PLEASE RETURN TO PARTNERSHIP FOR CHILDREN OF LINCOLN & GASTON COUNTIES
120 Roechling Street Dallas, NC 28034 (envelope provided)

2017 -2018 Pre-K– Application (v.1)

The Title I and NC Pre-K programs are looking for children living in Lincoln County who will be **four years of age on or before August 31, 2017** and who MAY QUALIFY for these programs. You will receive notification if your child is accepted. **To apply, please complete and return this application along with the following documents to the Partnership for Children of Lincoln & Gaston Counties (120 Roechling Street Dallas, NC 28034) in the attached envelope:**

- **a copy of child's PROOF of AGE** (certified birth certificate **OR** if you do not have a certified birth certificate for your child you may submit the health record showing child's birthdate and signed by your child's health care provider
- **income verification** (Pay Stubs **OR** Tax records **OR** Award letters from the Social Security Administration **OR** Award letters from the Employment Security Commission **OR** Signed employer statements **OR** Business records for self-employed individuals **OR** Signed statements when an individual claims to have no verifiable countable income).
- **two proofs of residency** (No cell phone bills. Must be power bill, cable bill, etc.)

Please answer all questions as accurately as possible to determine eligibility.

INFORMATION ABOUT YOUR CHILD:

Child's Full Name: _____
(As shown on birth certificate) (First) (Middle) (Last) (Name called or Nickname)

Child's Gender: ❒ Male ❒ Female

Social Security#__ __ __ - __ __ - __ __ __ __
(Social Security # is not required for eligibility.)

Child's date of birth: _____/_____/_____
(Month/Day/Year)
You must include proof of age (such as a copy of child's birth certificate)

Child's Race (Check at least one and all that apply): Is child Hispanic? ❒ Yes ❒ No
❒ American Indian/Alaska Native ❒ Asian ❒ Black/African American
❒ Native Hawaiian/Other Pacific Islander ❒ White/European American

Is Child U.S. Citizen: ❒ Yes ❒ No Is Child N.C. Resident: ❒ Yes ❒ No

Where will your child attend Kindergarten:_____
How many other children in the household will attend this school in 2017/2018: _____
Ages of all children in the household: _____

Child's Home Address:_____
Street City State Zip Code

Mailing Address (if different):_____
Street City State Zip Code

County (check only one): ❒ Lincoln ❒ Gaston ❒ Other _____

INFORMATION ABOUT THE FAMILY:

Name of Parent(s) or Legal Guardian(s) Who Live in Household:

_____ Phone_____ Alt phone_____
Last First

_____ Phone_____ Alt phone_____
Last First

Primary Parent Contact: _____ Best day or time to reach/call: _____

Primary Language spoken in your home (check only one): ❒ English ❒ Spanish ❒ Other _____

Please be sure to complete the back side of this application!

With whom does the child reside: ❒ Mother only ❒ Father only ❒ Both Mother & Father
(check only one) ❒ Legal Custodian (proof of custody required)
❒ Legal Guardianship (proof of guardianship required)
❒ Other: _____

How many people live in your household? ____Total Number ____Number of Adults ____Number of children

Are you currently:
(check all that apply)

Mother/Other
❒ Employed ❒ Seeking employment
❒ In post-secondary education
❒ In high school or in a GED program
❒ In job training ❒ Other _____

Father/Other
❒ Employed ❒ Seeking employment
❒ In post-secondary education
❒ In high school or in a GED program
❒ In job training ❒ Other _____

Income of Parent(s) or Legal Guardian(s) in Household: You **must provide proof of income**.
Include all income earned.
Should you have questions, please call 704-922-0900 and speak with Linda McConnell or Jessica Gibbs.

Name of Adult	**Relationship to Child**	**Income** *(Before Taxes)*	**Must Check All That Apply**
		$	❒ Hourly/# Hours Worked___ ❒ Weekly ❒ Monthly ❒ Yearly ❒ Alimony ❒ Child Support ❒ Workers Comp ❒ Unemployment ❒ SSI/Work First ❒ Overtime
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Additional Risk Factors: (Please provide proof of risk factor)
Has your child been refereed for evaluation? ❒ Yes ❒ No
Does your child have an identified disability? ❒ Yes ❒ No
If yes, please specify_____

Does your child have a chronic health problem? ❒ Yes ❒ No
If yes, please specify_____

Does your child have a developmental / educational need? ❒ Yes ❒ No
If yes, please specify_____

Does child have an Individualized Education Plan (IEP)? ❒Yes ❒ No
If yes, please provide copy.

Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? ❒Yes ❒ No

Who ***presently*** cares for your child when you are at work or school?
❒ Child Care Center / Family Child Care Home; Name_____ Town/City_____
❒ Stay at Home Parent / Guardian
❒ Other – Please Specify _____
Do you receive subsidy or a voucher for child care? ❒ Yes ❒ No

Transportation is not available to take children to and from school.
Are you able to take your child to school? ❒ Yes ❒ No

The preschool program hours are 6½ hours, generally from 8 a.m. to 2 p.m. Public schools do not have before and after care.
Are you in need of before and after care? ❒ Yes ❒ No

Meals and snacks are prepared by the school. We ask that students don't bring food to school.

To be considered for the programs, sign and date this form once you have answered all questions and include it with a copy of your child's certified birth certificate or other proof of age, your income verification, and two proofs of residency and **return to:**

Pre-K
Partnership for Children of Lincoln & Gaston Counties
120 Roechling Street
Dallas, NC 28034

I certify that the information submitted in this application is true and correct and that proof of my child's age is attached as required. I understand that additional information may be required such as proof of residency, income, additional risk factors or legal guardianship as part of determining eligibility for the program.

_____
Parent/Legal Guardian Signature

_____
Date

For Office Use Only Date Stamp_____
Recommended Placement_____
Approved Placement_____
Processed by_____
Approved by_____