



PRE-KINDERGARTEN SERVICES INFORMATION 2023-24

Please keep this page for your information

What is Pre-Kindergarten?

Pre-Kindergarten is a fun and exciting learning opportunity for children. They develop many skills which make the transition to kindergarten easier. Pre-Kindergarten classrooms in our community operate at least six and a half hours a day, Monday through Friday, from late August-June. Pre-kindergarten classes are located in the Alamance Burlington School System, Head Start, and private child care centers. The program is free to qualifying families, except for minimal breakfast/lunch fees when families do not qualify for free/reduced priced meals. Funding for Pre-Kindergarten classes comes from Title I, Head Start, NC Pre-K, and Exceptional Children. Each funding source has different eligibility criteria. By submitting an application, you will be considered for all possible placements. Space is limited and some children may be placed on a wait list.

Should I apply?

If one or more of the following guidelines is true for you or your child, you may qualify for Pre-Kindergarten services:

- Child must turn four years of age on or before **August 31, 2023**, to be considered for the upcoming 2023-2024 school year;
- Child resides in a low-income household;
- Child of military a family;
- Child with an identified disability or developmental/educational need;
- Child/family with limited English skills;
- Child living with a foster family, legal guardian, or relative;
- Three-year-old children may qualify under Head Start program and be three on or before August 31, 2023.

If you are interested in applying, please return application and supporting documents to one of the sites listed at the bottom of the page. Completing this application does not guarantee participation in the Pre-Kindergarten program.

What you will need to apply:

- Completed Application
- Proof of Age

Medical Records or Immunization Records are accepted for private site/Head Start placements

- Proof of income (1040, W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, SNAP, Military pay, or 3 consecutive paystubs).

Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family. (See boxes on second page of application).

- Proof of Residency (current utility bill or rental agreement)

****Once enrolled, additional documents will be required***

<p>Alamance Partnership for Children 2322 River Road Burlington, NC 27217 Phone: 336 513-0063 ext. 105 Fax: 336 226-1152 jpowell@alamancechildren.org</p> <p>4-year-old applications only</p>	<p>Alamance Burlington School System Ray Street Complex 609 Ray Street, Graham, NC 27253 Phone: 336-438-4212 Fax: 336-570-6353 anita_slaughter@abss.k12.nc.us</p> <p>4-year-old applications only</p>	<p>Head Start Junction 421 Alamance Road Burlington, NC 27215 Phone: 336-436-0202 scampos@regionalcs.org</p> <p>Accepts 3 & 4-year-old applications</p>	<p>Janice S Scarborough Head Start 615 Gunn Street Burlington, NC 27217 Phone: 336-226-5558 scampos@regionalcs.org</p> <p>Accepts 3 & 4-year-old applications</p>
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ALAMANCE COUNTY PRE-KINDERGARTEN SITES *Please note sites are subject to change

Location	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Transportation
1. Alexander Wilson Elementary	2518 NC 54 Graham, NC 27253	NO	7:50	2:30	NO	NO
2. Audrey Garrett Elementary	3224 Old Hillsborough Road Mebane, NC 27302	NO	7:50	2:30	NO	NO
3. Andrews Elementary	2630 Buckingham Road Burlington, NC 27217	NO	7:50	2:30	NO	NO
4. Eastlawn Elementary	502 N. Graham-Hopedale Rd Burlington, NC 27217	NO	7:50	2:30	NO	NO
5. EM Yoder Elementary	301 N. Charles Street Mebane, NC 27302	NO	7:50	2:30	NO	NO
6. Grove Park Elementary	141 Trail One Burlington, NC 27215	NO	7:50	2:30	NO	NO
7. Haw River Elementary	701 E. Main Street Haw River, NC 27258	NO	7:50	2:30	NO	NO
8. Hillcrest Elementary	1714 West Davis Street Burlington, NC 27215	NO	7:50	2:30	NO	NO
9. Newlin Elementary	316 Carden Street Burlington, NC 27215	NO	7:50	2:30	NO	NO
10. North Graham Elementary	1025 Trollinger Road Graham, NC 27253	NO	7:50	2:30	NO	NO
11. Smith Elementary	2235 Delaney Drive Burlington, NC 27215	NO	7:50	2:30	NO	NO
12. South Graham Elementary	320 Ivey Road Graham, NC 27253	NO	7:50	2:30	NO	NO
13. Sylvan Elementary	7718 Sylvan Road Snow Camp, NC 27349	NO	7:50	2:30	NO	NO
14. Beginning Visions CDC	145 Huffine St. Gibsonville, NC 27249	NO	7:45	2:45	Yes, before and after school care is offered \$86/week	NO
15. Childcare Network 78B	100 E. Hanover Rd. Graham, NC 27253	NO	7:45	2:45	Yes, after school care is offered \$75/week	NO
16. Creative Childcare	3216 NC Hwy 54 East Graham, NC 27253	NO	7:45	2:30	Yes, before and after school care is offered \$85/week	NO
17. Creative Childcare 2	2257 NC 87 South Graham, NC 27253	NO	7:45	2:30	NO	NO
18. Excel Christian Academy	825 Apple St. Burlington, NC 27217	YES	8:30	3:00	NO	NO
19. JSS Head Start Accepts 3- and 4-year-old children	615 Gunn St. Burlington, NC 27217	NO	8:00	2:30	Before and After care is available. Must have a DSS subsidy voucher for payment	TBD
20. Head Start Junction Accepts 3- and 4-year-old children	421 Alamance Rd. Burlington, NC 27215	NO	8:00	2:30	NO	TBD
21. Graham Head Start Accepts 3- and 4-year-old children	600 Ray St. Graham, NC 27253	NO	8:00	2:30	NO	TBD
22. Positive Day School	229 N Graham Hopedale Rd. Burlington, NC 27217	YES	8:00	2:30	NO	NO
23. Kool Kidz Place	1824 E Webb Ave Burlington, NC 27217	NO	7:30	2:30	NO	NO



2023-2024 Pre-Kindergarten Application for Alamance County

Please indicate top three site choices that will work for your family.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

CHILD'S INFORMATION

Child's name _____ **Date of Birth** _____
First Middle Last

Child's Address _____
Street City State Zip County

Mailing Address _____
If different from above Street City State Zip

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Hispanic/Latino White or European American

Gender Male Female

What is the primary language spoken in your home? _____ **What language does your child speak most often?** _____

FAMILY INFORMATION

Who does the child live with?
 Mother and Father Single Mother Single Father Parent & Stepparent Joint Custody
 Grandparent(s) Foster parent(s) Legal Guardian Other _____

Does your family currently have a stable living arrangement?
 Yes No Prefer not to answer (*please explain*) _____

Parent/Guardian 1 _____ **Resides w/child** YES NO

Home Phone Number _____ **Cell Phone** _____

Email address: _____

Parent/Guardian 2 _____ **Resides w/child** YES NO

Home Phone Number _____ **Cell Phone** _____

Email address: _____

What is the child's family size? _____ **Total Number (including the NC Pre-K Child)**

Please list the names of ALL family members that live in the household.	Relationship to the NC Pre-K Child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent, foster parent, other)	Date of Birth	Where do siblings attend school?
1.			
2.			
3.			
4.			
5.			
6.			

OTHER INFORMATION

- Is parent/legal guardian of this child an active member of the military, or was a parent or legal guardian of this child injured or killed while on active duty? **(Verification of military documentation required)** YES NO
- Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? YES NO
- Is child currently enrolled in a preschool, child care center, or home day care? YES NO
If currently enrolled, what is the name of the program? _____
- Is your child receiving subsidy for child care? YES NO If no, on the subsidy wait list? YES NO
- Does your child have a chronic health condition? (Documentation from physician required) YES NO
If yes, what is the health condition? _____
- Does your child need assistance with potty training? YES NO
- Has your child been identified or referred with a Special Need? YES NO
- If yes, does child have Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP)? YES NO
- Is your child currently receiving services for a special need or disability? YES NO

If yes, please specify **(check all that apply)**

- Speech Physical Therapy Educational Services Autism Developmental Delay
- Mental Health Identified disability- Please specify _____

- Tell us how you heard about the NC Pre-K Program _____

PARENT 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 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. Officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.
- The information on this form may be used only 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 any of the above-mentioned programs. The designated agencies may share and/or verify all information regarding my child.
- I understand that if my child is selected to participate in the NCPK 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 I am responsible for providing transportation for my child.
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results to be shared with partnering Pre-K programs (Head Start, Title I and NC Pre-K).
- I authorize the Alamance Partnership for Children, Alamance-Burlington School System (ABSS), and Head Start at Head Start Junction and JSS Head Start to use the information in this application for the purpose of determining eligibility for state, and federally funded Pre-K programs and for data collection and program evaluation by the NC Division of Child Development and Early Education (DCDEE).

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 the receipt of services provided by state and federal funding. Officials may verify the information on this application. Deliberate misrepresentation may result in the removal of my child from the program.

Parent/Guardian Signature _____ Date _____

***PLEASE COMPLETE INCOME VERIFICATION FOR YOUR APPLICATION TO BE FINALIZED**

VERIFICATION OF INCOME

Are the parent/guardian in this family employed or enrolled in school? Please check.

Parent/Guardian 1: **Employed** YES NO **Employer name:** _____ F/T P/T
Seeking Employment YES NO
Enrolled In School YES NO **School name:** _____

Parent/Guardian 2: **Employed** YES NO **Employer name:** _____ F/T P/T
Seeking Employment YES NO
Enrolled In School YES NO **School name:** _____

Please circle the highest level of education completed:

Parent/Guardian 1: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher HS Diploma GED AA BA/BS or higher

Parent/Guardian 2: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher HS Diploma GED AA BA/BS or higher

Parent/Guardian 1 Income - LIST ALL SOURCES OF INCOME (Please provide documentation)

Employment Income \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Public Assistance/Work First \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Social Security/SSA/SSI \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
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 <input type="checkbox"/>
Child Support/Alimony \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Other _____ \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>

Parent/Guardian 2 Income -LIST ALL SOURCES OF INCOME (Please provide documentation)

Employment Income \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Public Assistance/Work First \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Social Security/SSA/SSI \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
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 <input type="checkbox"/>
Child Support/Alimony \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Other _____ \$ _____ weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>

Parent/Guardian Signature _____ Date _____

*****CONTRACT ADMINISTRATOR USE ONLY*****

Received By: _____ Date Received: _____ Date Processed: _____ Processed By: _____



CERTIFICATION OF NO INCOME

(To be completed by each parent, legal guardian, or stepparent residing in the household and claiming no income from any source)

Child's Name: _____

I. Parent/Stepparent/Legal Guardian: _____

II. Parent/Stepparent/Legal Guardian: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
b. Income from operation of a business;
c. Social Security (SSA), Supplemental Security Income (SSI);
d. Rental income from real or personal property;
e. Annuities, retirement, pensions, or death benefits;
f. Unemployment or disability payments;
g. Public assistance (Work First/ Cash Assistance);
h. Child support or Alimony;
i. Sales from self-employment (Avon, Mary Kay, Lawn Mowing, etc.);
j. Any other source not named above.

2. Choose one:

I. Parent/Stepparent/Legal Guardian: _____

[] Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

[] Currently, I have no income of any kind and I will not be seeking employment at this time.

II. Parent/Stepparent/Legal Guardian: _____

[] Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

[] Currently, I have no income of any kind and I will not be seeking employment at this time.

b. I will be using the following sources of funds to provide for my family:

Parent/stepparent/legal guardian

Date

Parent/stepparent/legal guardian

Date

Staff Signature (for Head Start use ONLY)

Date