



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: _____
Month – Day – Year

Child’s Gender: Male Female

Child’s Home Address: _____
Street
City
Zip 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? Yes No

Is child a U.S. Citizen? Yes No

Family Information

Child lives with:

- Both Parents
- Mother
- Father
- Parent & Stepparent
- 50/50 Joint Custody
- Grandparent(s)

- Foster parent(s)*
- Legal Guardian*
- Legal Custodian*
- Kinship Provider** : _____
- Other (specify): _____

*Attach copies of legal documentation

**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 <u>ALL</u> adults and children living in the household	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	List name of school that child(ren) (up to age 18) attend
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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: _____
 Unemployed Seeking Employment Attending College In High School/GED program
 In Job Training Other: _____

Parent/Guardian #1 Income – LIST ALL SOURCES OF INCOME

Wages/Salary/Employment Income	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Social Security Benefits/Disability Insurance	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Social Security Income (for Child)	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Retirement/Disability Benefits	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Unemployment Benefits/Worker's Comp	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Court Ordered Child Support/Alimony	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Any Other Income: _____	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	

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	\$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security Benefits/Disability Insurance	\$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security Income (for Child)	\$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Retirement/Disability Benefits	\$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Unemployment Benefits/Worker’s Comp	\$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Court Ordered Child Support/Alimony	\$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Any Other Income:	_____ \$ _____
<input type="checkbox"/> weekly	<input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually

To help us determine your child’s eligibility, please check all of the following that your household receives:

- Refugee Services Medicaid
- WIC Supplemental Security Income (SSI)
- 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.

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 \$ _____ <input type="checkbox"/> week or <input type="checkbox"/> month or <input type="checkbox"/> 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

6. 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
 If yes, check ALL services received:
 Speech Therapy
 Physical Therapy
 Occupational Therapy
 Other (specify): _____
9. 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

Parent/Guardian 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 provided on this application is true and accurate and all income has been reported.
- I have provided all of the required documentation to verify my responses included on this application.
- I understand this information is being provided for receipt of federal and/or state funds. Officials may verify the information on this application. Deliberate misrepresentation of the information may cause my child to be terminated from the program and/or other appropriate action may be taken against me.
- The information on this application will be used in the determination of eligibility for Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for any of these programs. The designated agency may share and/or verify any and all information regarding my child.
- 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, attendance, and participation.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's Pre-K site.

Parent/Guardian Signature _____ **Date** _____