



2024-2025 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)* _____

Where employed: _____

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.

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 _____

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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.

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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 _____

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 2.
- _____ Yes No 3.
- _____ Yes No 4.
- _____ Yes No

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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

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 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.

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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

PLEASE MAIL COMPLETED APPLICATIONS TO: IF YOU HAVE QUESTIONS, PLEASE CALL Mrs. Amanda Dillard

Mrs. Amanda Dillard, Gatesville Elementary School Preschool Coordinator, 709 Main Street Gatesville, NC 27938 (252) 357-4133 dillardap@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 Amanda Dillard'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:** _____

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