

Site _____

Revised January 2019



2020-2021

PLEASE COMPLETE ONE APPLICATION PER CHILD. MULTIPLE APPLICATIONS AT DIFFERENT SITES SLOWS THE REVIEW PROCESS.

CHILD INFORMATION

Name of Child _____ Date of Birth _____
LAST FIRST MIDDLE

Male Female US resident? Yes No Columbus County resident? Yes No

Is your child Hispanic? Yes No Race (check all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Other (specify) _____

911 Address _____ Mailing address _____
STREET CITY ZIP CODE (if different from 911 address)

Emergency Contact (if parent cannot be reached) _____
Name Phone # Address

Child lives with (check ALL that apply):

Mother only Father only Both parents in the same home Joint Custody (50/50)
 Parent & Step-Parent Foster Parent(s) Grandparent(s) Other Relative
 Legal custodian Legal guardian (parental rights have been terminated) Other _____

Is your family in transition (temporarily living with friends/family or in shelter/car/hotel)? Yes No

Will your child require bus transportation to enroll in NCPK? Yes No

FAMILY INFORMATION

List other children living in the home:

Name _____ Age _____ Sibling Yes No School the child attends _____
Name _____ Age _____ Sibling Yes No School the child attends _____
Name _____ Age _____ Sibling Yes No School the child attends _____
Name _____ Age _____ Sibling Yes No School the child attends _____

Mother's Name _____ Home & Cell Phone _____

Marital Status Single Married Separated (**Documentation will be required**) Divorced Living Together

Employer _____ Business Phone _____

If not employed check all that apply Seeking Employment In High School/GED Program In College On the Job Training

FOR OFFICE USE ONLY

Date Received by CO _____ BC _____ Income _____ Proof of Residency _____ HA _____ Imm _____

Father's Name _____ Home & Cell Phone _____

Marital Status Single Married Separated (**Documentation will be required**) Divorced Living Together

Employer _____ Business Phone _____

If not employed check all that apply: Seeking Employment In High School/GED Program In College On the Job Training

Stepparent, Legal Guardian, Legal Custodian (if applicable):

Name _____ Relationship _____ Home/Cell Phone _____

Marital Status Single Married Separated (**Documentation will be required**) Divorced Living Together

Employer _____ Business Phone _____

If not employed check all that apply: Seeking Employment In High School/GED Program In College In Job Training

FAMILY INCOME Include income for parents/stepparents living with child.

Mother's current wages **BEFORE** taxes \$ _____ This amount is: Yearly Monthly Bi-weekly Weekly

Father's current wages **BEFORE** taxes \$ _____ This amount is: Yearly Monthly Bi-weekly Weekly

Stepparent's current wages **BEFORE** taxes \$ _____ This amount is: Yearly Monthly Bi-weekly Weekly

Child support or Alimony \$ _____ This amount is: Yearly Monthly Bi-weekly Weekly

Unemployment \$ _____ This amount is: Yearly Monthly Bi-weekly Weekly

Does your family receive income or support from any of the following services? (**Please check all that apply**)

Medicaid/Medicare/Health Choice WIC Public Housing Assistance TANF/Work First Foster Care

Social Security Benefits Supplemental Security Income (SSI) Veteran's Benefits

ZERO INCOME STATEMENT (if applicable)

I, _____ (your name) certify that as the parent/legal guardian of _____ (child's name) our family has zero annual regular gross income. Regular gross income may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, social security income and worker's compensation.

Parent/Legal Guardian Signature (required) _____

Check any of the following that relate to this child.

Child's primary language: _____ Family and/or child speaks limited or no English at home? Yes No

Child has a chronic health condition, developmental or educational need Specify: _____

Parent/stepparent currently in the military ___ Active ___ Reserve ___ DAV (Documentation will be required.)

Child has an active Individualized Education Plan (IEP) and/or receive any of the following services:

Speech Therapy Physical Therapy Occupational Therapy Mental Health Services

CHILD CARE INFORMATION

Has your child **ever** attended child care? No Yes Where? _____

Has your child **ever** attended Head Start? No Yes Where? _____

Is your child enrolled in child care **now**? No Yes Where? _____

Is your child enrolled in Head Start **now**? No Yes Where? _____

Does your child currently receive DSS child care subsidy? Yes Not eligible I am on the waiting list Never applied

I certify that I am the parent/stepparent/legal guardian/custodian of the child whose name appears on this application. I certify the above information is true and correct and all income is accurately reported. I understand this information is given for the receipt of state and/or federal funds; that NCPK officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

Signature

Relationship to child

Date

Required Documentation	Optional Documentation
<p style="text-align: center;">The following documentation is required.</p> <p style="text-align: center;">Applications are processed when all documentation is submitted.</p> <p><input type="checkbox"/> Copy of child's birth certificate (certified or mother's copy) Certified only for Whiteville Primary School</p> <p><input type="checkbox"/> Verification of income for each parent/guardian – most current W-2, tax return, IRS 1040, one month's worth of current paystubs, unemployment or social security benefits letter, or legal documentation of alimony and/or child support</p> <p><input type="checkbox"/> TWO items for proof of residence: utility bill (electric, phone, water, cable), rent receipt or lease, property tax listing</p>	<p><input type="checkbox"/> Child's health assessment</p> <p><input type="checkbox"/> Child's immunization record</p>

Site Selection Form

Child's Name: _____

Date Of Birth: _____

Indicate your top 3 choices of NCPK sites in the order of preference by writing a 1 for 1st choice, a 2 for 2nd choice, and a 3 for 3rd choice. Your top choice cannot be guaranteed. NC Pre-K Locations are subject to change

Child Care Centers

- _____ Edu-Care Preschool (Chadbourn)
- _____ Edu-Care Preschool (Williams)
- _____ Faulk Kidland
- _____ Kid Kare Academy
- _____ Opening Doors Preschool II
- _____ Southeastern Community College
Child Development Center

Elementary Schools

(Priority given to children living within each school district.)

- _____ Acme-Delco
- _____ Cerro Gordo
- _____ Chadbourn
- _____ Evergreen
- _____ Guideway
- _____ Hallsboro/Artesia
- _____ Old Dock
- _____ Tabor City
- _____ Whiteville Primary
- _____ Williams Township

**Submit applications to any NCPK site or the
Columbus County Board of Education**

**Questions: Contact the NCPK Specialist
Columbus County Schools
817 Washington Street, Whiteville, NC 28472 910 642-5168**