

2015 - 2016 NC Pre-Kindergarten Application

Randolph County Pre-K Programs are looking for children living in Randolph County who will be 3* (at select sites) or 4 years old by August 31, 2014, and who MAY QUALIFY for its Pre-K program. You must provide the following documentation listed below for your application to be processed.

Without these documents, your application cannot be considered complete.

- Child's Birth Certificate Child's Updated Immunization Record Card
 Verification of income (Three consecutive pay stubs or 1040 tax forms if self employed for current year and copy of all public assistance, child support if receiving) Photo ID and 2 proof of residency (showing same address)

Please attach copies of the documents and return the completed application form to

**RANDOLPH COUNTY
PARTNERSHIP FOR CHILDREN
349 SUNSET AVENUE
ASHEBORO, NC 27203
(336) 629-2128**

**HEAD START*
118 VIRGINIA AVE
P.O BOX 1883
ASHEBORO, NC 27204
(336) 672-5570**

**EARLY CHILDHOOD DEVELOPMENT CENTER*
1738 N. FAYETTEVILLE ST
ASHEBORO, NC 27203
(336) 672-6636**

INFORMATION ABOUT YOUR CHILD

Child's Name _____
Last First Middle Nickname

Date of Birth ____/____/____ ____ Male ____ Female
Month Day Year

Select child's ethnicity then select race below: ____ Hispanic or ____ non Hispanic

Race (check all that applies):

- ____ White (Origins in any of the Europe, Middle East, or North Africa)
 ____ Black (Origins in any of the black racial groups of Africa)
 ____ Hawaiian/Pacific Islander (Origins in any of the Hawaii, Guam, Samoa or other Pacific Islands)
 ____ American Indian (Origins in any of the North, Central, or South America)
 ____ Asian (Origins in any of the Far East, Southeast Asia, or Indian subcontinent)

Family's Primary Language _____

INFORMATION ABOUT THE FAMILY

Name of Parent(s) or Legal Guardian(s) who lives in the Household:

_____, Phone _____, Alt phone _____
Last First Middle

_____, Phone _____, Alt phone _____
Last First Middle

Household Address _____
Street City State Zip Code

Mailing Address (if different) _____
Street City State Zip Code

Head of Household: One parent Two parents, married Two parents, not married
 Legal guardian(s) Other: _____

How many people live in your household? ____ **Number of Adults** ____ **Number of Children** ____

Ages of all children _____

PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY

- 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. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- Application would be shared with agencies providing pre-k & childcare subsidy to ensure children are served.
- My signature also confirms that the information provided on this application is accurate and complete.

 Parent/Guardian's Signature

 Date

2015-2016 Pre-Kindergarten Application

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential. **Please answer all questions** as accurately as possible. This survey is confidential and your individual answers will not be shared with anyone. Reports of the application will not identify you in any way.

1. Income of Parents/Guardians

Name of Adult	Relationship to Child	Annual Income
		\$
		\$
		\$

2. Are the parents in this family employed or enrolled in school? Please Circle.

Mother: Working F/T P/T Employer: _____ Job Title: _____

How long at employed here? _____ Hours of employment _____ Days of employment _____

In School F/T P/T Course of Study: _____ School: _____

Stay at home _____ Seeking Work _____ Disability _____ Other(explained) _____

Father: Working/Seeking F/T P/T Employer: _____ Job Title: _____

How long at employed here? _____ Hours of employment _____ Days of employment _____

In School F/T P/T Course of Study: _____ School: _____

Stay at home _____ Seeking Work _____ Disability _____ Other(explained) _____

3. Please circle the highest level of education completed:

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher H.S. Diploma Received?
GED

Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher H.S. Diploma GED

4. Is your child currently enrolled in any type of preschool program? If so please indicate.

___ Child Care Center/Home; Name _____ Town/City _____

___ Head Start site name; _____

___ Parent/Home

___ Other – Please Specify _____

5. If your child is not in a program, has he/she ever been in any type of child care program? ___ Yes ___ No ___ N/A

If yes, indicate last day of attendance _____

Name of child care center/home, preschool or head start program: _____ Town/City _____

6. To assist us with placing your child in a pre- k classroom, is your child currently potty trained? ___ Yes ___ No

7. Does your child have or has he/she ever had a chronic health condition? ___ Yes ___ No

If yes, what is the health condition? _____

8. Is your child currently or has he/she ever received services for a special need or disability? ___ Yes ___ No

If yes, please specify (check all that applies): **Date of Services:** _____

___ Speech ___ Physical Therapy

___ Educational Services ___ Identified disability – Please specify _____

___ Mental Health ___ Other- Please Specify _____

9. Does the parent/legal guardian serve as an active member of the armed forces of the United States or has been ordered to active duty by the proper authority within the last or next 18 months? ___ Yes ___ No

10. Has a parent/legal guardian been seriously injured or killed while in active duty? ___ Yes ___ No

11. Is your child currently receiving subsidy for child care? ___ Yes ___ No. On the subsidy waiting list? ___ Yes ___ No

12. Are any siblings currently enrolled in an elementary school? _____ If so what school? _____

13. How did you hear about this program? _____

14. Does your family have any needs or crises we could assist you with? No Prefer not to answer

Yes (please explain) _____

15. Please indicate if your child needs transportation to and from the program? Yes No

16. Name & Phone # of Doctor or Medical Service Provider _____

17. Name & Phone # of Child's Dentist _____

18. Randolph Hospital will be used in case of emergency unless otherwise listed: _____