



2020-2021 Caswell County NC Pre-Kindergarten Application

Please check your 1st choice for site placement:

- | | |
|---|--|
| <input type="checkbox"/> Caswell Community Head Start | <input type="checkbox"/> North Elementary School |
| <input type="checkbox"/> Oakwood Elementary School | <input type="checkbox"/> South Elementary School |

Child Information

Child's Name: _____

Child's Birth Date: _____ Child's Gender: Male Female

Month – Day – Year

Child's Ethnicity: Hispanic or Latino Non- Hispanic or Latino

Child's Race: 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

Child's Home Address: _____

Street

City

State

Zip Code

Primary language spoken in home: _____

Does 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

Has your child ever attended a preschool program, child care center, or family child care home? Yes No

Is your child currently enrolled in a preschool program, child care center, or family child care home? Yes No
If currently enrolled, what is the name of the program? _____

Is your child currently receiving subsidy for child care? Yes No
If no, is your child on the subsidy wait list? Yes No

Does your child have a chronic health condition or significant health concern diagnosed by a doctor? Yes No
If yes, please list health condition(s) or concern(s): _____

Does your child have a developmental need or disability? Yes No
If yes, please list developmental need/disability: _____

Does your child receive support services for speech, a special need, or disability? Yes No
If yes, check ALL services received: Speech Therapy Physical Therapy Occupational Therapy
 Other (specify): _____

Does your child have an Individualized Education Plan (IEP)? Yes No

Do you have a concern about your child's development (learning, speech, hearing, or behavior)? Yes No
If yes, please describe briefly: _____

Family Information

Child lives with: Both Parents Mother Father Parent & Stepparent 50/50 Joint Custody
 Grandparent(s) Foster parent(s) Legal Guardian* Legal Custodian* Other (specify): _____

*Attach copies of legal documentation

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, sisters, brothers, half-sisters and brothers, stepsisters and brothers)	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/Stepparent/Guardian #1: Name: _____
 Home/Cell Phone #: _____ Work #: _____ Email address: _____

Please choose which of these apply: Employed Fulltime Employed Part-time Unemployed
 Seeking Employment Attending College In High School/GED program In Job Training Other: _____

Education Level: Not completed High School High School Diploma/GED Attended some college
 Associate Degree Bachelor's Degree Master's Degree

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
Social Security Assistance/Benefits	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Social Security Income	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Retirement/Disability Benefits	\$ _____ 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	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Child Support/Alimony	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Any Other Income: _____	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually

Parent/Stepparent/Guardian #2: Name: _____
 Home/Cell Phone #: _____ Work #: _____ Email address: _____

Please choose which of these apply: Employed Fulltime Employed Part-time Unemployed
 Seeking Employment Attending College In High School/GED program In Job Training Other: _____

Education Level: Not completed High School High School Diploma/GED Attended some college
 Associate Degree Bachelor's Degree Master's Degree

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
Social Security Assistance/Benefits	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Social Security Income	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Retirement/Disability Benefits	\$ _____ 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	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Child Support/Alimony	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Any Other Income: _____	\$ _____ weekly	<input type="checkbox"/> every two weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually

Parent(s)/Guardian(s): If one or both parent(s) in the household are currently unemployed and are not receiving unemployment benefits or other source(s) of regular income as noted above, please complete this section:

Person(s) and/or source(s) that provides support for this family: _____

Amount provided \$ _____ week or month or other: _____

Does your family currently have a stable living arrangement? Yes No
 Do you have transportation and can drop off and pick up your child from Pre-K? 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. 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 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** _____