

2015-2016 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!

**ALL APPLICATIONS DUE BY MAY 15, 2015 & MUST BE RETURNED TO THE CHILDREN’S COUNCIL.** ADDRESS: 225 Birch Street, Boone NC 28607 FAX: (828) 264-8008 PHONE: (828) 262-5425

**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), 2015

\*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:

(Copy of 2014 tax form 1040 line #37 or 1040A line #21, Pay Stubs, Award letters from Social Security Administration, Award letters from the Employment Security Commission, Employer statements, Business records for self-employed individuals, Signed statements when an individual claims to have no verifiable countable income)

\*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 notified by mail by early June, 2015 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 |

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

**Watauga County NC Pre K Application 2015-2016**

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

**Is the child a North Carolina Resident:** Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

**County of Residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Primary Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 blood relative or with a non-relative who has legal custody or guardianship:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Number of family members (siblings, parents/guardians) who live in your home** \_\_\_\_\_\_

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

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

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: \_\_\_\_\_\_\_\_\_\_

Child Support Yearly: \_\_\_\_\_\_\_\_\_\_

Workers Compensation: \_\_\_\_\_\_\_\_\_\_

Unemployment: \_\_\_\_\_\_\_\_\_\_\_

SSI/TANF/Work$ First: \_\_\_\_\_\_\_\_\_\_

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

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

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: \_\_\_\_\_\_\_\_\_\_

Child Support Yearly: \_\_\_\_\_\_\_\_\_\_

Workers Compensation: \_\_\_\_\_\_\_\_\_\_

Unemployment: \_\_\_\_\_\_\_\_\_\_\_

SSI/TANF/Work$ First: \_\_\_\_\_\_\_\_\_\_

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

**What is the primary language spoken by your child?** 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) 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 one)

\_\_\_\_\_ Child has never been served in any preschool child care setting

\_\_\_\_\_ Child is currently unserved (at home now but may have previously been in child care or some other preschool program)

\_\_\_\_\_ Child currently attends childcare (please list the name of the program below)

Name of Childcare Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Child’s Last Health Assessment:** (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 for a special need?**

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2015-2016 Pre-Kindergarten Classroom Locations (subject to change)** \**Transportation is only provided to students who attend a pre-k classroom in their school district.*

**Cove Creek Elementary School**

**Green Valley Elementary School**

**Hardin Park Elementary School**

**The Lucy Brock Collaborative Classroom at Parkway Elementary School**

**Valle Crucis Elementary School**

**Please list below your preferred pre-k site(s) in order of preference:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:**

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

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

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**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 and Signature of Staff Who Reviewed Application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_