



2020-2021 NC Pre-Kindergarten Application

Scotland County Schools

322 South Main Street, Laurinburg, NC 28352

Phone 910-276-1138 or Fax 910-277-4310

The NC Pre-K Program is available to children in Scotland County who will be **4 years of age on or before August 31, 2020 and who MAY BE ELIGIBLE** for the program. You must provide your child's birth certificate, current immunization record, current health assessment & dental screening, proof of income and proof of residence, including street address along with this completed application. After the application process is completed, you will be notified **by mail prior to August 24, 2020** of your child's eligibility status. **CHILDREN ASSESSED AT THIS LOCATION ARE NOT ASSURED PLACEMENT HERE, BUT MAY BE PLACED AT ANOTHER NC PRE-KINDERGARTEN SITE. Regular attendance is very important to the NC Pre-K students' success.**

Please answer all questions as accurately as possible. Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential.

Child's Name _____
First Middle Last

Child's Gender: ___ Male ___ Female Date of Birth ____/____/____ Birthplace _____
Month Day Year

Child's Ethnicity (check one): Child is Hispanic or Latino or of Spanish origin
 Child is **not** Hispanic or Latino or of Spanish origin

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

Is your child a U. S. Citizen? _____ Yes _____ No Is your child a N.C. Resident? _____ Yes _____ No

County of Residence: _____ Application date: _____

Email: _____

Family Information

***If legal Guardian/Custodian, court ordered custody documents must accompany this application before it can be processed.**

Name of Parent(s), Legal Guardian(s) or Legal Custodian(s) who lives in the home:

_____, Phone # _____
First Middle Last Alt. phone # _____

_____, Phone# _____
First Middle Last Alt. phone # _____

Home Address _____
Street City State Zip Code

Mailing Address (if different) _____
Street City State Zip Code

Child lives with: Both parents in same home Single Mother Single Father Parent and Step-Parent
 Legal Guardian(s) Legal Custodian(s) Other: (specify) _____

Check (one) of the following statements: I consider my family to be homeless
 I consider my family to have adequate housing

***Income verification will be required - 2019 W-2's (if at all possible), current pay stubs & all other income verification documents as noted below.**

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

Please check all that apply: Employed? Yes _____ No _____ (If not employed, please complete our "No Income" statement below)

Place of employment and work telephone number: _____

Income BEFORE Taxes	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Alimony	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Child Support	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Worker's Comp	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Unemployment	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
SSI/TANF/Work First	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Overtime	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly

Seeking Employment Attending secondary education Attending high school/GED Attending job training Other

Unemployed/Zero Income Statement
(Adults in the home must complete ONLY if receiving NO Income)

I, _____, verify that I am NOT employed and receive NO Income.

Signed _____ Date _____

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

Please check all that apply: Employed? Yes _____ No _____ (If not employed, please complete our "No Income" statement below)

Place of employment and work telephone number: _____

Income BEFORE Taxes	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
Alimony	\$ _____	This amount is	<input type="checkbox"/> yearly	<input type="checkbox"/> monthly	<input type="checkbox"/> twice monthly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly
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Signed _____ Date _____

*****INCOME FOR ANYONE ELSE LISTED IN THE HOME*****

Name of Person Receiving Income	Source of Income	Amount	How Often?

Falsification on any part of this form may forfeit your child's space in the program.

List parents, step-parents, legal guardians, legal custodians, brothers, sisters, half-brothers, half-sisters, step brothers, step sisters, grandparents, aunts, uncles and anyone else living in the child's home.

Name	Age	Relationship to the Pre-K Child
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

The language spoken most often in our home is: English _____ Other (specify) _____

Does your child have a chronic health condition? Yes _____ No _____

If yes, submit note from doctor.

Military Status of Parent/Legal Guardian: (if applicable, provide documentation)

- Active duty in US armed forces
- Active duty in NC National Guard Reserve Unit of armed forces and ordered to active duty in the past or next 18 months
- One parent or legal guardian of this child was seriously injured or killed while on active duty
- Not Applicable

Who currently cares for your child when you are at work or school?

- _____ Child Care Center; Name of Center _____
- _____ Parent/Home
- _____ Relative
- _____ Head Start; Name of Head Start _____
- _____ Other – Please Specify _____

If your child is not in child care now, has he/she ever been in a child care program? _____ Yes _____ No

If yes, where did he/she attend? _____
Name of child care center

Does your child receive any type of voucher to assist with the cost of day care? _____

Does your child have an active IEP (Individualized Education Program)? _____ Yes _____ No

If yes, submit copy of the child's IEP

Has your child been referred for evaluation for or identified with a disability? _____ Yes _____ No

If so, date of referral: _____

Is your child currently receiving services or been referred for a special need or disability? _____ Yes _____ No

If yes, please check all that apply and provide documentation of services:

- _____ Speech Therapy _____ Physical Therapy
- _____ Educational Services _____ Other Please Specify _____
- _____ Mental Health Services

Who provides these services? _____

Family Responsibilities

Please read carefully and initial each box

	I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screenings and for the results of these screenings to be shared with partnering Pre-K Programs.
	I understand that if my child is selected for participation, family involvement is expected. My family will cooperate with programs to submit necessary documentation and applications for additional services.
	I understand that it is my (parent/guardian or designee) responsibility to be in place to receive my child from the Pre-K Program as scheduled daily.
	I understand that if there is a change in my child's address, phone number or attendance in any type of licensed care, or if there is a change in family income, it is my responsibility to notify Scotland County's NC Pre-K Department at 322 South Main Street, Laurinburg, NC 28352 and inform them of any changes.
	I understand that my child will be required to have a current immunization record, updated health assessment and dental screening before or within the first 30 days of attending the NC Pre-K Program.
	I understand that my child may be placed on a waiting list.

I certify that all information provided is true, correct and complete. I understand that information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable North Carolina state laws.

Parent/Guardian/Custodian Signature

Date

Relationship to child _____