

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



## 2026-2027 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 **Friday, May 22, 2026**, to be considered in the first selection process. Questions? Call Leslie at 828-695-6506 or email [NCPK@catawbacountync.gov](mailto:NCPK@catawbacountync.gov).

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 4<sup>th</sup> Street SW in Hickory (Phone: 828-695-6505)

To avoid confusion, please **do not** turn in your application to any of the NCPK locations. All 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

<b>Age Requirements</b>	Must turn 4 by 8/31/2026
<b>Eligibility Requirements</b>	Based on income; significant priority given to those who have not been in a child care/preschool program before and other factors such as English proficiency, special needs, health needs, etc. Continuity of services for children already receiving support services for special needs will take precedence in site selection. <i>(Information on application will be verified as much as possible to ensure accuracy of issues that relate directly to eligibility.)</i>
<b>Transportation</b>	No, transportation is <b>not</b> provided.
<b>Hours</b>	Same as the site where the classroom is located. Call location for more information. <i>(Some locations may operate on a different schedule.)</i>
<b>Calendar</b>	Same as school calendar.
<b>Fees</b>	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 <b>must</b> complete the school's Free/Reduced Lunch application at the beginning of the school year.
<b>Classroom Structure</b>	Generally, classrooms will have a combination of NCPK children, children with special needs, and fee paying children. All classrooms use <i>The Creative Curriculum® for Preschool</i> .
<b>Required Documentation</b>	Birth date verification (birth certificate) and income verification (2 pay stubs, tax forms).
<b>Selection Process</b>	Selection is in mid-June and families will be informed in July.
<b>Before and After-School?</b>	Call the Children's Resource Center (828-695-6565) for possible locations & other info.

### Tentative 2026-2027 Classroom Locations *(subject to change)*

A New Beginning CDC - Newton	A New Beginning CDC - Sherrills Ford	Balls Creek Elementary
Bandys High School Pre-K	Catawba Elementary	Claremont Elementary
Clyde Campbell Elementary *	Conover School (Before & After School)	Fred T. Foard High School Pre-K
Hickory High School Pre-K	Longview Elementary	Lyle Creek Elementary
Maiden Elementary	Oakwood Elementary	Shuford Elementary
South Newton Elementary	Southwest Primary	Startown Elementary
St. Stephens High School Pre-K	Tyndall Center at Sipe's Orchard Home	Viewmont Elementary
Webb A. Murray Elementary	North Newton Elementary	*- This is a dual language classroom



*Catawba County's NC Pre-Kindergarten Program is administered by the  
Catawba County Partnership for Children*

*P.O. Box 3123, Hickory, NC 28603 • 738 4<sup>th</sup> Street SW, Hickory, NC 28602  
828-695-6505 • 828-328-4551 (fax) • [www.catawbakids.com](http://www.catawbakids.com) NCPK@catawbacountync.gov*

**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



# 2026-2027 Catawba County NC Pre-K Application

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? \_\_\_\_\_

Is the child Hispanic?  Yes  No

Please check all that apply:  Asian  Black or African American  Native American or Pacific Islander  
 Native American or Alaska Native  White/European American

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

Is your child a United States citizen?  Yes  No (Citizenship status does **not** affect eligibility for NCPK.)

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 1<sup>st</sup> choice, a **2** for 2<sup>nd</sup> choice, and a **3** for your 3<sup>rd</sup> choice.

**(We cannot guarantee your top choices.)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A New Beginning CDC - Newton   | <input type="checkbox"/> A New Beginning CDC -Sherrills Ford    | <input type="checkbox"/> Balls Creek Elementary          |
| <input type="checkbox"/> Bandys High School Pre-K       | <input type="checkbox"/> Catawba Elementary                     | <input type="checkbox"/> Claremont Elementary            |
| <input type="checkbox"/> Clyde Campbell Elementary*     | <input type="checkbox"/> Conover School (Before & After School) | <input type="checkbox"/> Fred T. Foard High School Pre-K |
| <input type="checkbox"/> Hickory High School Pre-K      | <input type="checkbox"/> Longview Elementary                    | <input type="checkbox"/> Lyle Creek Elementary           |
| <input type="checkbox"/> Maiden Elementary              | <input type="checkbox"/> Oakwood Elementary                     | <input type="checkbox"/> Shuford Elementary              |
| <input type="checkbox"/> South Newton Elementary        | <input type="checkbox"/> Southwest Primary                      | <input type="checkbox"/> Startown Elementary             |
| <input type="checkbox"/> St. Stephens High School Pre-K | <input type="checkbox"/> Tyndall Center at Sipe's Orchard Home  | <input type="checkbox"/> Viewmont Elementary             |
| <input type="checkbox"/> Webb A. Murray Elementary      | <input type="checkbox"/> North Newton Elementary                | *- This is a dual-language classroom                     |

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? \_\_\_\_\_



# 2026-2027 Catawba County NC Pre-K Application

## **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:

Name Relationship to Child (who is applying)

---

---

---

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

Name Gender Birth Date School Grade

---

---

---

---

---



# 2026-2027 Catawba County NC Pre-K Application

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

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- Speech Therapy     Physical Therapy     Occupational Therapy     ABA Therapy     Play Therapy
- Home Visits from Early Interventionist     Early Childhood Support Team Clinical Specialist
- Other (please describe): \_\_\_\_\_

Has your child been identified with any of the following? (Please check all that apply.)

- Autism                       Hearing Impaired                       Speech/Language Impaired                       Visually Impaired
- Orthopedically impaired     Preschool Development Delayed     Other (please describe): \_\_\_\_\_

If yes, which agency or school system are you working with? \_\_\_\_\_  
When was the disability identified? \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)?  Yes     No     Unsure

If yes, what school system or agency is it through? \_\_\_\_\_

*NC Pre-K and the school systems' exceptional children's programs are separate, but sometimes they can overlap. If your child qualifies for NC Pre-K, we want to work with your family and your school system to find the best possible placement for your child. However, federal, state, and local guidelines regarding exceptional children must take precedence over NC Pre-K guidelines.*

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? \_\_\_\_\_



# 2026-2027 Catawba County NC Pre-K Application

## 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: \$ \_\_\_\_\_

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       Children’s Resource Center
- 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