







2024-2025 Caswell County NC Pre-Kindergarten Application

Please complete all fields

Please mark your 1st and 2nd choice for your child's NC Pre-K site placement:							
☐ North Elementary School							
☐ Oakwood Elementary School							
☐ Rainbow Educational Child Care Center							
☐ South Elementary School							
Child Information							
Child's Name:							
First	Middle	Last					
Child's Birth Date:							
Child's Birth Date: Month - Day - Year							
Child's Gender: ☐ Male ☐ Female							
Clind's Gender. 🗆 Male							
Child's Home Address:							
Street	City	Zip Code					
Street	City	Zap code					
Child's Ethnicity:							
☐ Hispanic or Latino							
☐ Non- Hispanic or Latino							
Child's Race (may select more than one):							
☐ Black/African American							
☐ White/European American							
□ Asian							
☐ American Indian/Alaska Native							
☐ Native Hawaiian/Other Pacific Islander							
Is child a Caswell County resident? \square Yes	□ No						
Is shild a U.S. Citizan? Vas No							

children living in the household grandparent, sister, brother, half-sister/ brother, step-sister/brother) Comparison of the comparison						
Gardiparent & Stepparent Legal Custodian* Legal Custodian* Legal Custodian* Legal Custodian* Legal Custodian* Legal Custodian* Stinship Provider**: Gardiparent(s) Statch copies of legal documentation Statch copies of legal custodian, legal custodian, or foster parent. Statch copies of legal documentation Statch copies of legal custodian, legal custodian, or foster parent. Statch copies of legal custodian, legal custodian, legal custodian, or foster parent. Statch copies of legal custodian, legal custodian, or foster parent. Statch copies of legal custodian, legal custodian, legal custodian, or foster parent. Statch copies of legal custodian, legal custodian, legal custodian, legal custodian, or foster parent. Statch copies of legal custodian, legal custodian, legal custodian, legal custodian, or foster parent. Statch copies of legal custodian, legal custodian, lega	☐ Both Parents		☐ Fost	er parent(s)	*	
Parent & Stepparent	☐ Mother					
Grandparent(s)	☐ Father		□ Lega	l Custodiar	1*	
Grandparent(s)	☐ Parent & Stepparent		☐ Kins	hip Provide	er**:	
**Note: Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. For the purposes of NC Pre-K, kinship is established when the child lives with and is cared for by an adult who is not the child's parent, legal guardian, legal custodian, or foster parent. How many family members live in household (including the NC Pre-K Child)? List the names of ALL adults and children living in the household I list relationship to the NC Pre-K Child (e.g. mother, father, stepparent, grandparent, sister, brother, half-sister/ brother, step-sister/brother) List date of birth for any child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend List name of school that child(ren) up to age 18 attend Co. Parent/Guardian #1: Name: Phone #(s): Email address: (Email will be used by the Caswell County Partnership for Children to provide information about FREE Pre-K activities and supplies when available) Choose which of these apply: Employed Fulltime Employed Part-time Name of Employer: District Name of Employer: District Name of Employer: District Name of Employer	☐ 50/50 Joint Custody		\square Othe	r (specify):		
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brother, step-sister/brother) age 18) attend	children living in the household				• • • • • •	
Parent/Guardian #1: Name: Canal C					up to age 18	
Parent/Guardian #1: Name: Phone #(s): (Email will be used by the Caswell County Partnership for Children to provide information about FREE Pre-K activities and supplies when available) Choose which of these apply: Employed Fulltime Employed Part-time Name of Employer: Unemployed Seeking Employment Attending College In High School/GED program In Job Training Other: Wages/Salary/Employment Income \$ Social Security Benefits/Disability Insurance \$		brother, ste	ep-sister/broth	ier)		age 18) attend
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Any Other Income: \$	Retirement/Disability Benefits weekly every two weeks Unemployment Benefits/Worker's General weekly every two weeks Court Ordered Child Support/Alimon	Comp \$ twice a month ony \$	□ monthly	□ annual	lly	
□ weekly □ every two weeks □ twice a month □ monthly □ annually	Retirement/Disability Benefits weekly every two weeks Unemployment Benefits/Worker's Court Ordered Child Support/Alimo weekly every two weeks every two weeks every two weeks	Comp \$ ☐ twice a month	<u> </u>	□ annual	lly	

Parent/Guardian #2: Name:					
Phone #(s): Email address:					
Choose which of these apply: ☐ Employed Fulltime ☐ Employed Part-time Name of Employer:					
☐ Unemployed ☐ Seeking Employment ☐ Attending College ☐ In High School/GED	program				
☐ In Job Training ☐ Other:					
Parent/Guardian #2 Income – LIST ALL SOURCES OF INCOME					
Wages/Salary/Employment Income \$					
□ weekly □ every two weeks □ twice a month □ monthly □ annually Social Security Benefits/Disability Insurance \$					
\square weekly \square every two weeks \square twice a month \square monthly \square annually					
Social Security Income (for Child) \$					
□ weekly □ every two weeks □ twice a month □ monthly □ annually					
Retirement/Disability Benefits \$					
□ weekly □ every two weeks □ twice a month □ monthly □ annually Unemployment Benefits/Worker's Comp \$					
\square weekly \square every two weeks \square twice a month \square monthly \square annually					
Court Ordered Child Support/Alimony \$					
□ weekly □ every two weeks □ twice a month □ monthly □ annually					
Any Other Income: \$					
□ weekly □ every two weeks □ twice a month □ monthly □ annually					
To help us determine your child's eligibility, please check all of the following that your househousehouse the company of the	old receives:				
□ Refugee Services □ Medicaid	nu receives.				
□ WIC □ Supplemental Security Income (SS)	D.				
□ Public Housing □ Food Stamps	.)				
☐ TANF/Work First ☐ SNAP					
Proof of public assistance is not required unless specifically requested. This will only be requested in some cases and only if it simplifies the eligibility process.					
and only it it simplifies the engionity process.					
Parent(s)/Guardian(s):					
To be completed by each parent, stepparent, guardian or legal guardian/custodian residing in the household and					
claiming no income from any source listed on application. For example, if parent 1 has income as marked above and parent 2 does not, then parent 1 should be listed below as source of support. If the only source of household					
income is social security income in the child's name, then parent(s) must complete:					
Person(s) and/or source(s) that provides support for this family:					
Amount provided \$ □ week or □ month or □ other:					
Additional Family Information					
1. Does your family currently have a stable living arrangement?	□ Yes □ No				
2. Do you have transportation to drop off and pick up your child from the Pre-K Program?	□ Yes □ No				
3. What is the Primary Language spoken in the family's home?					
4. Does your child have a chronic health condition or significant health concern diagnosed and					
documented by a Professional Health Care Provider?	☐ Yes ☐ No				
If yes, please list health condition(s) or concern(s):					
5. Has your child been referred for an evaluation for a disability?	□ Yes □ No				

о.	Has your child been identified with a disability?	□ Yes □ No
	If yes, check all that apply:	
	☐ Autistic	
	☐ Deaf-blind	
	☐ Hearing impaired	
	☐ Multi-handicapped	
	☐ Orthopedically impaired	
	☐ Speech/language impaired	
	☐ Visually impaired	
	☐ Traumatic brain injured	
	☐ Developmentally delayed	
	☐ Other health impaired (specify):	
7.	Has your child been referred for services related to a disability?	☐ Yes ☐ No
8.	Is your child receiving services related to a disability?	☐ Yes ☐ No
о.	If yes, check ALL services received:	
	☐ Speech Therapy	
	☐ Physical Therapy	
	□ Occupational Therapy	
0	Other (specify):	
	Does your child have an Individualized Education Plan (IEP)?	☐ Yes ☐ No
10.	Does your child have a parent in current active military duty, active duty within the last	
	18 months, scheduled active duty in the next 18 months, or who was injured or killed while	
	serving on active duty?	☐ Yes ☐ No
11.	Since birth, has your child ever attended a preschool program, child care center or	
	family child care home?	☐ Yes ☐ No
12.	Is your child currently enrolled in a preschool program, child care center or family child care	
	home?	☐ Yes ☐ No
	If YES, what is the name of the program?	
13.	Is your child currently receiving subsidy for child care?	☐ Yes ☐ No
Pa	rent/Guardian Responsibility and Participation	
•	I understand this is an application for services offered and does not constitute enrollment into an	v program.
•	I certify that the information provided on this application is true and accurate and all income has	• • •
•	I have provided all of the required documentation to verify my responses included on this applic	-
•	I understand this information is being provided for receipt of federal and/or state funds. Official	
	the information on this application. Deliberate misrepresentation of the information may cause	•
	terminated from the program and/or other appropriate action may be taken against me.	ing child to be
•	The information on this application will be used in the determination of eligibility for Title I and	l/or NC Pro K
•	programs. I hereby release the information so that my child may be considered for any of these	
	designated agency may share and/or verify any and all information regarding my child.	programs. The
_		do by me and
•	I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be matter NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and that every effort shall be matter at the NC Pre-K are appeared to serve at-risk children and the normal at-risk at the normal at-risk at-risk at the normal at-risk at-risk at-risk at the normal at-risk	ide by me and
	the NC Pre-K program to maintain my child's enrollment, attendance, and participation.	
•	I understand I am responsible for providing transportation for my child if transportation is not avechild's Pre-K site.	vailable at my

Parent/Guardian Signature

Date_