



PLEASE RETURN TO PARTNERSHIP FOR CHILDREN OF LINCOLN & GASTON COUNTIES 120 Roechling Street Dallas, NC 28034



2018 -2019 Pre-K– Application (v.1)

The Title I and NC Pre-K programs are looking for children living in Lincoln County who will be four years of age on or before August 31, 2018 and who MAY QUALIFY for these programs. You will receive notification if your child is accepted. To apply, please complete and return this application along with the following documents to the Partnership for Children of Lincoln & Gaston Counties (120 Roechling Street Dallas, NC 28034):

- a copy of child's PROOF of AGE (Certified birth certificate and signed shot record)
- income verification (Preferably Tax Records OR Pay Stubs OR Award letters from the Social Security Administration OR Award letters from the Employment Security Commission OR Signed employer statements OR Business records for self- employed individuals OR Signed statements when an individual claims to have no verifiable countable income).
- two proofs of residency (No cell phone bills. Must be power bill, cable bill, etc.)

Please answer all questions as accurately as possible to determine eligibility.

INFORMATION ABOUT YOUR CHILD:

Child's Full Name: (As shown on birth certificate) (First) (Middle) (Last) (Name called or Nickname)

Child's Gender: Male Female

Social Security# (Social Security # is not required for eligibility.)

Child's date of birth: (Month/Day/Year)

You must include proof of age (such as a copy of child's birth certificate)

Child's Race (Check at least one and all that apply): Is child Hispanic? American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White/European American

Is Child U.S. Citizen: Yes No Is Child N.C. Resident: Yes No

Where will your child attend Kindergarten: How many other children in the household will attend this school in 2018/2019: Ages of all children in the household:

Child's Home Address: Street City State Zip Code

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

County (check only one): Lincoln Gaston Other

INFORMATION ABOUT THE FAMILY:

Name of Parent(s) or Legal Guardian(s) Who Live in Household:

Last First Phone Alt phone

Last First Phone Alt phone

Primary Parent Contact: Best day or time to reach/call:

Primary Language spoken in your home (check only one): English Spanish Other

Please be sure to complete the back side of this application!

With whom does the child reside: Mother only Father only Both Mother & Father
 (check only one) Legal Custodian (proof of custody required)
 Legal Guardianship (proof of guardianship required)
 Other: _____

How many people live in your household? ____ Total Number ____ Number of Adults ____ Number of children

Are you currently: Mother/Other Father/Other
 (check all that apply) Employed Seeking employment Employed Seeking employment
 In post-secondary education In post-secondary education
 In high school or in a GED program In high school or in a GED program
 In job training Other _____ In job training Other _____

Income of Parent(s) or Legal Guardian(s) in Household: You **must provide proof of income.**

Include all income earned.

Should you have questions, please call 704-922-0900 and speak with Chrystal Hoyle ext.109 or Jessica Gibbs ext. 104.

Name of Adult	Relationship to Child	Income (Before Taxes)	Must Check All That Apply
		\$	<input type="checkbox"/> Hourly/# Hours Worked____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Workers Comp <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Work First <input type="checkbox"/> Overtime
		\$	<input type="checkbox"/> Hourly/# Hours Worked____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Workers Comp <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI/Work First <input type="checkbox"/> Overtime

Additional Risk Factors: (Please provide proof of risk factor)

Has your child been referred for evaluation? Yes No

Does your child have an identified disability? Yes No

If yes, please specify _____

Does your child have a chronic health problem? Yes No

If yes, please specify _____

Does your child have a developmental / educational need? Yes No

If yes, please specify _____

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

If yes, please provide copy.

Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? Yes No

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

Child Care Center / Family Child Care Home; Name _____ Town/City _____

Stay at Home Parent / Guardian

Other – Please Specify _____

Do you receive subsidy or a voucher for child care? Yes No

Transportation is not available to take children to and from school.

Are you able to take your child to school? Yes No

The preschool program hours are 6½ hours, generally from

8 a.m. to 2 p.m. Public schools do not have before and after care.

Are you in need of before and after care? Yes No

Meals and snacks are prepared by the school. We ask that students don't bring food to school.

To be considered for the programs, sign and date this form

once you have answered all questions and include it with

a copy of your child's certified birth certificate or other proof of age, your income verification, and two proofs of residency and **return to:**

I certify that the information submitted in this application is true and correct and that proof of my child's age is attached as required. I understand that additional information may be required such as proof of residency, income, additional risk factors or legal guardianship as part of determining eligibility for the program.

Parent/Legal Guardian Signature

Date

For Office Use Only Date Stamp _____

Recommended Placement _____

Approved Placement _____

Processed by _____

Approved by _____

Pre-K
Partnership for Children of Lincoln & Gaston Counties
120 Roechling Street
Dallas, NC 28034