

Mother/Stepmother/Guardian's Income – LIST ALL SOURCES OF INCOME

Wages/Salary/Employment Income	\$ _____	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"/>
Any Other Income:	\$ _____	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 – LIST ALL SOURCES OF INCOME

Wages/Salary/Employment Income	\$ _____	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"/>
Any Other Income:	\$ _____	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(s) of regular income as noted above, please list the person(s) or source(s) that provides support for this family:**

_____.

Amount provided \$ _____ week or month.

Other Information

- Does your child need transportation to participate in the program? Yes No
- Does your child need before and/or after school care? Yes No
- Does the parent/legal guardian serve as an active member of the armed forces of the United States? Yes No
- Has a parent been seriously injured or killed while in active duty? Yes No
- Since birth, has this child ever been enrolled in a preschool, child care center, or family child care home? Yes No
- Is this child currently enrolled in a preschool, child care center, or family child care home? Yes No
If currently enrolled, what is the name of the program? _____
- Is this child receiving subsidy for child care? Yes No
If no, is this child on the subsidy wait list? Yes No
- Has this child been diagnosed with a Special Need? Yes No
If yes, does child have Individualized Education Plan (IEP)? Yes No
- Does this child have or has he/she ever had a chronic health condition? Yes No
If yes, what is the health condition? _____
- Is this 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): Speech Physical Therapy Educational Services
 Mental Health Identified disability–Please specify _____ Other–Please specify _____

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. In addition, I have provided all of the required supporting 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 form will be used 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 any of these programs. The designated agency may share and/or verify any and all information regarding my child.
- I understand that if my child is selected to participate in the NC Pre-K 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, attendance, and participation.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's program.

Parent/Guardian Signature _____ **Date** _____