

Describe any unusual family circumstances that need to be considered for this child's enrollment (i.e., substance abuse, parent incarcerated or released within 6 months, domestic violence, physical or mental illness in the home). You may use a separate piece of paper. _____

Please mark your 1st and 2nd choices below: This program is available only on the campus of Whitnel Elementary School.

_____ 8:00 - 10:30 AM (Monday and Wednesday)

_____ 8:00 - 10:30 AM (Tuesday and Thursday)

_____ 11:30 - 2:00 PM (Monday and Wednesday)

_____ 11:30 - 2:00 PM (Tuesday and Thursday)

My child is currently enrolled for free Dolly Parton Imagination Library books. Yes No, please send me information

How often do you read to your child?

Daily

3-5 times per week

1-2 times per week

a few times per month

occasionally

Please read carefully, *initial* each paragraph, sign and date on bottom of this sheet:

_____ I certify that all information provided is true, correct and complete. I understand that information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

_____ I understand that by completing this application my child is not guaranteed placement and that he/she may be on a waiting list.

_____ I understand that if my child is selected for participation, family involvement is essential. My family will cooperate with programs to submit necessary documentation and application for additional services.

_____ I understand that transportation to and from Pre-K programs will be my family's responsibility.

_____ I understand that my child will receive a developmental screening in the primary language listed in the application and give permission for my child to also receive vision, hearing, dental and/or speech and language screenings.

_____ I understand that if there is a change in my child's address, phone number or attendance in any type of licensed care, it is my responsibility to notify the Preschool Readiness Center and inform them of any changes.

_____ I understand that my child will need a current, updated health assessment which includes vision, hearing, and an updated immunization record, before she/he attends a program. (Health Transmittal Form is available in most Caldwell County doctor's offices as well as https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/NCPre-K_HAForm.pdf)

_____ I give permission for my child's name, picture, portrait, likeness, or voice to be used for the purpose of center display, scrapbook, newspaper articles, television broadcast, posting to Caldwell County Schools websites, and/or printed materials for use by the Caldwell County Schools.

_____ I understand that, if my child is accepted into the Jump Start Preschool Academy, regular attendance is necessary for full benefit of the program. Failure to maintain regular attendance could jeopardize his/her placement in the program.

_____ I understand that my child's progress will be shared with his anticipated preschool/kindergarten school to help the school prepare for a successful transition for my child. Information may include his screenings and data collected in the preschool classroom.

_____ I give permission for my name and contact information to be shared with Caldwell County Family Literacy regarding adult education programs which may benefit my family.

I certify that all information provided is true, correct, and complete. I understand that information is provided to document eligibility for the Preschool Jump Start Academy. Program staff may verify information provided. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

Parent/Guardian Signature: _____

Date: _____

Relationship to child: _____

Drop off or mail completed applications at:

Preschool Readiness Center
332 Greenhaven Drive NW
Lenoir, NC 28645
or

May also be dropped off at any elementary school.

Questions and appointments:

Caldwell County Schools
Preschool Readiness Center
Phone: 828-726-3920
Fax: 828-757-0642

Lacey: lacoffey@caldwellschools.com