



Gatesville Elementary Preschool

2021-2022 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’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) \_\_\_\_\_

Pages 1-3 should be completed by all applicants/students. Children that will be 4 years of age by August 31st should also complete pages 4-6. If your child will not be 4 by August 31st, pages 4-6 are not required.

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. \_\_\_\_\_

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List any particular fears or unique behavior characteristics the child has

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List any types of medication taken for health care needs \_\_\_\_\_

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

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**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.

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**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.

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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 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 \_\_\_\_\_

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

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.

Name

Age

DOB

Lives at home?

1. \_\_\_\_\_ Yes No

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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**. **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 (please provide a month’s worth of paystubs if possible), a letter from an employer stating your monthly or yearly income, statements from DSS... NC Pre-K offers this guidance when calculating your income:

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

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**Father** Average hours worked per week: \_\_\_\_\_

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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

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\*If the applicant lives with a Legal Guardian then their income is counted; however, a legal custodian's income is not counted. Please provide a copy of the court papers that address the guardian/custodian status so the proper income can be counted.

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

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

Legal Custodian or other caregiver: \_\_\_\_\_ 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.)

**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

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**PLEASE MAIL COMPLETED APPLICATIONS TO:**

**Ms. Carledia Dozier  
Gatesville Elementary School  
709 Main Street  
Gatesville, NC 27938**

**IF YOU HAVE QUESTIONS, PLEASE CALL**

**Ms. Carledia Dozier  
Preschool Coordinator  
357-4133**

[doziercv@gatescountyschools.net](mailto:doziercv@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 Carledia Dozier’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:** \_\_\_\_\_

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