



**What is preschool?**

Preschool is a fun and exciting learning opportunity for children. Children develop many skills which make the move to kindergarten easier. Preschool classrooms in our community operate at least 6.5 hours a day Monday–Friday from late August to early June. Some of the classrooms are in public school buildings; others are in private childcare centers. The program is free to qualifying families, except for minimal lunch fees when families do not qualify for free/reduced priced meals

**Should I apply?**

If one or more of the following guidelines is true for you or your child, you **may** qualify for preschool services:

- Child must turn 4 years old on or before August 31<sup>st</sup>, 2017 to be considered for the upcoming 2017-2018 school year.
- Child of eligible military family
- Child with an identified disability or developmental/educational need
- Low-income household
- Child with limited English skills
- Child living with a foster family, legal guardian or relative

**Additional Information:**

- Some child care locations offer extended care before and after school hours for an additional fee. Arrangements must be made with the director at each site.
- A Standard Mode of Dress is in effect for children attending South Lexington Elementary School. Please call the school or visit [www.lexcs.org](http://www.lexcs.org) for more details.
- Health Assessment and Immunization Records will be required once children are enrolled.

**If your child is currently in a child care facility and/or receiving assistance with child care costs through DSS or Smart Start, please maintain enrollment in those programs until you are notified of acceptance in the NC Pre K Program**



**ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**

<b>Required to complete a 2017-2018 NC Pre-K application:</b>	
<input type="checkbox"/>	<b>Birth Certificate</b> (official or hospital copy)
<input type="checkbox"/>	<b>Guardianship/Custody Papers</b> (only if needed)
<input type="checkbox"/>	<b>Proof of all sources of Family’s Income</b> (two months’ worth for each parent) ex. paycheck stubs, employment verification form (pg.6), child support, worker’s compensation, alimony, retirement/disability benefits ( <b>if self-employed, 2016 tax return if paid...</b> Weekly=8 stubs; Biweekly/Bimonthly= 4; and monthly=2)
<input type="checkbox"/>	<b>No Income Statement</b> (only if needed) pg.5 of application
<input type="checkbox"/>	<b>Is my application filled out completely?</b>
<b>Additional Documentation:</b>	
<input type="checkbox"/>	<b>Documentation of parent’s military service</b> (only if needed) includes current active duty and serious injury or death resulting from military service
<input type="checkbox"/>	<b>Chronic Illness Documentation</b> (only if needed) child’s health assessment or note from medical provider indicating child’s chronic illness
<input type="checkbox"/>	<b>Copy of current educational/developmental screenings/evaluations</b> (only if needed) Indicating child’s developmental or educational need.
<input type="checkbox"/>	<b>Disability Documentation</b> (only if needed) e.g. cerebral palsy, orthopedic impairment

**Completing this application does not guarantee acceptance in the NC Pre-K Program**

*We encourage all interested families to complete an application or call for more information.*



**Smart Start of Davidson County**  
[www.partnershipforchildren.org](http://www.partnershipforchildren.org)  
 306 East US Hwy 64  
 Lexington, NC 27292  
 (336) 249-6688  
 (336) 249-6687 fax

# NC Pre-K Application 2017-2018

**Please read the following statements carefully and INITIAL by each.**

\_\_\_\_ I authorize Smart Start of Davidson County to share information about my child with other programs serving 4 year olds to avoid duplication of services and to maximize opportunities for my family.

\_\_\_\_ I understand that transportation is not provided at every NC Pre-K site. If my child is enrolled at a site that does not offer transportation services, it is my responsibility to provide transportation.

\_\_\_\_ I understand that my child will need a current, updated health assessment and immunization records before he/she starts a NC Pre-K program. (Health Assessment form available at Smart Start office, Smart Start website, all NC Pre-K locations and most pediatric offices)

\_\_\_\_ I understand that my child will not be placed in an NC Pre-K classroom until the State Budget is finalized. This could take place from the end of July to middle of August.

\_\_\_\_ I understand that my child may be placed on a waiting list due to the program receiving more applications than there are available openings.

\_\_\_\_ I understand that if openings become available throughout the school year, my child could be enrolled later in the year.

\_\_\_\_ I understand that if my child is placed at an NC Pre-K site and my family moves in the middle of the year, my child may not be able to be transferred to a different NC Pre-K site.

\_\_\_\_ I understand that if my child is placed in a public school site and my family moves out of the school district, my child may not be able to continue to attend that school.

\_\_\_\_ I understand that if my child is enrolled in a Head Start Program or a 4 or 5 star child care facility and/or receiving financial assistance through Department of Social Services or Smart Start, I have already accessed available resources and may not be eligible for NC Pre-K.

Child's Name \_\_\_\_\_

**Make 3 choices and label 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>.** Before choosing a public school site, please make sure that you live in that school's district. Transportation to public school sites will be provided **only** if you live in the public school attendance district.

**City Schools**

South Lexington School\*\* \_\_\_\_\_  
 Thomasville Primary School \_\_\_\_\_

**Davidson Co. Schools**

Churchland Elementary \_\_\_\_\_  
 Friedberg Elementary \_\_\_\_\_  
 Friendship Elementary \_\_\_\_\_  
 Silver Valley Elementary \_\_\_\_\_  
 Southwood Elementary \_\_\_\_\_  
 Tyro Elementary \_\_\_\_\_  
 Welcome Elementary \_\_\_\_\_

**Private Child Care Centers**

A Child's World at Fairgrove \_\_\_\_\_  
 Davidson Co. Comm. College \_\_\_\_\_  
 First Baptist CLC in Denton \_\_\_\_\_  
 Little Bo Peep \_\_\_\_\_  
 Mary Myers \_\_\_\_\_  
 Robert Idol at Baptist Children's Homes \_\_\_\_\_  
 The Learning Place at Thom. Medical Center \_\_\_\_\_  
 Tyro Learning Center \_\_\_\_\_  
 Von's Kids Inc Too \_\_\_\_\_

\*\* Follows Balanced Calendar visit [lexcs.org](http://lexcs.org) for more information.

What elementary school will your child attend for Kindergarten?

\_\_\_\_\_

**Please note: These sites are subject to change. Funding has not been finalized for the 2017-2018 school year. You will be contacted if a site you have chosen does not get funded. Every effort will be made to grant your first choice but sometimes this is not possible.**

**OFFICE USE ONLY**

**RECEIVED** Date Stamp and Time:

Application Completed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide Transportation? Y N      Siblings in Elem? Y N N/A

Before/Afterschool Care? B A B&A N/A

Below 75% / Above 75%      Priority Status:      PC WL

**Child's Full Name:** \_\_\_\_\_ **Birth Date** \_\_\_/\_\_\_/\_\_\_ **Gender:** \_\_\_\_\_ **US Citizen:** \_\_No \_\_Yes

**Ethnicity:** Hispanic? Yes  No  **Race:**  Native American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White/ European American

**Who does the child live with?**  both parents  single mother  single father  parent & step-parent  foster parents  
 legal guardians (*child's parents are deceased or have had parental rights terminated*)  legal custodians

**Child's Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code (required)** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Workplace & Work Address: \_\_\_\_\_ **Work Phone** \_\_\_\_\_

E-mail \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Workplace & Work Address: \_\_\_\_\_ **Work Phone** \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contacts:** Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to Child \_\_\_\_\_  
(Other than parents)  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to Child \_\_\_\_\_

**Please List ALL of the People who live in the home. INCLUDE the child you are applying for.**

First and Last Name	DOB/Age	Relation to Child	First and Last Name	DOB/Age	Relation to Child
1.		<b>Child Applying</b>	4.		
2.			5.		
3.			6.		

Please answer the following questions.

Child's Name \_\_\_\_\_

1. Does the child speak English fluently?  No  Yes      Does the family speak English fluently?  No  Yes
2. What is the language primarily spoken at home? \_\_\_\_\_
3. Does your child have a medical condition or other special needs?  No  Yes    If yes, Describe \_\_\_\_\_
4. Does this child have an identified educational need or developmental delay or disability (e.g. cerebral palsy, sight/vision impairment, orthopedic impairment, or autism)?  No  Yes, Please Describe \_\_\_\_\_ IEP?  No  Yes  
*If you indicated yes to having an IEP, Please provide a copy of the IEP (Individualized Educational Plan) or screening results.*
5. Does this child have a parent who is a member of the North Carolina National Guard, State military forces or a reserved component of the Armed Forces and who was ordered to active duty by the proper authority within the last 18 months or is expected to be ordered within the next 18 months?  No  Yes; Initials \_\_\_\_\_
6. Does this child have a parent who is a member of the Armed Forces of the United States, including the North Carolina National Guard, State military forces, or a reserve component of the Armed Forces, who was injured or killed while serving on active duty?  No  Yes; Initials \_\_\_\_\_
7. Since birth, has this child **ever** been enrolled in a preschool, or a childcare center or home?  No  Yes    Name \_\_\_\_\_  
 a. If yes, how long was child enrolled there? \_\_\_\_\_ and b) when was the child's last day of attendance \_\_\_\_\_
8. Is your child **currently** enrolled in a preschool, or a childcare center or home?  No  Yes    Name \_\_\_\_\_
9. Are you currently receiving help paying for child care costs through DSS Vouchers or Smart Start Child Care Scholarship?  No  Yes
10. Will you be able to provide transportation to and from preschool?  No  Yes
11. Will this child need care before and/or after preschool hours? **Circle one:** Before    After    Before & After    N/A
12. Are you currently working with a School Readiness Specialist in the Parents as Teachers Program?  No  Yes  
 If yes, who is your specialist? \_\_\_\_\_
13. How did you hear about the NC Pre-K program? \_\_\_\_\_

Please Check All that Apply	Currently Employed	Seeking Employment	In Post-Secondary Education	In High School or GED Program	In Job training program
Mother/Guardian:					
Father/Guardian:					

Child's Name \_\_\_\_\_

Fill in the amounts of money each parent/step-parent, legal guardian or custodian usually receives in each category. If you do not get money in a category, write 0.

**Please include most current 2 months' worth of income documentation for any income you list next:**

Mother/Step-Parent/Legal Guardian	
Name: _____	
Income	Amount
Wages (before taxes), Tips, and commission from current job(s)	
Child Support	
Workman's Comp.	
Alimony	
Retirement/Disability	

Father/Step-Parent/Legal Guardian	
Name: _____	
Income	Amount
Wages (before taxes), Tips, and commission from current job(s)	
Child Support	
Workman's Comp.	
Alimony	
Retirement/Disability	

If the children are living with a **Legal Guardian** or **Custodian**, list the monthly income for the child and other minor siblings of the child living in the home

Income	Amount
Child Support	
Social Security	
Disability	

**NOTE: Do not include Supplemental Security Income (SSI)**

**NO INCOME STATEMENT:**

**Please complete if you are currently unemployed, and are not receiving unemployment benefits or other source of regular income.**

This is to verify that neither my children nor any member of our family has had any income since: \_\_\_\_\_ to the time of this application.  
month/year

I certify that this information is true. If any part is false, I understand that my child's participation in the program may be terminated and subject to legal action.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** Submitting inaccurate information in order to qualify for NC Pre-K/Smart Start constitutes fraud and will result in immediate exclusion from the NC Pre-K/Smart Start program. I verify that all of the above information and attached verification is true and correct. Additional documentation may be required.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**NC PRE-K Employment Verification Form**  
**Formulario de Verificación de Empleo de NC PRE-K**

If newly hired or no pay stubs are available, please have your employer fill out this form and return to us with application.  
 Si es nuevo en su empleo o no tiene talones de cheque, pida a su supervisor que llene esta forma y regrésela con la solicitud.

**Employee Name** (Nombre del Empleado/a) \_\_\_\_\_

**Applicant (child(ren)'s name(s))** (Nombre de el/la niño/a solicitante) \_\_\_\_\_



Employer, please verify employment information for the person named above. By signing the form, you are giving us permission to contact you in case we need to verify any of the following information.

Empleador, por favor proporciónenos con la información de empleo para la siguiente persona y regrese el formulario al empleado lo más breve posible. Al firmar este documento, usted está dando permiso de que lo/a contactemos en caso de que necesitemos verificar la siguiente información.

**Is the person named above currently employed by you or your company?**

(¿Esta la persona mencionada en la parte superior empleado/a por usted o su compañía?) Yes/Si No/No

**Hire Date** (Fecha de contratación): \_\_\_\_\_

**On average, how many hours will the employee work per week?**

¿Cuántas horas trabaja esta persona por semana? \_\_\_\_\_

**Pay Rate** (Sueldo): \$ \_\_\_\_\_  hourly (por hora)  weekly (semanal)  biweekly (quinsenal)  monthly (mensual)

**How often will the pay be received?** (¿Cada cuando recibe el sueldo?)

weekly (semanal)  biweekly (cada dos semanas)  bimonthly (quincenal)  monthly (mensual)

**Please complete the following table with payments for the last two months:**

(Por favor complete la siguiente tabla con los pagos de los últimos dos meses:)

Pay Date <i>Fecha de Pago</i>	Hours Worked <i>Horas Trabajadas</i>	Rate of Pay <i>Sueldo</i>	Gross Pay (before taxes) <i>Pago Bruto (antes de impuestos)</i>	OT Hours <i>Horas Tiempo Extra</i>	OT Rate of Pay <i>Sueldo Tiempo Extra</i>	OT Gross Pay <i>Pago Tiempo Extra</i>	Tips <i>Propinas</i>

**Name of the Company/Employer and Address**

(Nombre de la Compañía/Empleador y Dirección): \_\_\_\_\_

**Phone# (Tel):** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Name of person filling out this form:**

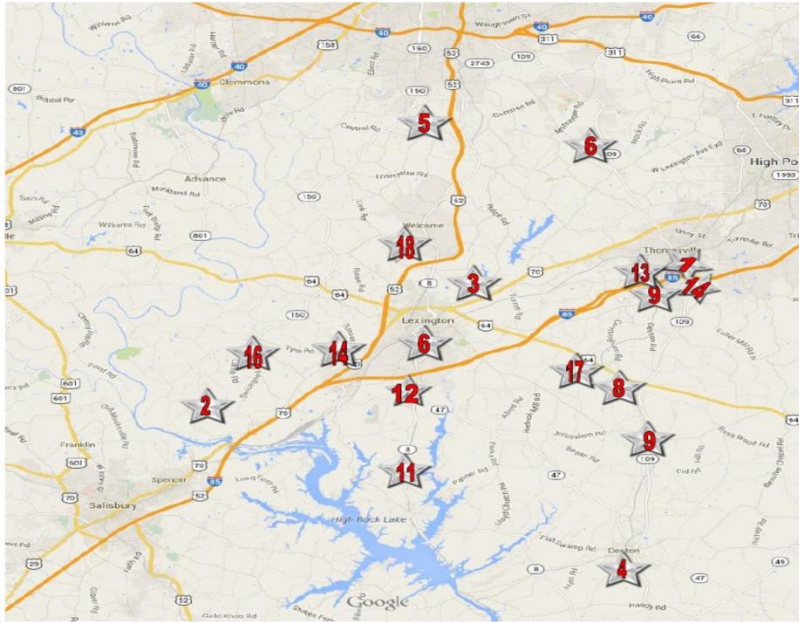
(Nombre de la Persona completando el formulario): \_\_\_\_\_

**Title:**

(Titulo): \_\_\_\_\_

**Signature (Firma):** \_\_\_\_\_

**Date (Fecha):** \_\_\_\_\_



- |   |   |   |
|---|---|---|
| <p>1. <b>A Child's World*</b><br/>       (336) 474-2211<br/>       232 Cedar Lodge Road<br/>       Thomasville, NC 27360</p> <p>2. <b>Churchland Elementary</b><br/>       (336) 242-5690<br/>       7571 S. NC Hwy 150<br/>       Lexington, NC 27295</p> <p>3. <b>DCCC Child Development Center *</b><br/>       (336) 224-4830<br/>       297 DCCC Road<br/>       Lexington, NC 27295</p> <p>4. <b>First Baptist Child Learning Center (Denton)*</b><br/>       (336) 859-4830<br/>       385 West Salisbury St.<br/>       Denton, NC 27239</p> <p>5. <b>Friedberg Elementary</b><br/>       (336) 764-2059<br/>       1131 Friedberg Church Rd.<br/>       Winston-Salem, NC 27127</p> <p>6. <b>Friendship Elementary</b><br/>       (336) 231-8744<br/>       1490 Friendship Ledford Rd.<br/>       Winston Salem, NC 27107</p> <p>7. <b>Little Bo Peep*</b><br/>       (336) 249-6502<br/>       406 Rosewood Dr.<br/>       Lexington, NC 27292</p> | <p>8. <b>Mary Myers Children's Center *</b><br/>       (336) 243-4899<br/>       4770 US Hwy 64 East<br/>       Lexington, NC 27292</p> <p>9. <b>Robert Idol CDC/ Baptist Children's Home *</b><br/>       (336) 474-1304<br/>       615 Watson Circle<br/>       Thomasville, NC 27360</p> <p>10. <b>Silver Valley Elementary</b><br/>       (336) 472-1576<br/>       11161 E. Old Hwy 64<br/>       Lexington, NC 27292</p> <p>11. <b>Southwood Elementary</b><br/>       (336) 357-2777<br/>       5850 Hwy 8<br/>       Lexington, NC 27292</p> <p>12. <b>South Lexington School</b><br/>       (336) 242-1544<br/>       1000 Cotton Grove Rd.<br/>       Lexington, NC 27292</p> <p>13. <b>The Learning Place @ Thomasville Medical Center*</b><br/>       (336) 476-2522<br/>       207 Old Lexington Rd.<br/>       Thomasville, NC 27360</p> <p>14. <b>Thomasville Primary</b><br/>       (336) 474-4160<br/>       915 East Sunrise Ave<br/>       Thomasville, NC 27360</p> | <p>15. <b>Tyro Elementary</b><br/>       (336) 242-5760<br/>       450 Cow Palace Rd<br/>       Lexington, NC 27295</p> <p>16. <b>Tyro Learning Center*</b><br/>       (336) 853-9726<br/>       244 Tyro School Rd.<br/>       Lexington, NC 27295</p> <p>17. <b>Von's Kids Inc Too *</b><br/>       336-224-5396<br/>       261 Heath Lane<br/>       Lexington, NC 27292</p> <p>18. <b>Welcome Elementary</b><br/>       336-731-3361<br/>       5701 Old Hwy. 52<br/>       Lexington, NC 27295</p> |
|---|---|---|

*\* These sites may offer care before and after the NC Pre-K day. Please contact sites for updated information about extended care services.*

*\* Estas instalaciones pueden ofrecer cuidado para antes y después del programa NC Pre-K. Por favor contacte estos establecimientos para más información acerca de este servicio.*