

Child's First Name _____ M.I. _____ Last _____ Birthdate _____

If accepted into the program, I will provide transportation or have other arrangements made. Yes No

If accepted into the program, I understand that timely arrival and departure are my responsibility. Initial _____

Please check all boxes that apply and/or complete all questions:

Child's Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Is your child Hispanic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
County of Residence	<input type="checkbox"/> Caldwell <input type="checkbox"/> Burke <input type="checkbox"/> Other _____
What elementary school is your home address assigned to?	<input type="checkbox"/> Baton <input type="checkbox"/> Collettsville <input type="checkbox"/> Davenport <input type="checkbox"/> Dudley Shoals <input type="checkbox"/> Gamewell <input type="checkbox"/> Granite Falls <input type="checkbox"/> Happy Valley <input type="checkbox"/> Hudson <input type="checkbox"/> Kings Creek <input type="checkbox"/> Lower Creek <input type="checkbox"/> Sawmills <input type="checkbox"/> Valmead <input type="checkbox"/> Whitnel <input type="checkbox"/> I do not know my elementary school district.
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American/ Alaskan <input type="checkbox"/> Bi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other
Is your child a NC resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child lives with:	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother and Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other - _____
What language does your child most frequently use to communicate?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
What language(s) are frequently used in your home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Child/family is currently being served by Child Protective Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes, currently in Foster Care <input type="checkbox"/> Yes, currently residing with parent(s) <input type="checkbox"/> I am caring for a child who is awaiting foster care placement.
Please select all that apply to your child's current family status:	<input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Early Head Start <input type="checkbox"/> Medicaid <input type="checkbox"/> IEP/IFSP <input type="checkbox"/> Private Insurance <input type="checkbox"/> In foster care <input type="checkbox"/> In kinship care <input type="checkbox"/> Expecting a baby
Is your family homeless (temporarily living with friends/family or in shelter/car/hotel)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, more than 12 months <input type="checkbox"/> Yes, less than 12 months Living situation: <input type="checkbox"/> In a shelter <input type="checkbox"/> In own home, rented home, or apartment <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> With friends or relatives – Explain: _____ <input type="checkbox"/> In other circumstances – Explain: _____
Have you moved in the last 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes; How many times? _____ What were the circumstances for moving? _____

I am homeless and give Head Start (Blue Ridge Community Action) and/or Caldwell County Schools permission to make a referral for services.

My child does not receive free Dolly Parton Imagination Library books. Please enroll him/her through Caldwell Smart Start.

Signature _____ Date _____

Mother/Guardian's Name _____

Father/Guardian's Name _____

	Address	Phone	Email (Notifications will be sent via email)
Mother/Guardian	<input type="checkbox"/> Same as Child <input type="checkbox"/> Other _____ _____	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Father/Guardian	<input type="checkbox"/> Same as Child <input type="checkbox"/> Other _____ _____	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Alternative Contact's name		Alternative Contact's Phone(s)	

Please list all family members living in household (parents and dependent children):

Name Married adults, including step-parents, and all dependent children under age 18	Birth Date	Current Age	Relationship to Child

Child's Development:

Does your child have a physical challenge or chronic illness?	<input type="checkbox"/> No <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> obesity <input type="checkbox"/> anemia <input type="checkbox"/> Other _____	A medical diagnosis is required. Verification from your child's physician must be provided with the application.
Does your child have a developmental or educational need?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	
Has your child received a developmental screening?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date completed _____	
Has your child been referred for testing for determining if services are needed (Speech, Physical Therapy, Occupational Therapy, and/or Play Therapy)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	Please let us know if your child is receiving private services of any kind. Recent evaluations or Progress Notes can be provided with your application as verification.
Is your child receiving services for a developmental need?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	
Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please include copy) <input type="checkbox"/> IEP with Caldwell County Schools <input type="checkbox"/> IEP is not with Caldwell County Schools and parent will provide a copy with the application.	If your child is under an IEP through Caldwell County Schools, you do not have to provide a copy. Verification will be completed by Caldwell County Schools.
Does your child have a sibling who is currently being served under an Individualized Education Plan (IEP) or	<input type="checkbox"/> No (A copy of the current IEP must be submitted with the application.) <input type="checkbox"/> Yes <input type="checkbox"/> IEP with Caldwell County Schools	If the sibling is being served by Caldwell County Schools, please list his/her name.

Individualized Family Service Plan (IFSP).	<input type="checkbox"/> IEP is not with Caldwell County Schools and parent will provide a copy with the application.	Caldwell County Schools will provide verification.
Is at least one parent/guardian of this child currently an active duty member of the United States Armed Forces; ordered to active duty within the last 18 months or expected to be ordered within the next 18 months; or has been seriously injured or killed in active duty?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide documentation)	

Current Child Care Provider (must be completed):

My child has attended a child care center or family child care home.	<input type="checkbox"/> Never <input type="checkbox"/> Attending currently, paid by family <input type="checkbox"/> Attending currently, paid by subsidy voucher <input type="checkbox"/> Attended previously but is not currently enrolled	<input type="checkbox"/> Applied for subsidy and on the waiting list <input type="checkbox"/> I am not eligible for subsidy
Current Child Care site	Name of current child care center/family home: _____ Start Date _____ Number of hours attended weekly _____	Office use ONLY: <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-5
Previous Child Care site	Name of current child care center/family home: _____ End Date _____ Number of hours attended weekly _____	Reason no longer attending.
Not attending Child Care	During the day, who currently cares for your child?	

Parent/Guardian Employment Status

	Mother/Guardian	Father/Guardian
Employed	<input type="checkbox"/> No <input type="checkbox"/> Yes Pay \$_____ per hour Name of employer: _____ How many hours worked per week _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Pay \$_____ per hour Name of employer: _____ How many hours worked per week _____
Self-Employed	Job details/explanation:	
Student Status	<input type="checkbox"/> High School GED <input type="checkbox"/> College <input type="checkbox"/> Job Training Program <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> High School GED <input type="checkbox"/> College <input type="checkbox"/> Job Training Program <input type="checkbox"/> Other <input type="checkbox"/> None
Unemployed, seeking employment	<input type="checkbox"/> I am unemployed and have no income. Please complete and sign the statement below this chart. <input type="checkbox"/> If applicable – Please describe any income changes in the last 12 months (Lay off? If so, for how long? Unemployed? If so, how long?)	
Highest Level of Education	<input type="checkbox"/> Less than Diploma/GED <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's/Higher	<input type="checkbox"/> Less than Diploma/GED <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's/Higher

If applicable - My current income is \$0. I have had \$0 income since _____ (date \$0 income began).

Signature _____ Date _____

Child's First Name _____ M.I. _____ Last _____ Birthdate _____

If applicable - My current income is \$0. I have had \$0 income since _____ (date \$0 income began).

Signature _____ Date _____

Mother's/ Guardian's Income – Documentation of each applicable source of family's income is required

Wages before taxes	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	You must provide the last 2 months' of pay stubs as verification.
Alimony	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of a court order or bank statements from the last 2 months.
Child Support	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of a court order or bank statements from the last 2 months.
Worker's Compensation	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be 2 months of paystubs or a letter from your employer including dates and amounts.
Unemployment	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be paystubs or a copy of your benefits letter.
Work First/ Temporary Assistance to Needy Families	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	A benefits letter or Medicaid card can be used as verification.
Social Security	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
Social Security/ Disability	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
VA Benefits	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
Pension/Annuity	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
Family Support	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a written statement that is signed and dated and includes contact information.
Other: _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter or other written statements.

I am interested in volunteering in my child's school/classroom. I can prepare classroom materials share a family tradition
 read to children talk about and answer questions about my job help during celebrations serve on a committee/council

Father's/Guardian's Income - Documentation of each applicable source of family's income is required

Wages before taxes	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	You must provide the last 2 months' of pay stubs as verification.
Alimony	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of a court order or bank statements from the last 2 months.
Child Support	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of a court order or bank statements from the last 2 months.

Worker's Compensation	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be 2 months of paystubs or a letter from your employer including dates and amounts.
Unemployment	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be paystubs or a copy of your benefits letter.
WFFA/TANF	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	A benefits letter or Medicaid card can be used as verification.
Social Security	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
SSI	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
VA Benefits	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
Pension/Annuity	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter.
Family Support	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a written statement that is signed and dated and includes contact information.
Other: _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Verification may be a copy of your benefits letter or other written statements.

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. _____

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, or if there is a change in family income, it is my responsibility to notify the Pre-K Application Center and inform them of any changes.
- _____ I understand that my child will need a current, updated health assessment which includes dental, 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 Pre-K program websites, and/or printed materials for use by the Caldwell County Schools.
- _____ I understand that, if my child is accepted into the NC Pre-Kindergarten Program and/or Head Start, 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 kindergarten school to help the school prepare for a successful transition for my child. Information may include his screenings and data collected in the NCPK 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.

Child's First Name _____ M.I. _____ Last _____ Birthdate _____

Preferred Location – Please number your first, second and third, and fourth choice for location using numbers 1, 2, 3 and 4. While every effort will be made to place eligible children in preferred locations, we are unable to guarantee a site. Sites below are subject to change due to funding and availability.

***Applicants only interested in Head Start will select Northside Children's Learning Center as their first choice.**

Rank your preference (1-4)	Site	Area	Rank your preference (1-4)	Site	Area
	A New Beginning	Hudson-Whitnel area		Happy Valley School	Happy Valley
	Baton Elementary	Baton		Hudson Elementary	Hudson
	Collettsville Elementary	Collettsville		Kings Creek	Kings Creek
	Countryside Childcare	Granite Falls		Northside Children's Learning Center (Head Start)*	Lenoir
	Davenport Elementary	Lenoir		Sawmills Elementary	Sawmills
	Dudley Shoals Elementary	Dudley Shoals		Valmead Elementary	Lenoir
	Gamewell Elementary	Gamewell		Whitnel Elementary	Whitnel
	Granite Falls Elementary	Granite Falls			

*Applicants who are ONLY interested in Northside Children's Learning Center/Head Start should mark Northside as your 1st choice. If your child attended your 1st choice location last year, please check here

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

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____

****ALL questions must be completed in order for your child to be considered. Please check to confirm there are no unanswered questions.**

If you have difficulty with any part of this application, please contact us.

How did you hear about the NCPK program? radio announcements from someone I know

social media telephone notification posted signs other: _____

<p><u>Drop off or mail completed applications at:</u> Preschool Readiness Center 332 Greenhaven Drive NW Lenoir, NC 28645 or Head Start/Northside Children's Learning Center 1440 Blowing Rock Blvd Lenoir, NC 28645 May also be dropped off at any NCPK Location.</p>	<p><u>Questions and appointments:</u> Caldwell County Schools Preschool Readiness Center Phone: 828-726-3920 Fax: 828-757-0642 Head Start/Northside Children's Learning Center Phone: 828-758-4290, ext 153</p>
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Office Use Only:		<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student	PTY <input type="checkbox"/> Y <input type="checkbox"/> N	Shared with HeadStart _____
Date Application Received _____	Date of IEP Mtg (to discuss transition) _____	Current Ed. Placement _____			
Frequency/Duration of Services: Spec Ed _____		ST _____	OT _____	PT _____	
Other (list) _____					