

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



2017-2018 Iredell County NC Pre-Kindergarten Application

Parents/Families must complete this application to apply for NC Pre-Kindergarten Program (formerly the More at Four program). You must use your child's legal name that is on his/her birth certificate on this application. If you change your address or your phone number it is **your responsibility** to let us know. Please remember to **sign** this application!

Your application AND all required documentation must be turned in by **July 14, 2017**, to be considered for the first selection process. You can either mail or hand deliver the application to the Iredell County Partnership for Young Children – 734 Salisbury Rd, Statesville NC 28677. You may also fax it to 704-838-1421.

Information about the NC Pre-Kindergarten Program

Age Requirements	Child must turn 4 years old by 8/31/2017.
Eligibility Requirements	Based on family's gross income. <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 by NC Pre-K. *See below for sites that transport.
Hours	Generally, 8:00 am – 2:30 pm. Call location for more information.
Calendar	Same as public school year calendar, late August – June.
Fees	None.
Required Documentation – Include with application	<ol style="list-style-type: none"> 1. Child's birthdate verification (birth certificate) 2. Child's immunization record 3. Child's medical form 4. Parent income verification (ex. pay stubs, tax forms)
Notification of Acceptance into Program	Families will be notified by August 10, 2017 of their acceptance into the program from their child's teacher.
Before and After-School	Provided at some locations. Call location for more information.
Family Engagement Expectations	Families are encouraged to attend all Family Engagement activities provided by their child's classroom.

2017-2018 Classroom Locations (subject to change)

Statesville, NC

Celeste Henkel Elementary School
 Faith Child Enrichment Center
 Future Generation Child Development*
 Harmony Elementary School
 Kiddie Kollege Early Education Preschool
 LifeSpan Circle School
 NB Mills Elementary School
 Scotts Elementary School
 Small Beginnings Child Development Center*

Mooresville, NC

Cline Learning Center*
 J-Bear Child Development Center*
 South Elementary School

*Provides transportation, small fee may be charged



Iredell County Partnership for Young Children
 734 Salisbury Rd, Statesville, NC 28677
 704-878-9980 · www.iredellsmartstart.org
bschaefer@icpyc.org or kmitcham@icpyc.org
 fax: 704-838-1421



2017-2018 Iredell County NC Pre-Kindergarten Application

First classroom preference: _____
*Classroom locations listed on cover page

Second classroom preference: _____
*Classroom preference is not guaranteed

CHILD INFORMATION

Child's Full Name: _____
First Middle Last Nickname

Child's Birth Date: _____ Male Female
Month - Day - Year

Child's Ethnicity Hispanic Non-Hispanic

Child's Race White/European American Black or African-American Asian
 Native Hawaiian or other Pacific Islander Native American Indian or Alaska Native

Is child a U.S. Citizen? Yes No

Is child an Iredell County resident? Yes No

Address: _____
Street Apt. # City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Is English spoken in the home? Fluent English Some English No English

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

If Spanish is spoken in your home, would you prefer for your child to be screened in Spanish? _____

FAMILY INFORMATION

Child lives with: Both Parents Mother Father Other: _____

Does the child have a parent in current active military duty, active duty within the last 18 months, scheduled active duty in the next 18 months, or who was injured or killed while serving on active duty? Yes _____ No _____

Mother, Stepmother or Guardian:

Name: _____ Date of Birth: _____

Address: _____
Street Apt. # City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Please choose which of these apply: Unemployed Employed full-time Attending Secondary Education
 Attending High School / GED Attending job training Other _____

Education Level: not completed high school high school diploma
 GED attended some college graduated from college



2017-2018 Iredell County NC Pre-Kindergarten Application

Father, Stepfather or Guardian:

Name: _____ Date of Birth: _____

Address: _____
Street Apt. # City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Please choose which of these apply: Unemployed Employed full-time Attending Secondary Education
 Attending High School / GED Attending job training Other _____

Education Level: not completed high school high school diploma
 GED attended some college graduated from college

Emergency Contact Person #1: _____
(someone other than parents, step-parents or guardian)

Relationship to Child: _____ Phone: _____

Emergency Contact Person #2: _____
(someone other than parents, step-parents or guardian)

Relationship to Child: _____ Phone: _____

Tell us about your hopes and dreams for your child. _____

Consent:

I give my permission for photos and/or video of my child to be used for the exclusive use of the NC Pre-K program and Iredell County Partnership for Young Children for publicity and teacher professional development purposes. I understand that the photos may appear in printed materials and/or multi-media presentations at no fee to me or my child. I understand that I will not receive compensation for the use of my child's image.

Yes, I consent No, I do not consent



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Special Needs:

Does your child have any special developmental needs or disabilities? Yes No *(If no, skip to medical section)*

If yes, has your child been referred for testing and been diagnosed with a delay? Yes No

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

Date the disability was 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): _____

Medical:

Does your child have any chronic health problems? Yes No

If yes, please explain: _____

- Does your child have medical insurance? Yes No
- Does your child have a primary doctor? Yes No
- Does your child have a dentist? Yes No

Child Care:

Please check only one:

- Child has **NEVER** attended child care
- Child attended child care previously, currently **NOT** attending
Name of child care _____
- Child is receiving DSS subsidy and currently attending child care
Name of child care _____
- Child is **NOT** receiving DSS subsidy and currently attending child care
Name of child care _____



2017-2018 Iredell County NC Pre-Kindergarten Application

Documentation must include a copy of your most recent check stubs, front page of form 1040, W-2 form or signed statement from each parent's employer.

FINANCIAL INFORMATION

****Provide information only if the parent lives in the Same home as the child applicant.**

Mother, Stepmother, Guardian Income:

Place of employment (if applicable): _____

Number of hours worked per week: _____

Monthly wages BEFORE Taxes \$ _____

Monthly alimony \$ _____

Monthly child support \$ _____

Monthly workers compensation \$ _____

If unemployed please sign _____

Father, Stepfather, Guardian Income:

Place of employment (if applicable): _____

Number of hours worked per week: _____

Monthly wages BEFORE Taxes \$ _____

Monthly alimony \$ _____

Monthly child support \$ _____

Monthly workers compensation \$ _____

If unemployed please sign _____

PARENT/STEP-PARENT/GUARDIAN SIGNATURE IS REQUIRED

I certify that all the information on this entire application is true to the best of my knowledge. I understand I am responsible for calling the NC Pre-K office, 704-878-9980, with any changes to information on this application. I give my permission for the information on this application and any other documentation that I submit with this application to be viewed by the ICPYC staff, classroom teachers, DCDEE, DSS, and others as necessary to verify accuracy. I understand that completing this application does not guarantee eligibility or placement and that availability of the program is based on funding. I understand that knowingly providing inaccurate information will result in this application being rejected.

Parent/Step-Parent/Guardian Signature

Date



2017-2018 Iredell County NC Pre-Kindergarten Application

Child's Name: _____ Gender: _____

Language Preference: (Circle one)

- | | | | | | |
|----------|---------------|-----------|----------------|--------------|-----------|
| English | French | Hindi | Korean | Polish | Tagalog |
| Spanish | French-Creole | Hmong | Laotian | Portuguese | Thai |
| Arabic | German | Hungarian | Miao | Urdu | Cambodian |
| Greek | Italian | Mon-khmer | Russian | Vietnamese | Chinese |
| Gujarati | Japanese | Persian | Serbo-Croatian | Other: _____ | |

Race: (Circle one)

- American Indian or Alaska Native Asian Black White Native Hawaiian or Pacific Islander

Ethnicity: (Circle one)

- Not Hispanic or Latino Hispanic Cuban Hispanic Mexican Hispanic Puerto Rican Hispanic Other

Mother/Stepmother Employment Status: (Circle one) Employed part-time Employed full-time Enrolled in school

Father/Stepfather Employment Status: (Circle one) Employed part-time Employed full-time Enrolled in school

Address: _____ City: _____ Zip: _____

Please list all **adults and children** living in the household, including the NC Pre-K child applicant:

Name	Relationship to the NC Pre-K child applicant (please put an X beside the child applying)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

OFFICE USE ONLY

Site: _____

Yes approved from: _____ to _____

Start Date _____ Stop Date _____ Site Change Date _____