

2019-2020 Watauga County NC Pre-Kindergarten Application

**Parents/Families/Guardians must complete this application to apply for NC Pre-Kindergarten Program. You must use your child’s legal name that is on his/her birth certificate on this application. If you change your address or your phone number it is your responsibility to let us know. Please remember to sign this application!**

 ADDRESS: 225 Birch Street, Boone NC 28607 FAX: (828) 264-8008 PHONE: (828) 262-5424

**To be eligible:**

\*Child must be [four-years old on or before August 31st](http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_Program_Requirements_Guidance_2014-2015.pdf), 2019.

\*Child is from a family whose gross income is [at or below 75% of the State Median Income (SMI).](http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_Program_Requirements_Guidance_2014-2015.pdf)

\*Children of certain [military families](http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_Program_Requirements_Guidance_2014-2015.pdf) are also eligible without regard to income.

\*20% of age eligible children enrolled may have family incomes in [excess of 75% SMI](http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_Program_Requirements_Guidance_2014-2015.pdf) if they have documented risk factors in 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:**

\*2 proofs of residency (lease/utility bills/drivers’ license/cable bill/phone bill)

\**Certified* copy of the child’s birth certificate

\*Proof of Gross Yearly Household Income including one or more of the following items:

(Front page of 2018 tax form 1040 or 1040A line #7, 1040EZ- Line 1, Previous month’s pay stub(s), W2- Box 1, Signed Statement/Contact information from each parent’s employer for monthly pay, Signed statements when an individual claims to have no verifiable countable income, Award letters from Social Security Administration and/or Employment Security Commission, Self-employed individuals must submit a Schedule C Profit or Loss from Business (Line 7), Child Support, Alimony, Military Leave & Earnings Statement

\*Medical information from a physician if your child has a chronic health condition

|  |  |
| --- | --- |
| Fees | None, if your child qualifies for NC Pre-K |
| Notification of Acceptance | Families will be notified by mail towards the end of May, 2019 of their acceptance into the program (pending the approval of the North Carolina Budget) |
| Placement | Placements will be based on eligibility, priority of need(s), date that completed application was submitted and availability.  |
| Health Assessment | Child’s Health Assessment is required before being enrolled or within 30 days after the child enters NC Pre-K Program |
| Hours | Generally, 8:00 am -- 2:30 pm. Call location for more information |
| Calendar | Same as public school year calendar, late August -- June. |

**For more information:** Hunter Varipapa at The Children’s Council (828) 262-5424 or via email: hunter@thechildrenscouncil.org

**To be completed by The Children’s Council of Watauga County Staff Member**

Receipt of Completed Application (please keep for your records and proof of submission):

**Parent/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Submission of Completed Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Staff Who Reviewed Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REMINDERS TO SHARE WITH PARENT/GUARDIAN:**

**\*PLEASE CHECK YOUR MAIL OFTEN** between May 20th and June 5th as there is a deadline for you to reply and accept your placement.

**\***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 alternative childcare setting in case you are not placed in the NC Pre-K classroom.

**Watauga County NC Pre K Application 2019-2020**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email where parent/guardian can be reach:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family’s Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_

**Family’s Physical Address (if different from mailing 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s/Stepmother’s/Guardian’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Employment: (check all that apply)**

Employed- Yes \_\_\_\_\_ No \_\_\_\_\_\_ Average Number of Hours Worked per Week- \_\_\_\_\_\_\_\_\_\_

Mother Seeking Employment- Yes \_\_\_\_ No \_\_\_\_

Mother Attending Secondary Education- Yes \_\_\_\_ No \_\_\_\_

Mother 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: \_\_\_\_\_\_\_\_\_TANF: \_\_\_\_\_\_\_\_

Child Support Yearly: \_\_\_\_\_\_\_\_\_\_ Workers Compensation: \_\_\_\_\_\_\_\_\_\_Unemployment: \_\_\_\_\_\_\_\_\_\_\_

**Father’s/Stepfather’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Employment: (check all that apply)**

Employed- Yes \_\_\_\_\_ No \_\_\_\_\_\_ Average Number of Hours Worked per Week- \_\_\_\_\_\_\_\_\_\_

Father Seeking Employment- Yes \_\_\_\_ No \_\_\_\_

Father Attending Secondary Education- Yes \_\_\_\_ No \_\_\_\_

Father 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: \_\_\_\_\_\_\_\_\_TANF: \_\_\_\_\_\_\_\_

Child Support Yearly: \_\_\_\_\_\_\_\_\_\_ Workers Compensation: \_\_\_\_\_\_\_\_\_\_Unemployment: \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| If you are reporting zero income, you must complete the following: This is to verify that my child(ren) and I have no income.Give a brief explanation of how you are meeting your expenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I certify that this information is true. 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.Your Printed Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please list all **adults and 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. |  |  |

**County of Residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child have Limited English Proficiency?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What is the primary language spoken in your home?** English\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_

**What is the primary language spoken by your child?** English\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_

**In what language would you like for your child to be screened?** English\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_

**Does your child have a chronic health condition?** Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, please attach a physician’s note explaining the condition(s), note also must state that “the condition has the potential to interfere with the child’s learning & development” and describe why the child would benefit from being placed in high quality childhood program and any prescribed treatments/medications. This must be returned with your application.**

**Does your child have a developmental or educational need?** Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 unregulated child 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 has 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 for 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 serves 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 any concerns with your child’s development?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain your concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have concerns with your child’s development, would you like for 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 (subject to change)** \**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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all the information on this entire application is true to the best of my knowledge. 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**

**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 early July

\_\_\_\_\_ A copy of the child’s *certified* birth certificate has been provided

\_\_\_\_\_ Proof of income has been provided

\_\_\_\_\_ 2 proofs of residency have been provided

\_\_\_\_\_ If applicable, medical information has been provided if the child has a chronic health condition

\_\_\_\_\_ Preferred sites are listed on application

\_\_\_\_\_ CCWCI staff provided date of submission of completed application

\_\_\_\_\_ CCWCI staff signed that they reviewed the application

\_\_\_\_\_ CCWCI completed and gave the parent/guardian receipt of completed application