

# NCPK Pre-Kindergarten Program 2011-2012 Application



Each question on both sides of the application **must** be answered in order for your application to be considered.

With this completed and signed application you must include:

- 1) a copy of your child's **birth certificate**, 2) **social security number verification** 3) **income verification** (copy of most recent check stub, front page of form 1040, or W-2 form).



NCPK is a program designed to prepare four-year-olds for Kindergarten. If you are concerned about your child's readiness for Kindergarten, we encourage you to complete this application. **Children who are not currently enrolled in a child care program are prioritized.** Your child must turn 5 on or before **August 31, 2012** (must be born on or before **August 31, 2007**) in order to qualify. Eligibility is also based on income. Applications must be received by the Partnership for Children (send to P. O. Box 1661, Taylorsville, NC 28681, or deliver to our office 1569 NC Hwy. 90 W. Taylorsville, NC) on or before **5-2-11**, in order to be eligible for one of the slots. Applications received after that day will be considered only when there are openings. NCPK classrooms run on the school calendar. All NCPK services are **free**. Transportation is **not** provided.

Child's Full Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
*First Middle Last* \* You must include a copy of your child's birth certificate.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street City Zip*

What Elementary School will your child attend? \_\_\_\_\_

\*Child's Social Security Number \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

\*Verification if applicable

Child lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

When did you move to your current address? \_\_\_\_\_ (month/year) Has your family ever been homeless?  Yes  No

Please provide brief directions to your home. (Note that transportation is **not** provided; we just want to find a location that is most convenient.)

Race:  White  Black  Hispanic  Asian  Other: \_\_\_\_\_ Gender:  Male  Female

Is English spoken in the home?  No English  Some English  We speak fluent English

What language(s) are spoken in the home? \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Status:  Full-Time  Part-Time

Mother's Education Level:  Mother has not completed high school  Mother has GED  Mother has high school diploma  
 Mother has attended some college  Mother has graduated from college

Father/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Status:  Full-Time  Part-Time

Father's Education Level:  Father has not completed high school  Father has GED  Father has high school diploma  
 Father has attended some college  Father has graduated from college

Alternate Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other than parents)

Does applicant have a parent/legal guardian serving active military duty or was parent/legal guardian seriously injured/casualty as a result of active duty?  Yes  No

Do you get support from any of the following services? (You must check all that apply.)

Food Stamps  Medicaid  Social Security  Child Support Payments  WIC

\*Your total household income is: \$ \_\_\_\_\_  Weekly  Monthly  Yearly  
(Including **all** sources)

**\* Income information is required.**  
You must include a copy of your most recent check stub, the front page of form 1040, or W-2 form.

Is your child **currently** enrolled in a preschool or child care program?  Yes  No

If yes, which one? \_\_\_\_\_

If no, has your child **ever** been enrolled in a child care program?  Yes  No

When did your child attend? \_\_\_\_\_ Where did your child attend? \_\_\_\_\_

Who **currently** takes care of your child during the day? \_\_\_\_\_

(Over)

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List all other **children** in your household:

<u>Name</u>	<u>Gender</u>	<u>Birthday</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any children in your household qualify for (please check):  **Free Lunch** at school  **Reduced Lunch** at school

List all other **adults** living in the household:

<u>Name</u>	<u>Relationship to Child (who is applying)</u>
_____	_____
_____	_____
_____	_____

Does your child have any special developmental needs or disabilities?  Yes  No

If yes: Has your child been referred for full testing and been diagnosed with a delay?  Yes  No

Has your child been evaluated by the DEC / CDSA?  Yes  No

Does your child have an IEP or an IFSP?  Yes  No

Is your child currently receiving any specialized services?  Yes  No

Please explain: \_\_\_\_\_

Does your child have any chronic health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

Does anyone in your immediate family have any special developmental needs or health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your family ever (currently or in the past) received support from Child Protective Services?  Yes  No

Who referred you to the *More at Four* Program?  CDSA  Mental Health  
 Public Health  Social Services  Schools  Other \_\_\_\_\_

Please check any other programs your child is applying for:  Head Start  Preschool program in a local public school  
 Other \_\_\_\_\_

Is there any other information you would like to share with us? \_\_\_\_\_

### \* PARENT/GUARDIAN SIGNATURE IS REQUIRED \*

I certify that all of the information on both sides of this application is true to the best of my knowledge. I understand I'm responsible for **updating the NCPK office at (828) 632-3799** with any information on this application that changes (phone number, address, work status, income, etc.).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date