



Lincoln County PRE-KINDERGARTEN SERVICES INFORMATION 2020-2021

Please keep this page for your information

Brigance Screenings will be held June 15th - 18th @ Lincoln County Central Services, 201 Jeb Seagle Drive Lincolnton, NC 28093

What is Pre-Kindergarten?

Pre-Kindergarten is a fun and exciting learning opportunity for children. They develop many skills which make the transition to kindergarten easier. Pre-Kindergarten classrooms in our community operate at least six and a half hours a day Monday through Friday from early August-May. Pre-Kindergarten classes are located in the Lincoln County School System, Head Start and private child care centers. The program is free to qualifying families. Funding for Pre-Kindergarten classes comes from NC Pre-K, Title I, Head Start, and Exceptional Children program. Each funding source has different eligibility criteria. By submitting an application you will be considered for all possible placements. Space is limited and some children may be placed on a wait list.

Should I apply?

If one or more of the following guidelines is true for you or your child, you may qualify for FREE Pre-Kindergarten services:

- Child **must turn four years of age on or before August 31, 2020** to be considered for the upcoming 2020-2021 school year;
- Child of eligible military family;
- Child with an identified disability or developmental/educational need;
- Child/family with limited English skills;
- Child living with a foster family, legal guardian, parent or relative.

If you are interested in applying, please return application and all supporting documents to Attn: Chrystal Hoyle @ Partnership for Children of Lincoln/Gaston Counties, 120 Roechling Street, Dallas NC 28034. Completing this application does not guarantee participation in the Pre-Kindergarten program.

Application will be considered incomplete until the following information has been received:

- Completed Application
- Proof of Birth (Birth Certificate)
- Proof of Income (1040, W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, Military pay or 3 consecutive paystubs).
Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income (See box on second page of application).
- Proof of Residency (current utility bill or rental agreement)
- Child's Immunization Record (Shot Record)
- Individualized Education Plan (IEP) **if applicable**
- Health Assessment including dental, vision and hearing completed by physician within 30 days of enrollment in classroom

Partnership for Children Lincoln/Gaston Counties
120 Roechling Street
Phone: 704 922-0900
Fax: 704 922-0996
ncprekspecialist@pfclg.org



Lincoln County NC PRE-K SITES

***Please note: These sites are subject to change**

Additional Information:

Transportation-Lincoln County NC Pre-K program does not provide transportation. Private child care sites and Head Start may provide transportation. Check with individual sites for availability.

*****Child Care**-Some child care locations offer extended care before and after school hours for an additional fee. Arrangements must be made with the director of each site. A Place to Grow, Mini Academy, and Kenlin Academy.

Below is a current listing of all NC Pre-K sites for Lincoln County. You will have a chance to select your top three sites on your application. If you are unsure of their locations we highly encourage you to GPS each site. Please only list choices that you are willing to accept as stated above transportation is not provided.

NC Pre- K Centers:	<u>A Place to Grow</u> 410 Poplar Street Lincolnton NC 28092	<u>Kenlin Academy</u> 1796 Hwy 73 Iron Station, NC 28080	<u>Mini Academy</u> 7082 Unity Church Rd Denver NC 28037
NC Pre-K Schools:	<u>G.E. Massey Elementary</u> 130 Newbold Street Lincolnton NC 28092	<u>Iron Station Elementary</u> 4207 Hwy 27 East Iron Station, NC 28080	<u>Love Memorial Elementary</u> 1463 Love Memorial Sch. Rd Lincolnton, NC 28092
	<u>Norris Childers Elementary</u> 2595 Rock Dam Road Lincolnton, NC 28092	<u>North Brook Elementary</u> 642 Hwy 274, Vale, NC 28168	<u>Pumpkin Center Primary</u> 3970 King Wilkinson Road Lincolnton NC 28092
	<u>S. Ray Lowder</u> 350 Kennedy Dr. Lincolnton NC 28092	<u>Union Elementary School</u> 4875 Reepsville Road Vale, NC 28168	<u>Battleground Elementary</u> 301 Jeb Seagle Dr. Lincolnton, NC 28092 (Possible site for 2020)
NC Pre-K Head Start:	<u>Lincoln Park Head Start</u> 140 Industrial Park Rd Lincolnton NC 28092		

Pre-K Brigrance Screening Dates June 15th -18th

(Screenings will be closed each day from 11:00a.m.-12:00p.m. for lunch)

Monday, June 15th and Tuesday, June 16th -8:00a.m.-7:00p.m.

Wednesday, June 17th and Thursday, June 18th -8:00a.m.-4:00p.m.



Lincoln County 2020-2021 NC Pre-K/Title I Application

1st Choice _____ 2nd Choice _____ 3rd Choice _____

CHILD'S INFORMATION

Child's name _____			Date of Birth _____	
First	Middle	Last		
Age: _____ If child is not 4, will your child be 4 on or before August 31 st ? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Child's Address _____				
Street	City	State	Zip	County
Mailing Address _____				
Street	City	State	Zip	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White or European American				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Child's Primary Language _____ In what language would you like for child to be screened? _____				

FAMILY INFORMATION

Who does the child live with?
 Mother and Father Single Mother Single Father Parent & Step parent 50/50 Joint Custody
 Grandparent(s) Foster parent(s) Legal Guardian Other _____

Does your family currently have a stable living arrangement?
 Yes No Prefer not to answer (*please explain*) _____

Mother/Stepmother/Guardian Name _____ **Resides w/ child** YES NO

Home Phone Number _____ **Cell Phone** _____ **Work Phone** _____

Father/Stepfather/Guardian Name _____ **Resides w/ child** YES NO

Home Phone Number _____ **Cell Phone** _____ **Work Phone** _____

Email address: _____

What is the child's family size? _____ **Total Number (including the NC Pre-K Child)**

Please list the names of ALL family members that live in the household.	Relationship to the NC Pre-K Child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent)	Date of Birth/age
EX: Jane Smith	Mother	04/03/1973 46
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Are the parents in this family employed, unemployed or enrolled in school? Please check.

Mother/Guardian:	Working	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Seeking Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>
	In School	YES <input type="checkbox"/> NO <input type="checkbox"/>
Father/Guardian:	Working	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Seeking Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>
	In School	YES <input type="checkbox"/> NO <input type="checkbox"/>

Mailing Address: 120 Roechling Street
 Dallas, NC 28034
Phone: 704 922-0900
Fax: 704 922-0996
Email: ncprekspecialist@pfclg.org

*Should you have any questions,
 please call Chrystal Hoyle ext.109 or
 Jessica Gibbs ext. 104*



Mother/Stepmother/Guardian's Income- LIST ALL SOURCES OF INCOME

Earned Income	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Public Assistance/Work First	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Social Security/SSA/SSI	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Child Support/Alimony	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Other _____	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>

Father/Stepfather/Guardian's Income

Earned Income	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Public Assistance/Work First	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Social Security/SSA/SSI	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Child Support/Alimony	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Other _____	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>

Please sign below if you are currently unemployed, not receiving unemployment benefits or any other source of income at this time. I certify that this information is true and accurate and understand that any false information may result in termination from the program.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

OTHER INFORMATION

- Is parent/legal guardian of this child an active member of the military, or was a parent or legal guardian of this child injured or killed while on active duty? (Verification of military documentation required) YES NO
- Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? YES NO
- Is child currently enrolled in a preschool, child care center, or home day care? YES NO
If currently enrolled, what is the name of the program? _____
- Is your child receiving subsidy for child care? YES NO If no, on the subsidy wait list? YES NO
- Does your child have a chronic health condition? (Documentation from physician required) YES NO
If yes, what is the health condition? _____
- Has your child been diagnosed with a Special Need? YES NO
- If yes, does child have Individualized Education Plan (IEP) with Lincoln County School System? YES NO
- Is your child currently receiving services for a special need or disability? YES NO
- If yes, please specify (**check all that apply and list the service provider**)
 - Speech _____
 - Physical Therapy _____
 - Educational Services _____
 - Mental Health _____
 - Identified Disability-Please specify _____

PARENT RESPONSIBILITY AND PARTICIPATION

- I understand this is an application for services offered and does not constitute enrollment into any program.
- I certify that the information given on this application is true and accurate and all income has been reported.
- The information on this form may be used only in the determination of eligibility for the Head Start, Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for either program. The designated agencies may share and/or verify any and all information regarding my child with partnering Pre-K programs (Head Start, Title I and NC Pre-K).
- I understand that if my child is selected to participate in the NCPK program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.
- I understand I am responsible for providing transportation for my child, if transportation is not available at my child's school.
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results to be shared with partnering Pre-K programs (Head Start, Title I and NC Pre-K).

Parent/Guardian Signature _____ Date _____