



2017-2018 Application



Child's Full Name: _____ Birthdate: _____ Gender: _____

Race: Is your child: *(Please circle one)* Hispanic/Latino or Not Hispanic/Not Latino
and circle as many as apply below
American Indian/Alaska Native Asian Black/AA Native Hawaiian/Pacific Islander White

Child's Address: _____
Street Address City State Zip P.O. Box #

Family Information: Child lives with _____

Mother's Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Mother's Physical Address: (if different from child's) _____

Mother's Mailing Address: (if different from child's) _____

Where employed: _____

Father's Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Father's Physical Address: (if different from child's) _____

Father's Mailing Address: (if different from child's) _____

Where employed: _____

Contacts: Child will be released only to the parents/guardians listed above and to the individuals listed below, as authorized by the person who signs this application.

Name	Relationship	Address	Phone Number
1 _____			
2 _____			
3 _____			

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
1 _____			
2 _____			
3 _____			



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HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes___ No___

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

Insurance Carrier for your child: _____ Policy # _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone: _____

Hospital Preference _____ Phone: _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Parent/Guardian Signature

Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Operator of Administrator or Designee

Date

Date Application Received by the Center: _____

Date of Enrollment: _____

The application is to be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

Please continue to next page to complete the NC Pre-K required information.



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Is either parent currently in the Military? () Yes () No If yes, which parent/branch? _____

Has either parent been seriously injured while in the military? () Yes () No If yes, explain: _____

Please complete chart below:

MOTHER

FATHER

	YES	NO	YES	NO
Are you currently looking for work?				
In post-secondary education?				
In high school or in a GED program?				
In job training?				
Other (explain)				

Does your child live with both natural parents? __Yes __No If no, please explain with whom he/she lives:
__Mother Only __Father Only __Mother and Stepfather __Father and Stepmother
__Foster Parents __Grandparents __Other _____

Total number of children in the home _____

Total number of adults in the home _____

Please list all of applicant's brothers and sisters below. Use back of sheet if needed.

	<u>Name</u>	<u>Age</u>	<u>Lives at home?</u>
1.	_____	_____	__Yes __No
2.	_____	_____	__Yes __No
3.	_____	_____	__Yes __No
4.	_____	_____	__Yes __No

Income Information

Please note that the income you report **needs to be exact**. Approximations of income will not allow for the calculations needed to determine your child's eligibility. Please note that **PROOF OF INCOME IS REQUIRED at the time of application and will need to be updated if your income changes. If proof of income is not provided your child's application will not be assessed for eligibility.** Examples of proof of income include: previous year's tax records if the information is reflective of your current income, consecutive paystubs that reflect a *month's earnings*, a letter from an employer stating your monthly or yearly income, statements from DSS... NC Pre-K offers this guidance when calculating your income:



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Count parent and stepparent's regular GROSS income.

Regular gross income (before taxes) which may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, and workman's compensation. Excluded from regular gross income are parent, stepparent and child Supplemental Security Income, adoptive assistance, foster care payments, and irregular income (e.g., over-time, temporary unemployment pay, Work First, Food Stamps, student loans).

When calculating income convert weekly income to annual by multiplying weekly amount by 4.3 to obtain monthly amount and then multiply the monthly amount by 12 for the annual amount.

PLEASE DO NOT LEAVE BLANK IF YOU WISH YOUR CHILD'S APPLICATION TO BE ASSESSED FOR ELIGIBILITY!

Proof of income is required

Mother Average hours worked per week: _____

Wages before taxes: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

Alimony: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

Child Support: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

Father Average hours worked per week: _____

Wages before taxes: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

Alimony: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

Child Support: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

* If the applicant lives with a Legal Guardian: Guardians are only counted in the family unit, and their income is counted, only if both biological parents are deceased or their parental rights have been terminated by the court.

Legal Guardian: (Not Parent) _____ Average hours worked per week: _____

Wages before taxes: _____ () weekly () monthly () twice monthly () bi-weekly () yearly

Child(ren)'s Income _____ (child's income, including Social Security Income and Child Support Payments. Count income from any minor siblings living in the home. Do not count Supplemental Security Income.)

Legal Custodian or other caregiver: (A court-ordered relationship where an adult is appointed by the court to care for the child and to make decisions regarding the child's education, support and maintenance. Adult is not counted in the family size and the income of the custodian is not counted.)

Child(ren)'s Income _____ (count the child's income, including Social Security Income and Child Support Payments. Do not count Supplemental Security Income. Count income from any minor siblings living in the home.)



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Daycare Information: Has your child ever attended childcare or preschool? _____ If yes, please answer the following questions.

Name of childcare/preschool? _____

Is he/she enrolled there now? _____ When did your child attend this daycare/preschool? _____

If your child is currently enrolled in daycare any of the daycare fees being subsidized by DSS or Smart Start?
YES NO

Language: What is the first language spoken at home? _____

Assurance Statement: I certify that all information given is true and all income has been reported. I understand that if I purposely give false information, my child may lose the preschool placement, if accepted, and that I may be prosecuted.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE MAIL COMPLETED APPLICATIONS TO:

Mrs. Lori Ward
Gatesville Elementary School
709 Main Street
Gatesville, NC 27938

IF YOU HAVE QUESTIONS, PLEASE CALL

Mrs. Lori Ward
Preschool Coordinator
357-4133

loriward@gatescountyschools.net

****Please mail or bring your application to Gatesville Elementary School.** If brought to the school, please ask the Office Secretary to place the application in Lori Ward's mailbox. *Please do not send completed applications to school by students. These are easily misplaced and contain sensitive information.*

For use by the NC Pre-K Program

Application Reviewed by: _____ **Date:** _____

Child Eligible for NC Pre-K? YES NO If no, why? _____

Child Accepted into NC Pre-K YES NO If no, why? _____