

Child's name _____

Northampton County Schools
Whole Child Department

2021-2022 NC Pre-K Application Information

Dr. Pamela Chamblee
Superintendent



Mrs. Jorgette Williams
Whole Child Director

Dr. Kelvin Edwards
Assistant Superintendent

Ms. Angela Ramsey
Pre-K Coordinator

NC Pre-K Sites: Central Elementary, Gaston Elementary, Willis Hare Elementary and Woodland Head Start. If you have any questions or concerns, please call Northampton County Schools' Whole Child Department at (252)534-1371, for clarification.

Requirements

This application is for children who will be four-years-old on or before August 31, 2021.
Applications **MUST** have the following to be complete:

- Proof of birth (Copy of birth certificate)
- Proof of income
- ✓ (ie: copy of 1040, W2, court-ordered child support, unemployment benefits, worker's compensation)
- ✓ Pay Stubs - Most recent consecutive pay stubs based on your pay periods
- Weekly - 4 Consecutive Pay Stubs
- Bi-Weekly & Semi Monthly - 2 Consecutive Pay Stubs
- Monthly - 1 Pay Stub
- Proof of residency (examples: copy of current utility bill or rental agreement)
- Immunization Records
- If applicable, documentation of chronic health conditions, parent's military service, developmental or educational needs and/or IEP.

There is no charge for any of our NC Pre-K Sites. Northampton County Schools (NCS) NC Pre-K Program is a part of the public school system. NC Pre-K is funded by the Division of Child Development and Early Education. NCSs will be able to provide transportation for children depending on location within the school district. Please contact the Program Director for clarification about transportation to the various NC Pre-K Sites.

Child's name _____

**Return completed original application and documentation by mail or in
person to: Northampton County Schools
Whole Child Department
POB 158
Jackson, NC 27845**

Faxed applications cannot be accepted



Child's name _____

Does child reside with parent/guardian #1 Yes No

Primary Phone Number _____ Alternate Number #1 _____
Alternate Number #2 _____

Parent/Guardian #2 _____

Does child reside with parent/guardian #1 Yes No

Primary Phone Number _____ Alternate Number #1 _____
Alternate Number #2 _____

Total number of persons in child's family, including the NC Pre-K child _____

Please list the names of <u>parents/guardians</u> <u>and/or siblings</u> that live in the household. Include first and last name	Relationship to the NC Pre-K Child	Date of Birth Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Child's name _____

Family Income

NOTE: Documentation of each applicable source of family's income is required.

Name of Parent/Guardian 1 _____

Please check all that apply

- Employed: Indicate the average hours worked per week: _____
- Seeking Employment
- Attending job training
- Attending secondary education
- Attending high school/GED

Type of income	Amount of income	How often paid (Check in the appropriate box)				
		<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Current Wages BEFORE Taxes	\$	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Alimony	\$	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Child Support	\$	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Workers' Comp	\$	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Unemployment	\$	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
SSI	\$	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly

Name of Parent/Guardian 2 _____

Child's name _____

Please check all that apply

- Employed: Indicate the average hours worked per week: _____
- Seeking Employment
- Attending job training
- Attending secondary education
- Attending high school/GED

Type of income	Amount of income	This amount is paid				
		yearly	monthly	twice monthly	bi-weekly	weekly
Current Wages BEFORE Taxes	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Comp	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language *Required

Child's name _____

What is the primary language spoken with the child at home? _____

Does your child speak and understand English? Yes No

In what language would you prefer your child to be screened (check **one**)? English Spanish
 Arabic Vietnamese Burmese French Montagnard Jarai Rade Swahili

Health *Required

Official documentation from medical provider indicating child's chronic condition is required. Application cannot be processed without doctor's documentation and signature. Does your child have a **chronic** health condition identified by a medical professional? Yes No

If yes, what is the health condition?

Military Service *Required

Documentation of a parent's military service (includes current active duty and serious injury or death resulting from military service) is required.

Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?

Yes No

Child's Prior Placement *Required (Check **one**)

My child has never been served in any preschool or child care setting.

My child is currently unserved (at home now but may have previously been in child care or some other preschool program).

My child is in unregulated child care.

My child is in a one or two-star facility.

My child is not receiving subsidy but is in some kind of regulated child care or preschool program.

My child is receiving subsidy and is in some kind of regulated child care or preschool program.

Was your child previously served by an NC Pre-K site as a three-year old? *Required Yes No

Development & Educational Need

Has this child been referred for or identified with a disability by a professional? Yes No

Child's name _____

Is date of referral known? Yes No

Date of referral for evaluation of disabilities. _____

What was the decision from the disability evaluation for this child?

- | | |
|--|---|
| <input type="checkbox"/> No disability identified. | <input type="checkbox"/> One or more disabilities identified. |
| <input type="checkbox"/> Evaluation decision in process. | <input type="checkbox"/> Do not know. |

Type of identified disabilities for this child. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment, including blindness |

Does this child have an active Individual Education Program (IEP) with Northampton County Schools? Yes No

Has this child been referred for services related to his/her disability? Yes No

Is this child currently receiving services related to his/her disability? Yes No

**Documentation indicating developmental or educational need is required, if applicable.
Please provide a copy of child's IEP, if applicable.**

Double check that you have answered all required questions and collected the necessary documentation. Failure to answer all questions can delay application processing and your child's possible placement.

Parent Responsibility and Participation (Please INITIAL for each statement)

_____ I understand this is an application for services offered and does not constitute enrollment into any program. I certify that the information given on this application is true and accurate and

Child's name _____

all income has been reported.

_____ I certify that the information given on this application is true and accurate and all income has been reported.

_____ I understand this information is being given for receipt of federal and/or state funds. Program staff may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.

_____ I authorize Partnering Pre-K agencies (Northampton County Schools and CADA Head Start to exchange information regarding my child for the purpose of determining eligibility for state and federally funded Pre-K Programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education.

_____ I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (Northampton County Schools).

_____ 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 and participation.

_____ I understand that transportation is provided by Northampton County Schools and children must adhere to the rules and regulations of the transportation department. If I am responsible for providing transportation for my child, I understand that I must adhere to the arrival and departure time of the NC Pre-K Sites at the schools.

_____ I understand that my child will need a current, updated health assessment and immunizations before he/she attends a program.

Parent/Guardian Signature: _____

Date: _____

Relationship to child: _____

If guardian signs, please attach documentation of guardianship.

Return completed original application and documentation by mail or in person to

**Northampton County Schools
POB 158
Jackson, NC 27845**

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Faxed applications will not be accepted

Applications must have the following to be complete. Check each item below to indicate documentation is attached to application

- Proof of birth
- Proof of income
- Proof of residency
- If applicable, documentation of chronic health condition, parent's military service, developmental or educational needs and/or IEP
- Immunization Record

Thank you applying for the prekindergarten program with Northampton County Schools.

Next Steps. Upon review of this document, you will receive a phone call/email from the NC Pre-K program of Northampton County Schools. At that time, you will be given follow-up paperwork and an appointment time for the pre-kindergarten screening.