



## 2022-2023 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, 2022. 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:

- \*2 proofs of residency (lease/utility bills/drivers' license)
- \*Copy of the child's birth certificate
- \*Income Documentation:
  - 2021 Tax Records - W-2's - 1040-Adjusted Gross line 7
  - Pay Stubs (most recent pay periods) - Weekly – submit 4 consecutive pay stubs/Bi-weekly - submit 2 consecutive pay stubs/Monthly submit at least 1 full month's pay stub
  - 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
  - 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
- \*Medical information from a physician if your child has a chronic health condition

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 June 24, 2022 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
Hours	Generally, 7:30am -2:30 pm. Child's teacher will give families the locations specifics for arrival/departure times.
Calendar	All sites follow Watauga County Schools' school calendar.

### For more information:

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

### **Additional Information**

**\*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:** [hunter@thechildrenscouncil.org](mailto:hunter@thechildrenscouncil.org)

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

**Drop Box:** place in black dropbox 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 June 17 through and June 30, 2022 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 an alternative childcare setting in case you are not placed in the NC Pre-K classroom.

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

**Family's Mailing Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Family's Physical Address (if different from mailing address)** \_\_\_\_\_

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

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

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: \_\_\_\_\_ TANF: \_\_\_\_\_

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

**Reporting No-Income Documentation-**

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 **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.		

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 a 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: \_\_\_\_\_

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 \_\_\_\_\_

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

**Possible Pre-Kindergarten Classroom Locations**

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

Bethel Elementary School  
Green Valley Elementary School  
Parkway Elementary School  
Valle Crucis Elementary School

Cove Creek Elementary School  
Hardin Park Elementary School  
Mabel 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

<p><b>Office Use Only</b></p> <p>Staff Name &amp; Intake Date: _____</p> <p>Staff Name &amp; Entry Date: _____</p> <p>Staff Name &amp; Review Date: _____</p>
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**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 late 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, 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