_\_\_\_ Resides w/ child YES  NO

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Stepfather/Guardian Name \_\_\_\_\_ Resides w/ child YES  NO

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address: \_\_\_\_\_ If you wish to opt out of receiving SPC's e-newsletter, initial here \_\_\_\_\_

What is the child's family size? \_\_\_\_\_ Total Number (including the NC Pre-K Child)

Please list the names of ALL family members that live in the household.	Relationship to the NC Pre-K Child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		

#### Are the parents in this household employed or enrolled in school? Please check all that apply.

Mother/Guardian: Working YES  NO  Employer name: \_\_\_\_\_  F/T  P/T  
 Seeking Employment YES  NO   
 In School YES  NO  School name: \_\_\_\_\_

Father/Guardian: Working YES  NO  Employer name: \_\_\_\_\_  F/T  P/T  
 Seeking Employment YES  NO   
 In School YES  NO  School name: \_\_\_\_\_

Please circle the highest level of education completed:

Mother/Guardian: 1 2 3 4 5 6 7 8 9 10 11 12      Some College      HS Diploma      GED      AA      BA/BS or higher  
 Father/Guardian: 1 2 3 4 5 6 7 8 9 10 11 12      Some College      HS Diploma      GED      AA      BA/BS or higher

**Mother/Stepmother/Guardian's Income- LIST ALL SOURCES OF INCOME IN THE CHILD'S HOUSEHOLD**

Earned Income/OT	\$ _____ 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/Work First	\$ _____ 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/SSI	\$ _____ 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 Benefits/Worker's Comp	\$ _____ 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	\$ _____ 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 _____	\$ _____ 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/Guardian's Income**

Earned Income/OT	\$ _____ 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/Work First	\$ _____ 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/SSI	\$ _____ 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 Benefits/Worker's Comp	\$ _____ 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	\$ _____ 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 _____	\$ _____ weekly	<input type="checkbox"/>	every two weeks	<input type="checkbox"/>	twice a month	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	<input type="checkbox"/>

**\*If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family: \_\_\_\_\_ Amount provided \$ \_\_\_\_\_ week/month**

**I certify this information is true. If any part is false, I understand my child's participation in the program may be terminated.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**OTHER INFORMATION**

- Is parent/legal guardian of this child an active member of the military, or was a parent or legal guardian of this child injured or killed while on active duty? (Verification of military documentation required) YES  NO
- Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? YES  NO
- Is child currently enrolled in a preschool, child care center, or home day care? YES  NO   
 If currently enrolled, what is the name of the program? \_\_\_\_\_
- Is your child receiving subsidy for child care? YES  NO  If no, on the subsidy wait list? YES  NO
- Does your child have a chronic health condition? (Documentation from physician required) YES  NO   
 If yes, what is the health condition? \_\_\_\_\_
- Does your child need assistance with potty training? YES  NO
- Has your child been diagnosed with a Special Need? YES  NO   
 o If yes, does child have Individualized Education Plan (IEP) or a Section 504 plan? YES  NO
- Is your child currently receiving services for a special need or disability? YES  NO
- If yes, please specify (check all that apply and list the service provider)

Speech \_\_\_\_\_  Physical Therapy \_\_\_\_\_  Educational Services \_\_\_\_\_  
 Mental Health \_\_\_\_\_  Occupational Therapy \_\_\_\_\_  Identified disability-Please specify \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**PARENT RESPONSIBILITY AND PARTICIPATION**

- I understand 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 this information is being given for receipt of federal and/or state funds. Officials may verify the information on this application. 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 Head Start, Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for either program. The designated agencies may share and/or verify any and all information regarding my child.
- I understand that if my child is selected to participate in the NCPK program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.
- I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment and participation.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's school.
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results to be shared with partnering Pre-K programs (Head Start, Title I and NC Pre-K).

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**