

More at Four Pre-Kindergarten Program 2010-2011 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).



More at Four is a preschool program started by Governor Mike Easley 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, 2011 (must be born on or before August 31, 2006) 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 **May 28, 2010**, in order to be eligible for one of the slots. Applications received after that day will be considered only when there are openings. *More at Four* classrooms run on the school calendar. All *More at Four* 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)

More at Four Pre-Kindergarten Program Application - Page 2

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 More at Four office at (828) 632-3799** with any information on this application that changes (phone number, address, work status, income, etc.).

Parent/Guardian Signature

Date