

- _____ Birth Certificate
- _____ Social Security Card
- _____ Immunization Record
- _____ Proof of Residence
- _____ Proof of Monthly Income
- _____ Telephone #
- _____ # In Household
- _____ 911 Address
- _____ Mailing Address
- _____ Free Lunch Application



_____ Screening Date
_____ Health Assessment Date

North Carolina Pre-Kindergarten APPLICATION for Halifax and Warren Counties 2022-2023

Please complete all questions and sign where indicated. Verification may be required for some questions. This information is required to determine your child's eligibility for one or more programs. Additional information will be needed in order to enroll your child once accepted into the program. Application will **NOT** be processed without the required information and documents.

§ Indicates documentation is required with completed application. Child must be 4 years old by August 31, 2022

Child's Full Name _____ § Date of Birth _____

 First Middle Last Month Day Year

Please check one: ___ boy ___ girl Please mark one: ___ Hispanic/Latino Origin ___ Not Hispanic/Latino

Please mark at least one:

- White / European American
- Native Hawaiian / Pacific Islander
- Native American / Alaskan
- Black / African American
- Asian

Is the child a US Citizen? Yes No
(citizenship is not a requirement)

is parent/guardian an active duty member of the military or was parent/guardian seriously injured/killed while on active duty? Yes No

Mother's / Stepmother's / Guardian's Name: _____

Relationship to child: _____

Father's/Stepfather's / Guardian's Name: _____

Relationship to child: _____

§ Documentation of legal guardian / foster parent status required

Child's Physical Address: _____

§ You must provide documentation of residency in the School District: driver's license, utility bill, bank statement, tax assessment, etc.

Parent's Mailing Address (if different): _____

Is your family homeless (temporarily living with friends/family or in a shelter/car/hotel)? _____

Phone numbers (indicate who): _____

_____ Daytime Evening Cell Phone Other Phone

Email address: _____

What language does your child use most often to communicate? _____

What language do YOU use most often to speak to your child? _____

What language did your child learn when he/she first began to talk? _____

Child has: Medicaid Private Insurance/HMO No Insurance other: _____

Has child been diagnosed with a special need? Yes No if "yes" please describe: _____

If "yes" who diagnosed the special need? _____

Does child have an active IEP? Yes No has child been referred to services for this need? Yes No

Is the child currently receiving services related to this need? Yes No if "yes" from where? _____

§ Documentation of diagnosis / IEP / IFSP / CDSA Evaluation required

Does child have any chronic health problems? Yes No if "yes" please describe: _____

Please list adults and children living in children primary home below (do not list child applying):

<u>Adults' names in household</u>	<u>Date of Birth</u>	<u>Relationship to the child applying</u>
_____	_____	_____
_____	_____	_____

Type of Income	Amount	How often received: (yearly, monthly, twice monthly, Bi-weekly, or weekly)
Current Wages before taxes		
Alimony		
Child Support		
Workers Comp		
Unemployment		
SSI/TANF/Work\$ First		
Overtime		

Is child's father/step-father living with child at child's **PRIMARY RESIDENCE: Yes or No (Circle one)**

- Employed? Yes No Where? _____
 Seeking Employment? Yes No
 In post-secondary education? Yes No Where? _____
 In high school or a GED program? Yes No Where? _____
 In job training? Yes No Where? _____
 Other? Yes No Explain: _____

Father/Step-father's regular gross monthly income: \$ _____ **Please include proof of all income.**

Type of Income	Amount	How often received: (yearly, monthly, twice monthly, Bi-weekly, or weekly)
Current Wages before taxes		
Alimony		
Child Support		
Workers Comp		
Unemployment		
SSI/TANF/Work\$ First		
Overtime		

Is legal guardian (other than mother/father, step parents) living with child at child's **PRIMARY RESIDENCE: Yes or No (Circle One)**

- Employed? Yes No Where? _____
 Seeking Employment? Yes No
 In post-secondary education? Yes No Where? _____
 In high school or a GED program? Yes No Where? _____
 In job training? Yes No Where? _____
 Other? Yes No Explain: _____

Legal Guardian's regular gross monthly income: \$ _____ **Please include proof of all income.**

Type of Income	Amount	How often received: (yearly, monthly, twice monthly, Bi-weekly, or weekly)
Current Wages before taxes		
Alimony		
Child Support		
Workers Comp		
Unemployment		
SSI/TANF/Work\$ First		
Overtime		

If child lives with a custodian, or other caregiver (not parents or legal guardian) list the child's income, including Social Security Income and Child Support Payments. Do not count Supplemental Security Income. Also count income from any minor siblings living in the home. **CHILD'S MONTHLY INCOME:** \$ _____ (child resides with custodian).

Will child need transportation to Pre-K? Yes No In which school zone do you live? _____

Pick up Location: _____ Directions to Home: _____

EMERGENCY CONTACTS

Name _____ Telephone Number _____

Address _____ City _____ Zip _____

Name _____ Telephone Number _____

Address _____ City _____ Zip _____

RELEASE CHILD TO

1. Name _____ 3. Name _____

2. Name _____ 4. Name _____

CERTIFICATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of state funds; that Halifax County Schools, Warren County Schools, Roanoke Rapids Graded School District, Weldon City Schools, Hodgestown Lifetime Learning Center, Weldon Day Care, NC Pre-Kindergarten or Title I officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

The information in this form may be used only in the determination of eligibility for either NC Pre-K or Title I Pre-K program. I understand that I will be releasing information that will show that I am applying for my 4 year old to be considered for the NC Pre-K or Title I Pre-K program. Officials may verify all of the information on this form. I give up my rights on confidentiality on these purposes only. I authorize that information contained in this application and its supporting documentation may be shared with other NC Pre-Kindergarten Administrators should I request that my child be transferred to an NC Pre-Kindergarten program in another county. I understand that if my child is selected to participate in one of the above programs, parent involvement will be critical to the success of my child. I / We will commit to participate as required by the above programs criteria. I certify that I am the parent / guardian of the child for whom this application is being made.

Signature of Parent/Legal Guardian _____ Date _____

Print name and relationship to child applying

*** APPLICATIONS WILL NOT BE ACCEPTED UNLESS EVERY SECTION IS COMPLETE AND IT IS SIGNED AND DATED.**



