



NC Pre-K Program Child Application for 2024 - 2025

THE NORTH CAROLINA PRE-K PROGRAM PARENTS – READ AND KEEP THIS INFORMATION SHEET



Your child may qualify for the North Carolina Pre-K program, available through some schools, private sites, and Head Start childcare programs in western NC. Complete this form and return it to the site you obtained the application from. For assistance, talk with someone at the site.

1. Complete this application in full. Take Page 5, Program Eligibility Info Sheet, to your local Department of Social Services/Health Department/Public Housing Authority if your child receives any of the services listed on Page 5. Return all completed materials, along with a copy of your child's birth certificate or shot record, to the Pre-K program where you obtained this application.
2. If your child does not receive any of the services on Page 5, submit the following income information for every parent/stepparent, custodian and guardian who is living in the same household as the Pre-K child. DO NOT list or include parents who do not live in the same household as the Pre-K child. DO NOT include income for parents who do not live in the same household as the Pre-K child.
 - a) First two pages of 2023 income tax return (1040); OR W2 forms for 2023; OR a minimum of one month's recent consecutive paycheck stubs which include the name of the payee, the pay period, gross and net wages, including overtime; OR a signed, dated statement from a person's employer on business letterhead stating the frequency of pay and gross wages, including overtime.
 - b) For self-employed individuals, provide Schedule C along with first two pages of 2023 income tax return (1040). If taxes are not available, contact NC Pre-K Coordinator at ncprek@rapc.org for assistance.
 - c) Documentation of Per Capita/Indian Gaming Proceeds from 2023: check stubs OR 1099 Miscellaneous tax form bearing name of recipient; OR first 2 pages of 2023 income tax return (1040);
 - d) Documentation of child support payments for all minor children in household;
 - e) Alimony Award Letter (attach copy of court order) OR first 2 pages of 2023 income tax return (1040);
 - f) Workman's Compensation (attach copy of award letter) OR first 2 pages of 2023 income tax return (1040);
 - g) Retirement/disability benefit income (attach award letters from Social Security or Veteran's Admin);
 - h) Payment roster of all current Unemployment Benefits (including state and federal benefits).

What is NC Pre-K?

The NC Pre-K Program administered by the Region A Partnership for Children provides eligible families with access to full-time, high-quality Pre-K services at many school, Head Start and private childcare sites located in the western seven counties of North Carolina and on the Qualla Boundary. NC Pre-K classrooms operate for at least 6 ½ hours a day for ten months. A child who is approved for NC Pre-K and receives placement in an NC Pre-K classroom may receive childcare services for the NC Pre-K school day free of charge.

Who is Eligible for NC Pre-K?

A child is age eligible if s/he has turned four on or before August 31 of the program year but is not yet five years old. A family is eligible if they meet income guidelines. A family may be over the income guidelines and still be eligible for NC Pre-K assistance if one of the following applies: family is homeless; speaks a language other than English at home; is an eligible military family; or child exhibits an Educational Need, has an Individualized Education Plan or Chronic Health condition. Further documentation is required to verify such circumstances. All families enrolling a child in an NC Pre-K classroom must complete and submit a full application packet.

Contact the Region A Partnership for Children at

www.rapc.org

116 Jackson Street, Sylva, NC 28779

Phone 828-586-0661, ext. 1040

ncprek@rapc.org

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Printed name of person who is completing this application: _____

Check box indicating your relationship to the child:

Child's Parent Child's Stepparent Other Family Member (relation) _____
Child's Legal Custodian Child's Legal Guardian DSS Caseworker (county) _____

If you are the child's legal custodian/guardian (other than the child's parent or stepparent) please attach the most recent court papers or authorization.

For your child to be considered for NC Pre-K, **ALL PAGES OF THIS APPLICATION MUST BE FULLY COMPLETED** including signatures and dates.

Child's First, Middle, Last Name: _____ F M

Child's Birth Date: ____/____/____ Copy of birth certificate or shot record MUST be attached

Child's Home Address: _____

City: _____ Zip: _____ Phone: _____

What County Does Child Live In? (Circle one): Cherokee Clay Graham Haywood Jackson Macon Swain

Is child a North Carolina resident? Yes No Is child a United States citizen? Yes No

Child's Ethnicity: (check one): _____ Non-Hispanic _____ Hispanic

Child's Race: (check all that apply): _____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Native Hawaiian/other Pacific Islander _____ White/European American

HEALTH AND DENTAL EXAMINATIONS

A health examination form is attached to this application. Please have this completed by your child's medical provider and submit it with other paperwork to the Pre-K site.

CHILDCARE HISTORY

Please check ONE STATEMENT best describes your current childcare situation:

- _____ My child has never been served in any preschool or childcare setting
- _____ My child is currently unserved (at home now but has been in childcare or some preschool program)
- _____ My child is in unregulated childcare (such as a private babysitter or family member)
- _____ My child is not receiving subsidy but is in some kind of regulated childcare or preschool program (Head Start)
- _____ My child is receiving subsidy and is in some kind of regulated childcare or preschool program

If your child was enrolled in childcare as a three-year-old program, list name of the Center or care provider:

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Of Application

Child's Full Name: _____

HOUSEHOLD & INCOME INFORMATION

List ONLY Parents/Stepparents/Custodians/Guardians Living in the Same Home with the Child

➔ Income of parents/stepparents/custodians/guardians must be submitted with this application if a child does not qualify for services as listed on Page 5. See the *Information Sheet* that you received with this application for kinds of income that meet the requirements.

PARENT #1: Name of Parent/Stepparent/Custodian/Guardian: _____

Does this person live in the same household as the Pre-K child? Yes No

Is this person legally married to Parent #2 listed on page 3? Yes No

➔ EVERY BOX BELOW MUST BE ANSWERED

➔ DO YOU RECEIVE ANY OF THE FOLLOWING?
(Attach income documentation for all items you answer 'Yes' to.)

Is This Person Employed? Yes No
Seeking Employment? Yes No
Disabled? Yes No
Retired? Yes No
In High School/GED Program Yes No
In College? Yes No

Regular wages/employment income? Yes No
Per Capita/Indian Gaming Proceeds? Yes No
Alimony Payments? Yes No
Unemployment Benefits? Yes No
Workman's Compensation? Yes No
Child Support for any minor children living in same home? Yes No
Retirement income? Yes No
Disability Income? Yes No

I have income from the following sources, but I have no documentation of this income: Yes No

List such sources of income: _____

ZERO INCOME STATEMENT – Complete the statement below ONLY if you are unemployed and have no income at all.

I, (print name) _____ verify that I am NOT employed and receive NO income.

Signature _____ Date _____

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Child's Full Name: _____

➡ **PARENT #2: Name of Parent/Stepparent/Custodian/Guardian:** _____

Does this person live in the same household as the Pre-K child? Yes No

Is this person legally married to Parent #1 listed on page 2? Yes No

➡ **EVERY BOX BELOW MUST BE ANSWERED**

➡ **DO YOU RECEIVE ANY OF THE FOLLOWING?**
(Attach income documentation for all items you answer 'Yes' to.)

Is This Person Employed? Yes No
 Seeking Employment? Yes No
 Disabled? Yes No
 Retired? Yes No
 In High School/GED Program Yes No
 In College? Yes No

Regular wages/employment income? Yes No
 Per Capita/Indian Gaming Proceeds? Yes No
 Alimony Payments? Yes No
 Unemployment Benefits? Yes No
 Workman's Compensation? Yes No
 Child Support for any minor children
 living in same home? Yes No
 Retirement income? Yes No
 Disability Income? Yes No

I have income from the following sources, but I have no documentation of this income: Yes No

List such sources of income: _____

ZERO INCOME STATEMENT – Complete the statement below ONLY if you are unemployed and have no income at all.

I, (print name) _____ verify that I am NOT employed and receive NO income.

Signature _____ Date _____

LIST ALL OTHER PERSONS LIVING IN THE SAME HOME WITH THE CHILD		
DO NOT LIST PARENTS OR PERSONS WHO DO NOT LIVE IN THE SAME HOME WITH THE PRE-K CHILD		
NAME	RELATIONSHIP TO PRE-K CHILD/FAMILY	DATE OF BIRTH
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____

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Child's Full Name: _____

Please tell us if any of these situations apply to your child or your family.

- _____ We lack a fixed, regular and adequate nighttime residence (living with friend or relative, in a motel, shelter, tent, abandoned building or vehicle)
- _____ Limited English Proficiency (Family and/or child speaks limited or no English in the home)
- _____ Educational Need (attach copy of pages 1 & 2 of **current** IEP OR documentation of scores on recent developmental screening instrument as approved for use with NC Pre-K program)
- _____ Chronic Health Condition (Doctor's statement required)
Describe your child's health condition: _____
- _____ Child of Eligible Military Family—Parent is: **active** duty member of the US Armed Forces (including NC National Guard, state military or reserve component of Armed Forces) who was ordered to active duty within the last 18 months **OR** who was injured or killed while serving on active duty (attach either military member's Leave & Earnings Statement, OR documentation of service-connected disability or death).

SIGN BELOW:

I certify that all information provided above is accurate to the best of my knowledge and I understand that providing false or inaccurate information may disqualify my child from receiving services.

Parent/Stepparent/Guardian/Custodian:

SIGN YOUR NAME: _____

PRINT YOUR NAME: _____

RELATIONSHIP TO CHILD: _____

TODAY'S DATE: _____

Please look over your child's application and make sure all areas have been completed. Take the attached Children's Medical Report form to your child's doctor for completion. You are welcome to contact the Region A Partnership for Children at 828-586-0661 or ncprek@rapc.org anytime! Check out our website at www.rapc.org!

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Region A Partnership for Children
NC Pre-K Program Eligibility Info Sheet
2024-2025 School Year

Please contact Barbara Jefferys, NC Pre-K Coordinator with the Region A Partnership for Children, 116 Jackson St., Sylva, NC 28779, 828-586-0661, extension 1040 for information. This form must be completed in full and signed by a representative of a service agency in order for a child to be considered for Pre-K services through the NC Pre-K program using these criteria.

Date _____

Child's Full Name _____ Child's DOB _____

Type of Eligible Services (check all that apply):

- _____ Experiencing Homelessness
- _____ Receiving Refugee Services
- _____ WIC
- _____ Medicaid
- _____ Public Housing
- _____ Supplemental Security Income (SSI)
- _____ Foster Care
- _____ Food & Nutrition Services and/or SNAP
- _____ TANF/Workforce
- _____ Other

Printed Name of Person Verifying Services: _____

Signature of Person Verifying Services: _____

Contact Phone Numbers: _____

Agency Name: _____

Date: _____

Children's Medical Report

RAPC 2/2020

Name of Child _____ Date of Birth _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

A. Medical History (may be completed by parent/guardian)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is child on any continuous medication? No ___ Yes ___ If yes, list diagnoses and medications: _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ **Diabetes** No ___ Yes ___
Convulsions No ___ Yes ___ **Heart Trouble** No ___ Yes ___ **Asthma** No ___ Yes ___
If others, what and when? _____
6. Does child have any physical disabilities? No ___ Yes ___ If yes, please describe: _____

7. Any behavioral/mental health concerns? No ___ Yes ___ If yes, please describe: _____



B. Physical Examination: This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a licensed Nurse Practitioner, or a licensed Public Health Nurse

Height _____ % Weight _____ %
Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
Neurological System _____ Skin _____ Vision _____ Hearing _____
Results of TB test, if given: Type _____ Date _____ Normal ___ Abnormal ___ Followup _____

Developmental Screening: Instrument used _____ Date Admin _____
Delayed _____ Age Appropriate _____ If delay, note significance and suggestions for
care or follow-up: _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Other recommendations: _____

DATE OF EXAMINATION: _____

Signature of Authorized Examiner/Title: _____
Name, Address of Agency or Medical Practice: _____
