

**FOR OFFICE USE ONLY**

HS Eligible Y ☐ N ☐  
 NCPK Eligible Y ☐ N ☐  
 Further Assessment Y ☐ N ☐

**FOR OFFICE USE ONLY**

Site: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Entered into NCPK: \_\_\_\_\_

All completed applications should be returned to Stokes Partnership for Children,  
 151 Jefferson Church Road, Suite 104, PO Box 2319, King, NC 27021. For Questions: 336-985-2676

## ***STOKES COUNTY***

### **NC Pre-Kindergarten Program**

### **SCHOOL YEAR 2019-2020**

**CHILD INFORMATION****Child's Full Name:****Contact Information:**

Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Child's Gender:**Male ☐ Female ☐**Child's Date of Birth:**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Child's Ethnicity:**

Hispanic or Latino

☐

Not Hispanic or Latino

☐**Child's Race:****(Check all that apply)**

American Indian or Alaska Native

☐

Asian

☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

☐**Is Child a U.S. Citizen?****Yes****No**☐☐**Is Child a N.C. Resident?**☐☐

**Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?**

☐☐

## FAMILY INFORMATION

**Child Lives With:**

☐ Both Parents   ☐ Mother   ☐ Father   ☐ Other \_\_\_\_\_

**Adults living with family:** \_\_\_\_\_ **Siblings under age 18:** \_\_\_\_\_ **Family size:** \_\_\_\_\_

**List names, ages and relationship to child of all people living in the household (include parent(s)/guardians & children.\***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\*Use additional paper if needed to list all household members.

**What language(s) are spoken in the home?**

**Total Annual Income, prior to taxes is:**

***Applications WILL NOT BE PROCESSED without PROOF of income***  
**(1040 or W-2 tax form, last 3 consecutive paystubs, or signed statement if \$0 income;**  
**Proof of Social Security income; proof of child support)**

**Please check all Below That Pertain to Your Current Status**

<b>Mother \$</b> _____ <input type="checkbox"/>	Employed <input type="checkbox"/>	<b>Father \$</b> _____ <input type="checkbox"/>
<input type="checkbox"/>	Seeking Employment <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	In Post-Secondary Education <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	In High School or In GED Program <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	In Job Training <input type="checkbox"/>	<input type="checkbox"/>

**Place of employment?** \_\_\_\_\_

**Place of employment?** \_\_\_\_\_

**How many hrs. per week?** \_\_\_\_\_

**How many hrs. per week?** \_\_\_\_\_

## EDUCATION INFORMATION

**Which elementary school district do you live in? Do you have older children enrolled in this school?**

**Which Pre-K site would you prefer?**

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**Is your child currently enrolled in a preschool or childcare program?** ☐ Yes ☐ No

If yes, which one? \_\_\_\_\_

If no, has your child ever been enrolled in a childcare program? ☐ Yes ☐ No

If yes, where did your child attend? \_\_\_\_\_

Please provide the approximate dates of attendance. \_\_\_\_\_

PUBLIC ASSISTANCE INFORMATION	
Is your child on the subsidy waiting list at the Department of Social Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently receiving DSS vouchers for child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH INFORMATION	
Does your child have any special developmental needs or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Does your child have an Active IEP <i>Individualized Education Plan</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been referred for evaluation for or identified with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child has a chronic health problem, please explain:  _____	
OTHER INFORMATION	
Is there any other information you would like to share with us?  _____  _____	

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- You must provide the following before your application is processed to determine eligibility:**

\_\_\_\_\_ Verification of Income (Last three consecutive pay stubs or most current W2 or 1040 tax forms, proof of Social Security benefits, proof of child support if receiving, signed statement if \$0 income)

\_\_\_\_\_ Verification of Residency (I.e.: Driver's license, utilities bill, etc.)

\_\_\_\_\_ Copy of Child's **Certified** Birth Certificate (We do not need an original.)

- The following documentation is required before your child can attend a NCPK program:**

\_\_\_\_\_ Child's Updated Immunization Records

\_\_\_\_\_ Child's Kindergarten Health Assessment (to include a dental screening)

***Your Application Will Not Be Processed Without Income Verification!***

***If you report having no verifiable income you must complete a Zero Income Statement (available at Stokes Partnership for Children or [www.stokespfc.com](http://www.stokespfc.com))***

**Be Sure to Read, Initial & Sign Next Page**

**Please read the following statements carefully and initial by each:**

- \_\_\_\_\_ I certify that all of the given information is true and correct and that all income is reported. I understand this information is being given for the receipt of state funds. NCPK officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.
- \_\_\_\_\_ The information on this form will be used in the determination of NCPK and Head Start programs. I understand that I am releasing information so that my child may be considered for the NCPK program.
- \_\_\_\_\_ I understand there may be a waiting list for NCPK or Head Start services.
- \_\_\_\_\_ 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. I/We commit to participate as much as possible at the NCPK Site.
- \_\_\_\_\_ I understand that transportation to and from NCPK sites may be the responsibility of the family.
- \_\_\_\_\_ I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screening while attending the NCPK and Head Start Program.
- \_\_\_\_\_ I understand that if there is any change in my child's status- address, attendance in any type of licensed care, phone numbers, guardianship, etc. I will contact **Shannon Cox**  
**336.985.2676** immediately and inform them of changes.
- \_\_\_\_\_ I understand that if my child participates in NCPK, he/she may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, School website, NCPK related publications, etc.
- \_\_\_\_\_ I agree for the email address I provided to be added to the mailing list to receive the Stokes Partnership for Children electronic newsletter, which includes helpful parenting information and resources. We will not sell or give your email address to any third party vendors. (If you wish to opt out, please write "No" in the blank).

**How did you hear about us?**

\_\_\_\_\_

**\* MY SIGNATURE CONFIRMS THAT I AM LEGALLY RESPONSIBLE FOR THE CHILD APPLICANT \***

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

**For Questions, Call Stokes Partnership for Children at (336) 985-2676.**