

Site _____

Revised January 2019



2020-2021

PLEASE COMPLETE ONE APPLICATION PER CHILD. MULTIPLE APPLICATIONS AT DIFFERENT SITES SLOWS THE REVIEW PROCESS.

CHILD INFORMATION

Name of Child _____ Date of Birth _____
LAST FIRST MIDDLE

☐ Male ☐ Female US resident? ☐ Yes ☐ No Columbus County resident? ☐ Yes ☐ No

Is your child Hispanic? ☐ Yes ☐ No Race (check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other (specify) _____

911 Address _____ Mailing address _____
STREET CITY ZIP CODE (if different from 911 address)

Emergency Contact (if parent cannot be reached) _____
Name Phone # Address

Child lives with (check ALL that apply):

☐ Mother only ☐ Father only ☐ Both parents in the same home ☐ Joint Custody (50/50)
☐ Parent & Step-Parent ☐ Foster Parent(s) ☐ Grandparent(s) ☐ Other Relative
☐ Legal custodian ☐ Legal guardian (parental rights have been terminated) ☐ Other _____

Is your family in transition (temporarily living with friends/family or in shelter/car/hotel)? ☐ Yes ☐ No

Will your child require bus transportation to enroll in NCPK? ☐ Yes ☐ No

FAMILY INFORMATION

List other children living in the home:

Name _____	Age _____	Sibling <input type="checkbox"/> Yes <input type="checkbox"/> No	School the child attends _____
Name _____	Age _____	Sibling <input type="checkbox"/> Yes <input type="checkbox"/> No	School the child attends _____
Name _____	Age _____	Sibling <input type="checkbox"/> Yes <input type="checkbox"/> No	School the child attends _____
Name _____	Age _____	Sibling <input type="checkbox"/> Yes <input type="checkbox"/> No	School the child attends _____

Mother's Name _____ Home & Cell Phone _____

Marital Status ☐ Single ☐ Married ☐ Separated (**Documentation will be required**) ☐ Divorced ☐ Living Together

Employer _____ Business Phone _____

If not employed check all that apply ☐ Seeking Employment ☐ In High School/GED Program ☐ In College ☐ On the Job Training

FOR OFFICE USE ONLY

Date Received by CO _____ BC _____ Income _____ Proof of Residency _____ HA _____ Imm _____

Father's Name _____ **Home & Cell Phone** _____

Marital Status ☐ Single ☐ Married ☐ Separated (**Documentation will be required**) ☐ Divorced ☐ Living Together

Employer _____ Business Phone _____

If not employed check all that apply: ☐ Seeking Employment ☐ In High School/GED Program ☐ In College ☐ On the Job Training

Stepparent, Legal Guardian, Legal Custodian (if applicable):

Name _____ Relationship _____ Home/Cell Phone _____

Marital Status ☐ Single ☐ Married ☐ Separated (**Documentation will be required**) ☐ Divorced ☐ Living Together

Employer _____ Business Phone _____

If not employed check all that apply: ☐ Seeking Employment ☐ In High School/GED Program ☐ In College ☐ In Job Training

FAMILY INCOME Include income for parents/stepparents living with child.

Mother's current wages **BEFORE** taxes \$ _____ This amount is: ☐ Yearly ☐ Monthly ☐ Bi-weekly ☐ Weekly

Father's current wages **BEFORE** taxes \$ _____ This amount is: ☐ Yearly ☐ Monthly ☐ Bi-weekly ☐ Weekly

Stepparent's current wages **BEFORE** taxes \$ _____ This amount is: ☐ Yearly ☐ Monthly ☐ Bi-weekly ☐ Weekly

Child support or Alimony \$ _____ This amount is: ☐ Yearly ☐ Monthly ☐ Bi-weekly ☐ Weekly

Unemployment \$ _____ This amount is: ☐ Yearly ☐ Monthly ☐ Bi-weekly ☐ Weekly

Does your family receive income or support from any of the following services? (**Please check all that apply**)

☐ Medicaid/Medicare/Health Choice ☐ WIC ☐ Public Housing Assistance ☐ TANF/Work First ☐ Foster Care

☐ Social Security Benefits ☐ Supplemental Security Income (SSI) ☐ Veteran's Benefits

ZERO INCOME STATEMENT (if applicable)

I, _____ (your name) certify that as the parent/legal guardian of _____ (child's name) our family has zero annual regular gross income. Regular gross income may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, social security income and worker's compensation.

Parent/Legal Guardian Signature (required) _____

Check any of the following that relate to this child.

Child's primary language: _____ Family and/or child speaks limited or no English at home? ☐ Yes ☐ No

☐ Child has a chronic health condition, developmental or educational need Specify: _____

☐ Parent/stepparent currently in the military ___ Active ___ Reserve ___ DAV (Documentation will be required.)

☐ Child has an active Individualized Education Plan (IEP) and/or receive any of the following services:

☐ Speech Therapy ☐ Physical Therapy ☐ Occupational Therapy ☐ Mental Health Services

CHILD CARE INFORMATION

Has your child **ever** attended child care? ☐ No ☐ Yes Where? _____

Has your child **ever** attended Head Start? ☐ No ☐ Yes Where? _____

Is your child enrolled in child care **now**? ☐ No ☐ Yes Where? _____

Is your child enrolled in Head Start **now**? ☐ No ☐ Yes Where? _____

Does your child currently receive DSS child care subsidy? ☐ Yes ☐ Not eligible ☐ I am on the waiting list ☐ Never applied

I certify that I am the parent/stepparent/legal guardian/custodian of the child whose name appears on this application. I certify the above information is true and correct and all income is accurately reported. I understand this information is given for the receipt of state and/or federal funds; that NCPK officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

Signature

Relationship to child

Date

Required Documentation	Optional Documentation
<p>The following documentation is required.</p> <p>Applications are processed when all documentation is submitted.</p> <p><input type="checkbox"/> Copy of child's birth certificate (certified or mother's copy) Certified only for Whiteville Primary School</p> <p><input type="checkbox"/> Verification of income for each parent/guardian – most current W-2, tax return, IRS 1040, one month's worth of current paystubs, unemployment or social security benefits letter, or legal documentation of alimony and/or child support</p> <p><input type="checkbox"/> TWO items for proof of residence: utility bill (electric, phone, water, cable), rent receipt or lease, property tax listing</p>	<p><input type="checkbox"/> Child's health assessment</p> <p><input type="checkbox"/> Child's immunization record</p>

Site Selection Form

Child's Name: _____

Date Of Birth: _____

Indicate your top 3 choices of NCPK sites in the order of preference by writing a 1 for 1st choice, a 2 for 2nd choice, and a 3 for 3rd choice. Your top choice cannot be guaranteed. NC Pre-K Locations are subject to change

Child Care Centers

_____ Edu-Care Preschool (Chadbourn)
_____ Edu-Care Preschool (Williams)
_____ Faulk Kidland
_____ Kid Kare Academy
_____ Opening Doors Preschool II
_____ Southeastern Community College
_____ Child Development Center

Elementary Schools

(Priority given to children living within each school district.)

_____ Acme-Delco
_____ Cerro Gordo
_____ Chadbourn
_____ Evergreen
_____ Guideway
_____ Hallsboro/Artesia
_____ Old Dock
_____ Tabor City
_____ Whiteville Primary
_____ Williams Township

**Submit applications to any NCPK site or the
Columbus County Board of Education**

**Questions: Contact the NCPK Specialist
Columbus County Schools
817 Washington Street, Whiteville, NC 28472 910 642-5168**