



Harnett County NC Pre-K Application 2018-2019

Please Print Clearly

| CHILD INFORMATION | | | |
|--|---|--------------------------|--------------------------|
| Child's Full Name: | | | |
| Address: | | | |
| Mailing Address: (If different from above) | | | |
| Phone Numbers: | Home Phone: _____ Cell Phone: _____ Alternate Phone: _____ Emergency contact phone numbers: _____ _____ (Please provide at least 1 emergency contact number where someone can be reached should you be unable to pick up your child or there is an emergency) Email address: _____ | | |
| County of Residence: | | | |
| Child's Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Child's Date of Birth: | Month: _____ Day: _____ Year: _____ | | |
| Child's Ethnicity: | Hispanic or Latino | <input type="checkbox"/> | |
| | Not Hispanic or Latino | <input type="checkbox"/> | |
| Child's Race: (Check all that apply) | American Indian or Alaska Native | <input type="checkbox"/> | |
| | Asian | <input type="checkbox"/> | |
| | Black or African American | <input type="checkbox"/> | |
| | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | |
| | White | <input type="checkbox"/> | |
| Is Child a U.S. Citizen? | | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Is Child a N.C. Resident? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | | <input type="checkbox"/> | <input type="checkbox"/> |

FAMILY INFORMATION

Child Lives With:

Both Parents Mother Father Other _____

Family size: _____ (Grandparents living in home w/children and their parents are not counted in family size)

List names and ages of all people living in the household (Include parent(s)/guardian(s) & children):

| Name | Age | Name | Age |
|------|-----|------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

***Please complete the income portion in full. Please check the correct boxes to indicate which correctly identifies your family's circumstances.**

Mother's Income:

Which of the following describes your current income situation:

- Employed** **In High School / GED Program** **In Post-Secondary Education**
 ***Seeking Employment/Unemployed** **In Job Training** **Other** _____

| | | |
|--|----------|---|
| Regular Gross Income: Attach 2 paystubs | \$ _____ | <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
|--|----------|---|

Father's Income:

Which of the following describes your current income situation:

- Employed** **In High School / GED Program** **In Post-Secondary Education**
 ***Seeking Employment/Unemployed** **In Job Training** **Other** _____

| | | |
|--|----------|---|
| Regular Gross Income: Attach 2 paystubs | \$ _____ | <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
|--|----------|---|

***If both parents/guardians are unemployed, please attach a notarized letter stating there is no verifiable income. If you have no verifiable income, please provide proof of services received. For example: SSI, Medicaid, Food Stamps, Housing**

Do you receive child support or alimony? Yes No If so, how much ? _____

(If checked yes, please attach documentation.) Weekly Twice a Month Monthly Annually

Is English spoken in the home?

- No English Some English Fluent English

What Secondary Language, if any, is spoken? _____

EDUCATION INFORMATION

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

If yes, which one? _____

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

If yes, where did your child attend? _____

Please provide the approximate dates of attendance. _____

What Elementary School is your child scheduled to attend upon his/her Kindergarten entry in August 2019? *(This information is used to help with placement of your child to the most convenient location.)*

PUBLIC ASSISTANCE INFORMATION

Is your child on the subsidy waiting list at the Department of Social Services? Yes No

Is your child currently receiving a DSS voucher for child care? Yes No

HEALTH INFORMATION

Has your child received a developmental screening or evaluation? Yes No

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

If yes, please list. _____

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

If yes, please attach a copy.

Has your child had a Health Assessment in the last 12 months? Yes No

If yes, please attach a copy.

Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.?

Yes No

If yes, please list. _____

(attach a provider statement)

Site Preference Request

Please indicate preference for a NC Pre-K site:

Specific NC Pre-K Site: _____ (Please indicate name)

Provide Specific Reason for Site Request:

Do you have a secondary preference? Please indicate if so: _____

***Please note, HCPC tries to place children based on parent request, but cannot guarantee that all children will be placed at a site of preference. Every effort is made to accommodate the needs of families, however, due to limited spaces, some children may not be placed at their site of preference.**

Please read the following statements carefully and initial by each:

- _____ I certify that all of the given information is true and correct and that all income is reported. I understand this information is being given for the receipt of state funds. NC Pre-K officials may verify the information on this application. Deliberate misrepresentation of the information may be subject to prosecution under applicable state laws.
- _____ The information on this form will be used in the determination of eligibility for the NC Pre-K program. I understand that I am releasing information so that my child may be considered for the NC Pre-K program.
- _____ I understand that there may be a waiting list for the NC Pre-K program.
- _____ 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. I/We commit to participate as much as possible in the NC Pre-K program.
- _____ I understand that transportation to and from NC Pre-K sites is the responsibility of the family.
- _____ I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screenings while attending the NC Pre-K program.
- _____ I give permission for NC Pre-K teachers, administrators and HCPC staff to discuss any developmental concerns regarding my child with local screening agencies in order to comply with mandates and to meet his/her educational needs.
- _____ I understand that if there is any change in my child's status, address, attendance in any type of licensed care, phone numbers, guardianship, etc. I will contact the NC Pre-K program at (910) 893-2344 immediately to inform them of changes.
- _____ I understand that the NC Pre-K Program has an established attendance policy. I also understand that if I am not in compliance with the attendance policy that my child may be dismissed from the program. I recognize that is my responsibility to maintain adequate communication with my child's teacher regarding participation in the program.
- _____ I understand that if my child participates in the NC Pre-K program, he/she may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, School website, NC Pre-K related publications, etc.

*** PARENT/GUARDIAN SIGNATURE IS REQUIRED ***

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____