

PARENTS: Please remove this sheet and keep for your information!



2017-2018 Catawba County NC Pre-Kindergarten Application

You must complete this application to apply for NC Pre-Kindergarten Program (formerly the More at Four program). Birth date verification (**birth certificate**) and **income verification must be attached** for the application to be complete. You must use your child's legal name that corresponds with the birth certificate. If you change your address or your phone number it is **your responsibility** to let us know so that we have a way to contact you. Please remember to provide accurate information and **sign** this application, or else it is not complete and can't be considered! While we accept applications throughout the year, you must turn in a completed application by **May 31, 2017** to be considered in the first selection process.

Your application AND all required documentation (birth certification and income verification) must be turned in before your child will be considered for a slot. You can either:

- 1) Mail application to the Catawba County Partnership for Children - P.O. Box 3123, Hickory, NC 28603, OR
- 2) Deliver application to the Partnership for Children Early Childhood Resource Center at 738 4th Street SW in Hickory (Phone: 828-695-6506)

To avoid confusion, please do not turn in your application to any of the NCPK locations. Applications are processed by staff of the Catawba County Partnership for Children.

This is NOT an application for Head Start. For information about Head Start, please call 828-464-1108. For fee payer applications, please contact the preschool department in your school system.

Information about the NC Pre-Kindergarten Program

Age Requirements	Must turn 4 by 8/31/2017.
Eligibility Requirements	Based on income; significant priority given to those who have not been in a child care program before and other factors such as English proficiency, special needs, health needs, etc. <i>(Information on application will be verified as much as possible to ensure accuracy of issues that relate directly to eligibility.)</i>
Transportation Provided?	No, transportation is not provided.
Hours	Same as the site where the classroom is located. Call location for more information.
Calendar	Same as school calendar.
Fees	No fees for classroom. Families will be assessed separately for the free/reduced lunch program. Depending on eligibility, a fee may be assessed for meals provided at school. All families must complete the school's Free/Reduced Lunch application at the beginning of the school year.
Classroom Structure	Generally classrooms will have a combination of NCPK children, special needs children, and fee paying children. All classrooms use <i>The Creative Curriculum® for Preschool</i> .
Required Documentation	Birth date verification (birth certificate) and income verification (pay stubs, tax forms).
Selection Process	Selection committee meets in mid June and families will be informed in July.
Before and After-School?	Provided North Newton Elementary and possibly other locations. Call the Children's Resource Center (828-695-6565) for more info.

Tentative 2017-2018 Classroom Locations *(subject to change)*

A New Beginning Child Development Center	Balls Creek Elementary	Catawba Elementary
Claremont Elementary	Hickory High Child Dev. Center	Lyle Creek Elementary
Mountain View Elementary	North Newton Elementary	Oakwood Elementary
Oxford Elementary	Shuford Elementary	South Newton Elementary
Southwest Elementary	Snow Creek Elementary	Startown Elementary
St. Stephens Elementary	Tyndall Center at Sipe's Orchard Home	Viewmont Elementary
Webb A. Murray Elementary		



**Catawba County's NC Pre-Kindergarten Program is administered by the
Catawba County Partnership for Children
P.O. Box 3123, Hickory, NC 28603 • 738 4th Street SW, Hickory, NC 28602
828-695-6505 • www.catawbakids.com**

For Office Use Only

APPLICATION #: _____ TOTAL POINTS: _____

Date Received: _____ Complete Incomplete Date Complete (if different) _____

Postcard Sent: _____ Eligible: Yes No If not, why: Age Over Income Other: _____

Currently Enrolled (Star - _____) Not Currently Enrolled



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Child's Full Name: _____
First Middle Last Nickname

Child's Birth Date: _____ Male Female County: _____
Month - Day - Year (Copy of Birth Certificate must be submitted with application)

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Address: _____
Street Apt. # City State Zip Code

Email address: _____

Home Phone: _____ Cell Phone: _____

If you don't have a phone, can you provide another number for us to reach you? _____

Child's Race/Ethnicity: White African-American Hispanic Asian Other: _____

Is English spoken in the home? We speak fluent English Some English No English

What other language(s) does your child speak at home? _____

When did you move to your current address? _____ (month/year)

Has your family ever been homeless? Yes No

What elementary school will your child attend? _____ I don't know

LOCATION INFORMATION (These locations are tentative and are subject to change based on funding and other factors.)

Please write your **top 3** location choices, with a **1** for 1st choice, a **2** for 2nd choice, and a **3** for your 3rd choice.
(We cannot guarantee your top choices, but we will make every effort to get you in a location you prefer.)

- | | |
|--|---|
| <input type="checkbox"/> A New Beginning Child Development Center (Newton) | <input type="checkbox"/> Balls Creek Elementary |
| <input type="checkbox"/> Catawba Elementary | <input type="checkbox"/> Claremont Elementary |
| <input type="checkbox"/> Hickory High Child Development Center | <input type="checkbox"/> Mountain View Elementary |
| <input type="checkbox"/> Lyle Creek Elementary | <input type="checkbox"/> North Newton Elementary |
| <input type="checkbox"/> Oxford Elementary | <input type="checkbox"/> Oakwood Elementary |
| <input type="checkbox"/> Shuford Elementary | <input type="checkbox"/> Snow Creek Elementary |
| <input type="checkbox"/> South Newton Elementary | <input type="checkbox"/> Southwest Elementary |
| <input type="checkbox"/> Startown Elementary | <input type="checkbox"/> St. Stephens Elementary |
| <input type="checkbox"/> Tyndall Center at Sipe's Orchard Home (Conover) | <input type="checkbox"/> Viewmont Elementary |
| <input type="checkbox"/> Webb A. Murray Elementary | |

Has anyone in your family ever attended a Head Start or a NCPK/More at Four classroom? Yes No

If you checked yes, who? _____

Which program did they attend? Head Start NCPK/More at Four Which Location? _____



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FAMILY INFORMATION

Child lives with: Both Parents Mother Father Other: _____

Marital Status of Parents: Single Married Separated Divorced

If you have any formal or informal custody arrangements, please let us know: _____

Are either of the child's parents or legal guardians an active duty member of the armed forces? Yes No

Mother or Guardian:

Mother/Guardian's Date of Birth: _____

Please choose which of these apply: Unemployed Employed full-time Employed part-time
 In school full-time In school part-time

Mother's Place of Employment (if applicable): _____

Mother's School (if currently enrolled): _____

Mother's Education Level: Mother has not completed high school Mother has high school diploma
 Mother has GED Mother has attended some college Mother has graduated from college

Father or Guardian:

Father/Guardian's Date of Birth: _____

Please choose which of these apply: Unemployed Employed full-time Employed part-time
 In school full-time In school part-time

Father's Place of Employment (if applicable): _____

Father's School (if currently enrolled): _____

Father's Education Level: Father has not completed high school Father has high school diploma
 Father has GED Father has attended some college Father has graduated from college

List all other **adults** living in the household:

<u>Name</u>	<u>Relationship to Child (who is applying)</u>

List all **other children** in your household:

<u>Name</u>	<u>Gender</u>	<u>Birth Date</u>	<u>School</u>	<u>Grade</u>



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Emergency Contact Person: _____
(someone other than parent or guardian)

Relationship to Child: _____ Phone: _____

Does your child have any special developmental needs or disabilities? Yes No
If so, has your child been referred for full testing and been diagnosed with a delay? Yes No

Who (agency or private provider) evaluated your child? _____

When was the disability identified? _____

Does your child have an IEP or an IFSP? Yes No

Does your child receive any kind of specialized services? (Please check all that apply.)

Speech Therapy Physical Therapy Occupational Therapy

Home Visits from Early Interventionist Other (please describe): _____

Does your child have any chronic health problems? Yes No

If yes, please explain: _____

Does anyone else in your immediate family have any special needs, disabilities, or chronic health problems? Yes No

If yes, please explain: _____

Is your child currently enrolled in a preschool or child care program? Yes No

If yes, which one? _____

Have you applied for child care subsidy/scholarships through the Department of Social Services? Yes No

If so, please check one:

We currently receive subsidy We are on the subsidy waiting list We don't qualify for subsidy

If not currently enrolled in child care, has your child ever been enrolled in a child care program? Yes No

When did your child attend? _____

Where did your child attend? _____

Who currently takes care of your child during the day? _____



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FINANCIAL INFORMATION

Do you get support from any of the following services? (You must check all that apply.)

- Food Stamps Medicaid/Medicare/Health Choice
- WIC Public Housing Assistance
- Child Care Subsidy Child Support Payments – amount received: \$ _____
- AFDC/Work First – amount received: \$ _____
- Social Security – amount received: \$ _____
- Unemployment – amount received: \$ _____
- Other: _____ – amount received: \$ _____

Income information is required.
 You must include a copy of your most recent check stub, the front page of form 1040, or W-2 form.

At this time I do not receive any type of income from any of the above sources. (If you check this box we will send you additional paperwork that must be completed and returned before your application is considered complete.)

Your **TOTAL** household income is: \$ _____ Weekly Monthly Yearly
*(including **all** sources listed above)*

Do any children in your household qualify for (please check): **Free Lunch** at school **Reduced Lunch** at school

OTHER INFORMATION

Has your family ever (currently or in the past) received support from Child Protective Services? Yes No

- Who referred you to the NC Pre-Kindergarten Program? FamilyNet CDSA
- Parents As Teachers Mental Health Public Health / Child Service Coordination
- Social Services Schools Other _____

Is there any other information you would like to share with us? _____

*** PARENT/GUARDIAN SIGNATURE IS REQUIRED ***

I certify that all of the information on both sides of this application is true to the best of my knowledge. I understand I am responsible for **calling the NCPK Office (828-695-6506)** with any changes to information on this application (phone number, address, work status, income, etc.). I give my permission for the information on this application and any other documentation that I submit with this application to be released to the selection committees, the classroom staff, the Division of Child Development and Early Education, and others as necessary to verify accuracy. I understand that knowingly providing inaccurate information will result in this application being rejected.

 Parent/Guardian Signature

 Date