



Gatesville Elementary Preschool

2020-2021 Application

GEPS

DCDEE Child Care Application – This information is required by the Division of Child Development and Early Education for enrollment in any licensed daycare/preschool facility. Please answer all questions. If something is Not Applicable, please write "NA" on the line.

Child's Full Name: Birthdate:

Social Security Number: 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/Guardian's Name

Home Phone: Cell Phone:

Work Phone: Email:

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

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

Where employed:

Father/Guardian'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			

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: (These questions REQUIRE a specific name of a health care provider and a hospital. After you list your preference, you may write "or closest" beside the name of the hospital.

Name of health care professional _____ Office Phone: _____

Hospital Preference _____ Phone: _____

Dental Provider _____ 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.

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

Has either parent been seriously injured or killed 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)				

Please list all the **adults** living in the home and their relationship to your child, i.e., parent, grandparent, step-parent, aunt, mother’s boyfriend, father’s girlfriend...

Person’s Name/Relationship	Person’s Name/Relationship
_____	_____
_____	_____
_____	_____

If your child is living with anyone other than natural parents, is the person(s) a legal guardian(s)? _____

Please list all of children in the home and their relationship (brother, sister, step-sibling, mother’s boyfriend’s child...) to the applicant. Use back of sheet if needed.

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>DOB</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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**. **If proof of income is not provided your child's application will not be assessed for eligibility**. Types of income verification/documentation accepted: tax records (W-2's, 1040-Adjusted Gross line 7) if the information is reflective of your current income, most recent consecutive paystubs (please provide a month's worth of paystubs), a letter from an employer stating your most recent pay period and the statement must include the amount and frequency of pay (including overtime), and must be signed by the employer on company letterhead if available. Award letters from the Social Security Administration and the Employment Security Commission, or a signed statement from the parent if there is no verifiable countable income. Self-employed individuals can also submit 1099 or business bank statements minus 20% of total income if tax documentation is not available. 1099 or bank statements for business minus itemized expense receipts may also be submitted. NC Pre-K offers this guidance when calculating your income:

Count the parent, stepparent or guardian's regular **GROSS** income *if they live in the home*. Regular gross income (before taxes) which may include regular employment (including overtime pay), income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, temporary unemployment pay, child support payments, alimony payments, workman's compensation and retirement/disability benefit income. **Excluded from regular gross income** are parent, stepparent and child Supplemental Security Income, adoptive assistance, foster care payments, Pell grants/scholarships and irregular income (e.g., Work First, Food Stamps, student loans).

If legal guardian or legal custodian, count the adult's income and child's income including Social Security Income and Child Support Payments. Do not count Supplemental Security Income.

When calculating income convert weekly income to annual by multiplying gross weekly amount by 52. Convert bi-weekly income to annual income by multiplying gross amount by 26. Convert semi-monthly

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

Other Source: _____ Amount: \$ _____ Frequency: _____

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

Other Source: _____ Amount: \$ _____ Frequency: _____

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

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

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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.)

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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 are 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.*

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For use by the NC Pre-K Program

Application Reviewed by: _____ Date: _____