



2024-2025 Watauga County NC Pre-Kindergarten Application

Families must complete this application to apply for the NC Pre-Kindergarten Program. Please use your child's legal name as presented on their birth certificate. If you change your address or your phone number, it is your responsibility to let us know.

ADDRESS: 225 Birch Street, Suite 3, Boone NC 28607 FAX: (828) 264-8008 PHONE: (828) 262-5424 ext. 218

To be eligible: *Child must be four-years old on or before August 31st, 2024. Children who are kindergarten age eligible are not eligible for the NC Pre-K Program. *Child is from a family whose gross income is at or below 75% of the State Median Income (SMI). *Children of certain military families are also eligible without regard to income. *20% of age eligible children enrolled may have family incomes in excess of 75% SMI if they have a documented risk factor in the following specific categories including: Developmental Disability, Limited English Proficiency, Educational Need, Chronic Health Condition. ***Although a child may meet one or more eligibility factors, placement is not guaranteed in an NC Pre-K classroom.***

Documents you are required to have with you when you return your application (select all that apply):

- * 2 proofs of residency (lease/utility bills/drivers' license/statement from Hospitality House-if unhoused)
- * Copy of the child's birth certificate
- * Income Documentation (include 1 of the following or all that apply):
 - 2023 Tax Records - W-2's - 1040-Adjusted Gross line 7
 - If Tax Records are not available, please submit-
 - Pay Stubs (most recent pay periods) - submit at least 1 full month's pay stubs
 - Weekly – submit 4 consecutive pay stubs
 - Bi-weekly - submit 2 pay stubs
 - Award letters from the Social Security Administration; Award letters from the Employment Security Commission
 - Employer written statements - Must reflect the employee's most recent pay periods, must include the amount and frequency of pay (including overtime), must be signed by the employer, documented on letterhead (if available)
 - Completed "Reporting No-Income Documentation" Box included in this application- when the individual claims to have no verifiable countable income need to include-
 - Self-employed individuals - 1040-Adjusted Gross line 7 or - 1099 or Bank statements for business minus 20% from total income if no tax documentation is provided or - 1099 or Bank statements for business minus itemized expense receipts
 - Military Member's Leave and Earnings statement
- * Chronic health conditions must be diagnosed and documented by a professional health care provider. Chronic health conditions are considered as having the potential to interfere with a child's development and learning, as determined by a health care professional. This determination must include a signed and dated written statement, describing how the child would benefit from participating in a high-quality childhood program such as NC Pre-K

For more information:

Hunter Varipapa at The Children's Council (828) 262-5424 ext. 218 or via email: hunter@thechildrenscouncil.org

Additional Information

Please keep this page for reference:

Fees	None, if your child qualifies for NC Pre-K; Meals may be charged if over income eligibility
Notification of Acceptance	Families will be notified by mail by May 15, 2024 of their acceptance (pending the approval of the North Carolina Budget)
Placement	Placements will be based on eligibility, priority of need(s), availability
Health Assessment	Health Assessment is required before within 30 days after the child enters NC Pre -K Program and given to child's teacher
Hours	Generally, 7:30am -2:30 pm. Your child's teacher will give specifics for arrival/departure times.
Calendar	All sites follow Watauga County Schools' school calendar.

***To submit your child's application:** make sure **ALL** portions of the application are completed and provide **ALL** supporting documentation- if the application is not complete or documentation is missing- the application cannot be processed.

***Completed applications and documentation may be submitted one of the following ways:**

Email: veronica@thechildrenscouncil.org

Mail: 225 Birch Street, Suite 3, ATTN: Hunter Varipapa, Boone NC 28607

Drop Box: place in black drop box to the right side of The Children's Council's front door located at 225 Birch Street, Suite 3, Boone NC

***PLEASE CHECK YOUR MAIL OFTEN** between May 5 through May 15, 2024, as there is a deadline for you to reply and accept your placement- Deadline to accept placement is May 19, 2024.

*If you do not respond by the deadline given in the letter, your child's name will be withdrawn, and the placement will be given to a child on the waiting list.

*There is no guarantee of placement. You should be looking for an alternative childcare setting in case you are not placed in the NC Pre-K classroom.

***If placed, your teacher will contact you the week before school starts to set up your home visit/classroom visit and first days of attendance. The Children's Council does not hold that information.**

Watauga County NC Pre-K Application 2024-2025

Office Use Only Date Completed/Submitted: _____

Full Legal Name of Child: _____

Gender: Male _____ Female _____ Child's Date of Birth: _____/_____/_____

Child's Race/Ethnicity (Check all that apply):

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

Is your child a U.S. citizen? _____ Yes _____ No (US Citizenship information is gathered for data purposes only and remains confidential)

Application Date: _____ County of Residence: _____ School District: _____

Parent/Guardians' Email: _____

Please check the family's living situation: Permanent _____; Homeless Shelter _____; Hotel/Motel _____;
Hospital _____; Lack permanent nighttime address _____

Primary Phone Number: _____ Name of Contact: _____
Alternate Phone Number: _____ Name of Contact: _____

With whom does the child reside:

Mother only _____ Father only _____ Both Parents _____ Legal Custodian _____
Legal Guardian _____ Other, Specify _____

Does the child live with an adult who has legal custody or legal guardianship? Yes _____ No _____
If yes, is this a relative, non-relative, unknown: _____

Family's Mailing Address: _____ Zip Code _____
Family's Physical Address (if different from mailing address) _____

Mother's/Stepmother's/Guardian's Name: _____

Mother's Employment: (check either "yes" or "no" for each of the following)

Employed- Yes _____ No _____
Average Number of Hours Worked per Week- _____
Seeking Employment- Yes _____ No _____
Attending Secondary Education- Yes _____ No _____
Attending High School/GED- Yes _____ No _____
Other employment: Yes _____ No _____ Explain: _____

Enter all income for the mother:

Current Yearly Wages BEFORE Taxes: _____ Alimony Yearly: _____ SSI: _____ Child Support Yearly: _____
Workers Compensation: _____ Unemployment: _____

Father's/Stepfather's/Guardian's Name: _____

Father's Employment: (check either "yes" or "no" for each of the following)

Employed- Yes _____ No _____
Average Number of Hours Worked per Week- _____
Seeking Employment- Yes _____ No _____
Attending Secondary Education- Yes _____ No _____

Attending High School/GED- Yes _____ No _____

Other employment: Yes _____ No _____ Explain: _____

Enter all income for the father:

Current Yearly Wages BEFORE Taxes: _____ Alimony Yearly: _____ SSI: _____ Child Support Yearly: _____

Workers Compensation: _____ Unemployment: _____

Reporting No-Income Documentation -If you are reporting zero income, you must complete this section and ask staff for the additional 'Statement of No Income' form. This is to verify that my child(ren) and I have no income. Give a brief explanation of how you are meeting your expenses. Please include the following documentation, if applicable:

Please check and include documentation of the following supports your family is receiving:

_____ Experiencing Homelessness _____ In Foster Care _____ Receiving Refugee Services _____ WIC _____ Public Housing

_____ TANF/Work First _____ Medicaid _____ SSI _____ Food and Nutrition Services (Food Stamps) _____ SNAP

** I certify that all the information above is accurate to the best of my knowledge

Print Name: _____ Signature: _____

Please list all **parents and dependent children** living in the household, including the NC Pre-K applicant:

Name	Relationship to NC Pre-K Child Applicant (Please put an X beside the child applying)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Does your child have Limited English Proficiency (speaks Non-English home language)?

_____ yes _____ no

What language would you like for your child to be screened in:

- _____ English
- _____ Spanish
- _____ Other

If other, please indicate language _____

Does your child have a chronic health condition? _____ yes _____ no

Chronic health conditions must be diagnosed and documented by a professional health care provider. Chronic health conditions are considered as having the potential to interfere with a child's development and learning, as determined by a health care professional. This determination must include a signed and dated written statement describing how the child would benefit from participating in a high-quality early childhood program such as NC Pre-K.

If **Yes** to having a chronic health condition explain further:

Does your child have a Development or Educational Need? _____ yes _____ no

If **Yes** to having a Development or Education Need explain further:

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 _____

Prior Child Care Placement: (check all that apply)

- _____ Child has never been served in any preschool or child care setting
- _____ Child is currently unserved (at home now but may have previously been in child care or some other preschool program)
- _____ Child is in an unlicensed child care (half-day, drop-in care)
- _____ Child currently attends childcare (please list the name of the program below)
Name of Child Care Program: _____
- _____ Child is **not** receiving subsidy and is in some kind of regulated child care or preschool.
- _____ Child is receiving subsidy and is in some kind of regulated child care or preschool.

Has your child had a health assessment? No ____ Yes ____ If yes, include month, day, year _____

Has your child had a developmental screening? No ____ Yes ____ If yes, include month, day, year _____

Has your child ever been referred for evaluation or identified for services with a disability?

Yes____ No____ If yes, include month, day, year of referral date: _____

If yes, what was the decision from the disability evaluation for your child?

No Disability Identified _____ Evaluation Decision in Process _____

One or More Disabilities Identified _____ Do not know _____

Name(s) of identified disability/delay: (Check all that apply)

___ Autistic ___ Deaf ___ Blind ___ Hearing Impaired ___ Multi-Handicapped ___ Other Health Impaired
___ Orthopedically Impaired ___ Speech/Language Impaired ___ Visual Impaired ___ Traumatic Brain Injured
___ Preschool Developmentally Delayed
Other- (Explain) _____

Does your child have a current Individualized Education Plan (IEP)? Yes ___ No ___

Watauga County Schools serve identified Pre-K age students with disabilities by having service providers (i.e., teachers and therapists) come to the site where the student is attending a Pre-K class. Watauga County Schools will make every effort to place a student with a disability, that is eligible to enroll in one of our WCS NC Pre-K classrooms, at the WCS NC Pre-K site in or closest to their school attendance zone. Due to the child's individual educational needs though, and in accordance with federal and state law, it may be necessary for the district to place the student in a different WCS NC Pre-K class outside of their attendance zone in order to provide a free, appropriate public education as required by that student's Individualized Education Program (IEP). In this case, the child's IEP team, of which the parent is a member, will convene to discuss this recommendation.

Has your child been referred for services related to disability? Yes ___ No ___

Is your child receiving services related to disability? Yes ___ No ___

If yes, please specify type of disability services _____

Do you have concerns with your child's development, would you like a representative from The Children's Council to contact you about scheduling a free developmental screening for your child? Yes ___ No ___

Possible Pre-Kindergarten Classroom Locations

**Transportation is only provided to students who attend a Pre-K classroom in their school district.*

Bethel Elementary School	Cove Creek Elementary School	Green Valley Elementary School
Hardin Park Elementary School	Parkway Elementary School	Mabel Elementary School
Valle Crucis Elementary School	Blowing Rock Elementary School	

ONLY CHILDREN WHO LIVE IN THE HARDIN PARK SCHOOL DISTRICT MAY SELECT HARDIN PARK AS A PREFERRED SITE

Please list below your preferred Pre-K site(s) in order of preference:

- 1- _____
- 2- _____
- 3- _____
- 4- _____
- 5- _____
- 6- _____
- 7- _____
- 8- _____
- 9- _____

Child's Full Name _____

I certify that all the information on this entire application is true to the best of my knowledge. I understand that knowingly providing false information may be subject to legal action and termination of my child's participation in the NC Pre-K program. I understand I am responsible for calling The Children's Council of Watauga County, 828-262-5424, with any changes to information on this application. I give my permission for the information on this application and any other documentation that I submit with this application to be viewed by The Children's Council of Watauga County's staff, Department of Child Development and Early Education, Department of Social Services, Watauga County School's staff and others as necessary to verify accuracy. I understand that knowingly providing inaccurate information will result in this application being rejected.

Signature of Parent/Guardian _____

Date _____

Office Use Only

Staff Name: _____

Intake Date: _____

To be completed by The Children's Council of Watauga County Staff Member:

_____ All sections of the application are completed

_____ Parent/Guardian has signed and dated the application

_____ Mailing Address has been provided and parent/guardian acknowledged to CCWCI staff that the mailing address of the individual signing the application is the one that will be used when we send notification letters by in May

_____ A copy of the child's birth certificate has been provided

_____ Proof of income has been provided

_____ 2 proofs of residency have been provided

_____ If applicable, documents supporting Eligibility Factors, IEP, Military, Chronic Health Condition,

_____ Preferred sites are listed on application

_____ CCWCI staff signed that they reviewed the application

_____ All questions are answered Yes or No