



## PRE-KINDERGARTEN SERVICES INFORMATION 2024-2025

Please keep this page for your information

### What is Pre-Kindergarten?

The NC Pre-K Program is designed to provide high-quality educational experiences to enhance school readiness for eligible four-year-old children. The NC Pre-K Program Requirements are built on the National Education Goals Panel's premise that to be successful academically in school, children need to be prepared in all five of the developmental domains that are critical to children's overall well-being and success in reading and math as they enter school:

- Approaches to Play and Learning
- Emotional and Social Development
- Health and Physical Development
- Language Development and Communication
- Cognitive Development

The NC Pre-K Program Requirements are designed to ensure that a high-quality pre-kindergarten classroom experience is provided for eligible four-year-old children in each local NC Pre-K Program and that, to the extent possible, uniformity exists across the state. Programs are also required to meet the NC Child Care Rules. NC's Pre-K program meets several nationally accepted benchmarks for measuring quality early learning. These include comprehensive Early Learning Standards; staff who are required to meet education/licensure requirements, professional development; 1:10 staff/child ratio; developmental screens and referral; evidence-based curriculum and formative assessments; monitoring and nutritional requirements.

### 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, 2024**, to be considered for the upcoming 2024-2025 school year;
- Child resides in a household with a low-income or receiving public assistance;
- Children of certain military families;
- Child with an identified disability or developmental/educational need;
- Child with a chronic health condition;
- Child/family with limited English proficiency;
- Children experiencing homelessness;
- Children receiving refugee services;
- Child living with a foster family, legal guardian, or relative;
- Three-year-old children may qualify under the Head Start program and be three on or before August 31, 2024.

### 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)

If applicable, proof of foster care, proof of receiving refugee services, proof of WIC, proof of Public Housing, proof of TANF/Work First, proof of Medicaid, proof of SSI, proof of Food and Nutrition Services (Food Stamps) SNAP

***\*Once enrolled, additional documents will be required for ABSS Pre-K Students (Birth Certificate or Verification of Facts, 2 current proofs of address, and Parent's ID)***

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

<p><b>Alamance Partnership for Children</b>  2322 River Road  Burlington, NC 27217  Phone: 336 513-0063 ext. 105  Fax: 336 226-1152  jpowell@alamancechildren.org</p> <p><b>4-year-old applications only</b></p>	<p><b>Alamance Burlington School System</b>  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><b>4-year-old applications only</b></p>	<p><b>Head Start Junction</b>  421 Alamance Road  Burlington, NC 27215  Phone: 336-436-0202  scampos@regionalcs.org</p> <p><b>Accepts 3 &amp; 4-year-old applications</b></p>	<p><b>Janice S Scarborough Head Start</b>  615 Gunn Street  Burlington, NC 27217  Phone: 336-226-5558  scampos@regionalcs.org</p> <p><b>Accepts 3 &amp; 4-year-old applications</b></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 at \$100/week	NO
15. Childcare Network 78B	100 E. Hanover Rd. Graham, NC 27253	NO	7:45	2:45	Yes, before and after-school care is offered at \$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 at \$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	Yes, before and after-school care is offered at \$100/week. Before care only is \$80/week	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-school 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	8:00	2:30	NO	NO



## 2024-2025 Pre-Kindergarten Application for Alamance County

**Please indicate your 3 site choices in order of preference.**

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

### **CHILD'S INFORMATION**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Middle Last

Child's Home Address \_\_\_\_\_

Street City State Zip

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

Is the child an Alamance County resident?  Yes  No

What is the primary language spoken in your home?  English  Spanish  Other (Specify): \_\_\_\_\_

What language does your child speak most often?  English  Spanish  Other (Specify): \_\_\_\_\_

### **FAMILY INFORMATION**

Who does the child live with?

- Mother and Father     
  Mother     
  Father     
  Parent & Stepparent     
  Joint Custody  
 Grandparent(s)     
 Foster parent(s)     
 Legal Guardian\*     
 Legal Custodian\*     
 Kinship Provider\*\*  
 Other (Specify): \_\_\_\_\_

\*Attach copies of legal documentation

\*\*Note: Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. For the purposes of NC Pre-K, kinship is established when the child lives with and is cared for by an adult who is not the child's parent, legal guardian, legal custodian, or foster parent.

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: \_\_\_\_\_

How many family members live in the household (including the NC Pre-K Child)? \_\_\_\_\_

Please list the names of <u>ALL</u> family members that live in the household.	Relationship to the NC Pre-K Child	Date of Birth	Where do siblings attend school?
1.			
2.			
3.			
4.			
5.			
6.			

**OTHER INFORMATION**

- Is the 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 the 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 subsidies 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 for a Special Need? YES  NO
- If yes, does the child have an 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 for 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 that 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

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Are the parent(s)/guardian(s) 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 check the highest level of education completed:

#### Parent/Guardian 1:

Not completed High School  High School Diploma/GED  Attended some college  Associate Degree  Bachelor's Degree  
 Master's Degree  Doctorate Degree

#### Parent/Guardian 2:

Not completed High School  High School Diploma/GED  Attended some college  Associate Degree  Bachelor's Degree  
 Master's Degree  Doctorate Degree

### 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 (Specify) _____ \$ _____	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 (Specify) _____ \$ _____	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**

This form is to be completed by **each** parent or legal guardian, residing in the household, and claiming no income from any source.

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

**How do you support yourself?**

**Are you receiving assistance from any of the following resources:**

- Food and Nutrition Services (SNAP or Food Stamps)
- Medicaid
- Public Housing
- WIC
- Other: \_\_\_\_\_

**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.

**Choose one:**

- I have no income of any kind and while I am seeking employment, there is no definite job offer currently.
- I have no income of any kind and I will not be seeking employment at this time.

**Parent/Guardian 1:**

**I (Parent/Guardian) \_\_\_\_\_ declare that I have no income of any kind, earned or unearned and that the information above is complete and accurate. By signing this form, I certify that the information provided above is true. I understand that providing false information may impact my child's NC Pre-K eligibility or enrollment.**

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

\_\_\_\_\_  
Date

**Parent/Guardian 2:**

**I (Parent/Guardian) \_\_\_\_\_ declare that I have no income of any kind, earned or unearned and that the information above is complete and accurate. By signing this form, I certify that the information provided above is true. I understand that providing false information may impact my child's NC Pre-K eligibility or enrollment.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date