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 mid-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 31st, 2021
- Child of eligible military parents
- 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/custodian, or other caregiver who is not the child’s parent or step-parent
- Child’s family is experiencing homelessness

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 for more details.
- Transportation is not provided by any of the public school or private child care NC Pre-K sites.

### Required to Turn In a 2021-2022 NC Pre-K application:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birth Certificate</td>
<td>(official or hospital copy)</td>
</tr>
<tr>
<td>Guardianship/Custody Papers</td>
<td>(only if the child lives with a legal guardian/custodian or another caregiver who is not the child’s parent or step-parent)</td>
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<tr>
<td>Most Recent Documentation for All Income Family Receives: Ex.</td>
<td>Most recent, consecutive pay stubs (If paid...Weekly=4 most recent stubs; Biweekly/Bimonthly= 2 most recent stubs; and Monthly=most recent stub); wage verification form (pg.6); child support (most recent 4 weeks of payments received or copy of court order for all children in the home); worker’s compensation; alimony; unemployment; retirement/disability benefits; 2020 tax return, W-2’s, or 1099’s.</td>
</tr>
<tr>
<td>No Income Statement</td>
<td>(only if needed) pg.5 of application</td>
</tr>
<tr>
<td>Is my application filled out completely?</td>
<td>For example, pg. 2 signed? Pg. 5 signed? Etc.</td>
</tr>
</tbody>
</table>

*Required once child is placed in the NC Pre-K Program:

| Documentation of parent’s military service       | includes current active duty & serious injury/death resulting from military service |
| Chronic Illness Documentation                     | Child’s health assessment or note from medical provider indicating child’s chronic illness |
| Copy of current educational/developmental screenings or evaluations | Indicating child’s developmental or educational need. |
| Disability Documentation                          | e.g. cerebral palsy, orthopedic impairment, I.E.P. |

**A complete application does not guarantee acceptance in NC Pre-K.**

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

Smart Start of Davidson County
www.partnershipforchildren.org
803 W. Center Street
Lexington, NC 27292
(336) 249-6688
(336) 249-6687 fax
2021-2022 NC Pre-K Application

Please read the following statements carefully and sign below.

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 by any of the public school or private child care NC Pre-K sites. It is my responsibility to provide transportation to and from class each day.

I understand that my child will need a current, updated health assessment and immunization records before he/she starts an NC Pre-K program. (If turned in with this application, they will be shared with teacher after placement).

I understand that my child will not be placed in an NC Pre-K classroom until the State Budget is finalized.

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 must let Smart Start know if my contact information changes.

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.

I have read the statements above.

Parent/Guardian Signature: __________________________________________

Child’s Name: __________________________________________

Please make as many choices as it is practical for your family by numbering them (1=your most preferred choice, 2, 3, 4, etc....). Before choosing a public school site, please make sure that you live in that school system’s district.

Private Child Care Centers
NO transportation available

➢ A Child’s World at Fairgrove ___
➢ Davidson-Davie Community College ___
➢ Kids Only Childcare Ctr. ___
➢ Little Bo Peep ___
➢ Mary Myers ___
➢ The Learning Place at Thomasville Medical Center ___
➢ Von’s Kids Inc. Too ___

Lexington City Schools
NO transportation available

➢ South Lexington School _____

Thomasville City Schools
NO transportation available

➢ Thomasville Primary School _____

Davidson County Schools
NO transportation available

➢ Churchland Elementary___
➢ Friedberg Elementary ___
➢ Friendship Elementary ___
➢ Silver Valley Elementary ___
➢ Southwood Elementary ____
➢ Tyro Elementary _____
➢ Welcome Elementary___

What elementary school will your child attend for Kindergarten?

_________________________________________

Do you have other children going to this Elementary school 21-22 year? _________

Please note: These sites are subject to change. Funding has not been finalized for the 2021-2022 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.
**Child’s Full Name:** ____________________________  **Birth Date** ___/___/___  **Gender:** ___

**US Citizen:** □ Yes / □ No  **Ethnicity:** Hispanic? □ Yes / □ No  **County in which you reside:** ____________________________

**Race:** □ White/ European American  □ Native American Indian or Alaska Native  □ Native Hawaiian or Other Pacific Islander  □ Asian  □ Black or African American

**Child’s Address:** ___________________________________________  **City** ___________  **Zip Code** ___________

- □ Permanent address
- □ Homeless or Emergency Homeless Shelter
- □ Battered Women and Children Shelter
- □ Hotel/Motel
- □ Hospital for 30 days or under
- □ Lack permanent nighttime address

**Who does the child live with at the address above?**

- □ both parents  
- □ mother only  
- □ father only  
- □ parent & step-parent ➔ ( □ married □ unmarried)  
- □ legal guardians/custodians (by court order)  
- □ other caregiver (no court order issued)  
- □ foster parents

**Mailing Address (If different from above):** ___________________________________________  **City** ___________  **Zip Code** ___________

**Primary Contact Name:** ___________________________________________  **Relationship to child:** ____________________________

- **Cell #:** ___________________________  **Alternate #:** ___________________________  **Email:** ___________________________

**Secondary Contact Name:** ___________________________________________  **Relationship to child:** ____________________________

- **Cell #:** ___________________________  **Alternate #:** ___________________________  **Email:** ___________________________

**Emergency Contacts (other than primary contacts)**

- **Name:** ___________________________________________  **Relationship to child:** ____________________________

- **Cell #:** ___________________________  **Alternate #:** ___________________________  **Email:** ___________________________

- **Name:** ___________________________________________  **Relationship to child:** ____________________________

- **Cell #:** ___________________________  **Alternate #:** ___________________________  **Email:** ___________________________

---

**Household Members:** Please List ALL of the People who live at the child’s address. **INCLUDE** applicant child’s name first. For any 18 year old listed, if they are currently attending High School, please write the name of the High School.

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Date of Birth/Age</th>
<th>Relation to Child</th>
<th>First and Last Name</th>
<th>Date of Birth/Age</th>
<th>Relation to Child</th>
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</table>

**Total No. of Household Members** ___________
Please answer all of the questions below.

**Home Language Survey**
1. Does the child speak English fluently? ☐ No / ☐ Yes
2. Does the child’s family speak English fluently? ☐ No / ☐ Yes
3. What is the language primarily spoken at home? _______________________

**Child’s Wellness**
4. Has this child had a Health Assessment on or after 08/16/2020?
   ☐ No; I will make sure that my child has one on file as soon as he/she is placed in the NC Pre-K program.
   ☐ Yes; I am attaching a copy of the Health Assessment to this application.
   ☐ Yes; I will make sure to submit a copy as soon as he/she is placed in the NC Pre-K program.

   *Health Assessments will be required once children are enrolled. Health Assessments should include immunization records, and vision, hearing and dental screenings. Please find form at partnershipforchildren.org/For Families/NC Pre-K.*
5. Does your child have a medical condition or other special needs? ☐ No / ☐ Yes
   If yes, describe ____________________________
6. 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 ____________________________
7. Does this child have an active IEP? ☐ No / ☐ Yes; please provide a copy of the IEP (Individualized Educational Plan) or screening results.
8. 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 or who was injured or killed while serving on active duty?
   ☐ No / ☐ Yes; Initials____ (please provide documentation)

**Child’s Preschool Experience**
9. Since birth, has this child ever been enrolled in a preschool, or a childcare center or home? ☐ No / ☐ Yes
   Name of Child Care _______________________ Child’s last day of attendance ______________________
10. Is your child currently enrolled in a preschool, or a childcare center or home? ☐ No / ☐ Yes
    a) Name _______________________ b) Center’s phone number? ______________________
    c) How many hours a day is your child there? _________ d) How many days a week? _______
11. Are you currently receiving DSS Child Care Vouchers? ☐ No / ☐ Yes; Number of hours per week? _______
12. Are you currently receiving financial assistance from Smart Start’s Child Care Scholarship? ☐ No / ☐ Yes
13. Are you currently working with a School Readiness Specialist in the Parents as Teachers Program?
    ☐ No / ☐ Yes  If yes, who is your specialist? ___________________________

**Family Needs**
14. Transportation is not provided by any of the public school or private child care NC Pre-K sites. Will you be able to provide transportation to and from preschool? ☐ No / ☐ Yes
15. Will you need care before and/or after preschool hours for this child?
    ☐ Before ☐ After ☐ Before & After ☐ N/A
16. How did you hear about the NC Pre-K program?
    ☐ School/School Staff ☐ Family Member/Friend ☐ Social Media ☐ Yard Sign
    ☐ Flyer ☐ Child Care Center ☐ Walk-In ☐ Other ________________________
Child’s Name: ________________________________

Parent#1/Step-Parent/Legal Guardian/Legal Custodian’s Name: ________________________________

Please check all that apply: □ Employed □ Seeking Employment □ In post-secondary education
□ In high school □ Attending job training □ Other (explain) ________________________________

If employed, place of employment _______________________________________________________

What is your Income from work BEFORE Taxes $ _________ How often? □ Monthly □ Bi-weekly/Bimonthly □ Weekly

Do you receive any of the following? Alimony □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Child Support □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Unemployment □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Workers’ Comp □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Retirement/Disability □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
SSI/TANF/Work First □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly

Parent#2/Step-Parent/Legal Guardian/Legal Custodian’s Name: ________________________________

Please check all that apply: □ Employed □ Seeking Employment □ In post-secondary education
□ In high school □ Attending job training □ Other (explain) ________________________________

If employed, place of employment _______________________________________________________

What is your Income from work BEFORE Taxes $ _________ How often? □ Monthly □ Bi-weekly/Bimonthly □ Weekly

Do you receive any of the following? Alimony □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Child Support □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Unemployment □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Workers’ Comp □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Retirement/Disability □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
SSI/TANF/Work First □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly

Foster Parent or Other Caregiver’s Name: (Parent/Step-parent/Legal Guardian/Custodian list income above) ________________________________

Do you receive any of the following income for the applicant child and his/her siblings?

Child Support □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
Disability/Soc. Sec. □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly
SSI/TANF/Work First □ NO / □ YES; $ _________ □ Mnthly □ Bi-wkly/Bimnthly □ Wkly

NO INCOME STATEMENT: Please complete ONLY if you are currently unemployed, and are not receiving unemployment benefits or any other source of regular income.

Under penalty of law, I (Parent/Step-Parent/Legal Guardian/Legal Custodian) ________________________________ declare that I have no income of any kind, earned or unearned. This is to verify that neither me, my children nor any member of our household has had any income since (mm/yy): ________________ to the time of this application. 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/Step-Parent/Legal Guardian/Legal Custodian 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.

Signature: ________________________________ Date: __________________
NC PRE-K Wage Verification Form  
Formulario de Verificación de Ingresos 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.

Please return to/Favor de entregar a:
Smart Start of Davidson County 803 W. Center Street, Lexington, NC 27292
Fax: (336) 249-6687 E-mail: julias@partnershipforchildren.org

Employer Name (Nombre del Empleado/a) ______________________________

Applicant (child(ren)'s name(s)) (Nombre del 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 proporcione 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?  
(¿Está la persona mencionada en la parte superior empleado/a por usted o su compañía?) Yes/Sí 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 (quincenal) □ 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 the most recent pay received by the employee named above.
(4 most recent pay dates if paid weekly / 2 most recent pay dates if paid biweekly or semi-monthly / most recent pay date if paid monthly)

Por favor complete la siguiente tabla con los pagos más recientes que ha recibido el empleado/a indicado arriba:
(Necesitamos las 4 fechas de pago más recientes si el empleado está pagado semanalmente / las 2 fechas de pago más recientes si está pagado cada 2 semanas o quincenalmente / la fecha de pago más reciente si está pagado mensualmente.)

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

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): ______________________________

Signature (Firma): __________________________ Date (Fecha): __________________________

For SSDC Office Use Only:  
Verified by: ________ on ________

Title: __________________________
1. **A Child's World*  
   (336) 474-2211  
   232 Cedar Lodge Road  
   Thomasville, NC 27360

2. **Churchland Elementary**  
   (336) 242-5690  
   7571 S. NC Hwy 150  
   Lexington, NC 27295

3. **Davidson-Davie Community College Child Development Center*  
   (336) 224-4830  
   297 DCCC Road  
   Lexington, NC 27295

4. **Friedberg Elementary**  
   (336) 764-2059  
   1131 Friedberg Church Rd.  
   Winston-Salem, NC 27127

5. **Friendship Elementary**  
   (336) 231-8744  
   1490 Friendship Ledford Rd.  
   Winston Salem, NC 27107

6. **Kids Only Childcare*  
   (336) 474-8700  
   202 Shuler Circle  
   Thomasville, NC 27360

7. **Little Bo Peep*  
   (336) 249-6502  
   406 Rosewood Dr.  
   Lexington, NC 27292

8. **Mary Myers Children's Center*  
   (336) 243-4899  
   4770 US Hwy 64 East  
   Lexington, NC 27292

9. **Silver Valley Elementary**  
   (336) 472-1576  
   11161 E. Old Hwy 64  
   Lexington, NC 27292

10. **Southwood Elementary**  
    (336) 357-2777  
    5850 Hwy 8  
    Lexington, NC 27292

11. **South Lexington School**  
    (336) 242-1544  
    1000 Cotton Grove Rd.  
    Lexington, NC 27292

12. **The Learning Place @ Thomasville Medical Center*  
    (336) 476-2522  
    207 Old Lexington Rd.  
    Thomasville, NC 27360

13. **Thomasville Primary School**  
    (336) 474-4160  
    915 East Sunrise Ave  
    Thomasville, NC 27360

14. **Tyro Elementary**  
    (336) 242-5760  
    450 Cow Palace Rd  
    Lexington, NC 27295

15. **Von's Kids Inc Too*  
    (336) 224-5396  
    261 Heath Lane  
    Lexington, NC 27292

16. **Welcome Elementary**  
    (336) 731-3361  
    5701 Old Hwy. 52  
    Lexington, NC 27295

*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.