

## 2022 – 2023 NC Pre-Kindergarten Application for Randolph County

Randolph County Pre-K Programs are looking for children living in Randolph County who will be 3 years old\* (at select sites) or 4 years old by August 31, 2022, and who MAY QUALIFY for the NC Pre-K program. You must provide the following documentation listed below for your application to be processed.

### Without copies of these documents, your application cannot be considered complete.

Child's Birth Certificate  Child's Updated Immunization Record  Verification of Income (4 consecutive pay stubs from both parents in the home or 1040 tax forms-ONLY if self-employed for current year)  Parent photo ID  2 bills showing your name and current address for proof of residency or your lease agreement  Child's Medicaid Card  Guardianship papers if necessary  Child's IEP papers (if applicable)

### Please attach copies of the documents and return the completed application form to:

**RANDOLPH COUNTY  
PARTNERSHIP FOR CHILDREN**  
349 SUNSET AVENUE  
ASHEBORO, NC 27203  
(336) 629-2128

**HEAD START\***  
118 VIRGINIA AVE, ASHEBORO  
MAILING: P.O BOX 487  
RANDLEMAN, NC 27317  
(336) 672-5570

**EARLY CHILDHOOD DEVELOPMENT CENTER\***  
1738 N. FAYETTEVILLE ST  
ASHEBORO, NC 27203  
(336) 672-6636

### INFORMATION ABOUT YOUR CHILD

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female  
Month Day Year

Select child's ethnicity: \_\_\_\_\_ Hispanic or \_\_\_\_\_ Non-Hispanic

Race (check all that applies): \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_\_ White/European American \_\_\_\_\_ Native American Indian /Alaska Native

Family's Primary Language \_\_\_\_\_ Can someone in the home speak English? \_\_\_\_\_ Yes \_\_\_\_\_ No

### INFORMATION ABOUT THE FAMILY

Name of Parent(s) or Legal Guardian(s) – Only list if living in the household:

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Alt. phone \_\_\_\_\_  
Last First Middle

Father \_\_\_\_\_ Phone \_\_\_\_\_ Alt. phone \_\_\_\_\_  
Last First Middle

Household Address \_\_\_\_\_  
Street City State ZIP Code

Mailing Address (if different) \_\_\_\_\_  
Street City State ZIP Code

**Person(s) in Household:**  One parent  Two parents, married  Two parents, not married  
 Legal guardian(s)  50/50 Joint Custody  Other: \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ **Number of Child's Parents in home** \_\_\_\_\_ **Number of Children** \_\_\_\_\_  
**Ages of children in household** \_\_\_\_\_

### PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY

- I understand that if my child is enrolled, he/she may also be screened to determine eligibility for other services that will help prepare him/her for Kindergarten. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- Once enrolled in the NC Pre-K program, daily attendance is required. Poor attendance could result in child losing the slot.
- I understand my application will be shared with agencies providing Pre-K & childcare subsidy to ensure children are served.
- My signature confirms that the information provided on this application is true and accurate.**
- If any information submitted on or with this application is fraudulent, my child may be disqualified for services.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Email address \_\_\_\_\_

## 2022-2023 Pre-Kindergarten Application

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential. **Please answer all questions** as accurately as possible.

### 1. Information of Members **Living in House** (ex: Mother, Father, (or Guardians) and Siblings under 18)

Name	Relationship to Child	Annual Income of Parents	Date of Birth
	Mother (or Guardian)	\$	
	Father (if in the home)	\$	

2. Are the parents in this family employed or enrolled in school? Please circle.

**Mother:** Working/Seeking **F/T** **P/T** Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How long employed here? \_\_\_\_\_ Hours per week \_\_\_\_\_ How often are you paid? \_\_\_\_\_

In School **F/T** **P/T** Course of study: \_\_\_\_\_ School: \_\_\_\_\_

Unemployed \_\_\_\_\_ Seeking work \_\_\_\_\_ Disability \_\_\_\_\_ Other (explained) \_\_\_\_\_

**Father:** Working/Seeking **F/T** **P/T** Employer: \_\_\_\_\_ Job Title \_\_\_\_\_

How long employed here? \_\_\_\_\_ Hours per week \_\_\_\_\_ How often are you paid? \_\_\_\_\_

In School **F/T** **P/T** Course of study: \_\_\_\_\_ School: \_\_\_\_\_

Unemployed \_\_\_\_\_ Seeking work \_\_\_\_\_ Disability \_\_\_\_\_ Other (explained) \_\_\_\_\_

3. Please circle the highest level of education completed:

Received?

**Mother:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher

GED

**Father:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher

GED

4. **Is your child currently enrolled in any type of preschool program? If so please indicate.** \_\_\_ Yes \_\_\_ No

\_\_\_ Child Care Center/Home: Name \_\_\_\_\_ Town/City \_\_\_\_\_

\_\_\_ Head Start site name: \_\_\_\_\_

\_\_\_ Parent/Home

\_\_\_ Other – Please specify \_\_\_\_\_

5. If your child is not in a program, has he/she ever been in any type of child care program? \_\_\_ Yes \_\_\_ No

If yes, indicate last day of attendance \_\_\_\_\_ Name of child care center/home, preschool or head start program: \_\_\_\_\_

\_\_\_\_\_ Town/City \_\_\_\_\_

6. Does your child have or has he/she ever had a chronic health condition? \_\_\_ Yes, currently \_\_\_ Yes, previously \_\_\_ No

If yes, what is the health condition? \_\_\_\_\_

7. Does your child receive services for a special need or disability? \_\_\_ Yes, currently \_\_\_ Yes, previously \_\_\_ No

If yes, please specify (check all that applies) **Date of Services:** \_\_\_\_\_

\_\_\_ Speech \_\_\_\_\_ Physical Therapy

\_\_\_ Educational Services \_\_\_\_\_ Identified disability – Please specify \_\_\_\_\_

\_\_\_ Mental Health \_\_\_\_\_ Other- Please specify \_\_\_\_\_

8. Does the parent/legal guardian serve as an active member of the Armed Forces of the United States or has been ordered to active duty by the proper authority within the last or next 18 months? \_\_\_ Yes \_\_\_ No

9. Has a parent/legal guardian been seriously injured or killed while in active duty? \_\_\_ Yes \_\_\_ No

10. Is your child currently receiving subsidy for child care? \_\_\_ Yes \_\_\_ No. On the subsidy waiting list? \_\_\_ Yes \_\_\_ No

11. Are any siblings currently enrolled in an elementary school? \_\_\_\_\_ If so what school? \_\_\_\_\_

12. How did you hear about this program? \_\_\_\_\_

13. If available in your area, will your child need transportation? (\*\*Note: Transportation is limited) \_\_\_ Yes \_\_\_ No

14. Name & Phone # of Doctor or Medical Service Provider \_\_\_\_\_

15. Name & Phone # of Child's Dentist \_\_\_\_\_

16. Randolph Health will be used in case of emergency unless otherwise listed: \_\_\_\_\_