



Lincoln County

2019 -2020 NC Pre-K/Title I Application

The Title I and NC Pre-K programs are free, high quality programs to prepare children for success in school. **Child must be four years of age on or before August 31st** of the program year and live in Lincoln County. Completion of this application does not guarantee your child a placement in the program. Should you have questions, please call 704-922-0900 and speak with Chrystal Hoyle ext.109 or Jessica Gibbs ext.104.

Incomplete applications will not be processed. Applications are considered complete when we receive these documents:

- Completed application
- Child's certified birth certificate (copy) (2) Proofs of residency or Residence affidavit
- Proof of income *(Mom); Proof of income*(Dad)

*Preferably tax records, two recent check stubs, award letters from Social Security and award letters from Employment Security Commission. If paid in cash, provide a signed statement from employer listing employee's name, hours worked and weekly income with business name, supervisor's contact name and phone number.

Also required: Completed health assessment and dental screening forms (included with this packet) and current Immunization record (these forms are required by the time the child starts school).

Child Information (Please print clearly)

Child's Full Name: _____
(First) (Middle) (Last)

Mailing Address: _____
Street City State Zip Code

Child's Gender: Male Female

Child's date of birth: ____/____/____
Month Day Year

Child's Race (Check all that apply): Is the child Hispanic? Yes No
 American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White/European American

Primary language spoken in home: _____

Is child a U.S. citizen? Yes No Is child a N.C. Resident? Yes No

Does child have a parent who is actively in the military? (Military I.D. required) Yes No

Child lives with: Both parents Mother Father Other Foster Parent*
 Legal Guardian* Legal Custodian* (*must attach copies of legal documentation)

Has child ever attended childcare? Yes No Who cares for the child during the day now? List childcare site or care person's name (ex. ABC Childcare, mom, babysitter, etc.) _____

Does child have any chronic health condition or significant health concern diagnosed by a doctor? Yes No

Please list health condition(s) or concern(s): _____

Does child have an active Individualized Education Plan (IEP)? Yes No

Does child receive support services for speech, a special need, or disability? Yes No

Check which services received Speech OT PT Where? _____

Do you have any concerns about your child's development (learning, speech, hearing or behavior)? Yes No

If yes, please describe briefly: _____

Family Information

Mother Grandmother Stepmother Guardian Custodian Foster Parent/DSS Custody

_____ Phone _____ Alt phone _____
 Last First

Employed # of hours per week _____ Seeking employment Attending College In high school/GED program
 In job training Other

Father Grandfather Stepfather Guardian Custodian Foster Parent/DSS Custody

_____ Phone _____ Alt phone _____
 Last First

Employed # of hours per week _____ Seeking employment Attending College In high school/GED program
 In job training Other

Family size (include parents/step-parents, siblings and step-siblings under the age 18 living in the same household as child)
 _____ (total family size)

Please list **all** family members in household:

Name <i>Ex. Jane Smith</i>	Birth Date <i>11/05/75</i>	Age <i>43</i>	Relationship to child <i>Mother</i>	Where do siblings attend school? <i>N/A</i>

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

Do you have transportation and can drop off and pick up your child from Pre-K? Yes No

My home school is _____

If unemployed; My signature below certifies that I am unemployed and have no income of any kind. If this information is found to be false, I understand that my child's participation in the NC Pre-K program may be terminated.

My application packet is complete and income is reported correctly. I certify that I am the parent/legal guardian of the child whose name appears on this application.

Parent/Legal Guardian signature: _____ Date: _____

Applications and related documents may be mailed or returned to:

Partnership for Children of Lincoln & Gaston Counties
 120 Roechling Street
 Dallas, NC 28034
 707-922-0900

For Office Use Only Date Stamp _____