



New Hanover County Schools
Reach, Equip, Achieve

EARLY CHILDHOOD EDUCATION PROGRAM

1802 S. 15th Street / Wilmington, NC 28401
Phone (910) 254-4340 or 4390 / Fax (910) 254-4117

Thank you for your interest in our program. This is the first step in the process of determining your child's eligibility for classroom placement in the New Hanover County Schools Early Childhood Education Program. Our program offers Public School Classroom Placement based on Pre-K School District. Private Childcare Center placement is available per parent choice at private sites for 4 year olds only.

To Apply:

- 1) Complete the application
- 2) Gather the items listed below
- 3) Bring the **COMPLETED** application and **ALL** materials listed below to one of the following locations:
 - Dale K. Spencer Building @ 1802 S. 15th St.
 - Howe Pre-K Center @ 1020 Meares St.
 - Johnson Pre-K Center @ 1100 McRae St.
 - Career Readiness Academy at Mosley @3702 Princess Place Dr.
- 4) If you are applying to a private site please submit your completed application to that private site.

PLEASE KNOW WE CANNOT ACCEPT INCOMPLETE APPLICATIONS!

ALL ITEMS MUST BE TURNED IN BEFORE YOUR CHILD WILL BE CONSIDERED FOR CLASSROOM PLACEMENT!

Please bring the following items and we will make photocopies:

For your child:

- **Original CERTIFIED copy of the birth certificate**
- **Current Immunization Record**
- **Medicaid, Health Choice or Insurance Card, if applicable**
- **If applicable:**
 - Individual Education Plan (IEP)
 - Individual Family Service Plan (IFSP)
 - Goals for Private Speech, Physical, Occupational Therapy, etc.

For the parent/guardian:

- **Income Certification for the Year 2018 (all that apply)**
 - Tax Return, 1099, W2
 - Supplemental Security Income, Social Security Administration Income
 - Printout of Work First Payments, TANF, Child Support payments
 - Year-to-Date paycheck stub dated Dec 2018 or previous 12 months income
 - Letter from employer on company letterhead including the total of the last 12 months earned income
- **Proof of New Hanover County Residency (one of the following)**
 - Current property tax statement
 - Current signed lease agreement
 - Current monthly mortgage statement
 - NOTE: proof of residence must be in the name of the custodial parent/guardian. If it is in the name of a friend/relative with whom you are living, a **NHCS Residency/Registration Affidavit Form** MUST be completed and NOTARIZED along with one of the above documents.)
- **Photo ID (Valid Driver's License, ID Card or Passport)**
- **Guardianship/Custody Papers, if applicable**

Thank you for your interest in our program! We look forward to working with your family!

New Hanover County Schools Early Childhood Education Program

New Hanover County Schools
Early Childhood Education Program
20__-20__ Application for Classroom Placement

Child's Legal Name: _____
 (As written on the birth certificate) Last First Middle
 _____ Sex: _____ Birth Date: ____/____/____ Was child born in the United States? ___Yes ___No
 Name your child goes by: _____

Physical Address: _____, NC _____
 _____ City _____ Zip

Mailing Address (if different from physical address): _____, NC _____
 _____ City _____ Zip

Child's Primary Language: _____ Child's Secondary Language: _____

The U.S. Department of Education has developed new guidelines regarding the collection of race and ethnicity:

- Ethnicity (check): Hispanic ___ Yes ___ No
- Race (circle) White Black American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander

<p>LEGAL PARENT/GUARDIAN</p> <p>Name: _____</p> <p>Birth date: ____/____/____</p> <p>Relationship to Child: _____</p> <p>Home # _____ Cell # _____</p> <p>E-Mail Address: _____</p> <p>Lives with student? ___Yes ___No</p> <p>If No, List address: _____</p> <p>Languages Spoken: _____ <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little _____ <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little</p> <p>Highest Level of Education: ___ No Diploma If no Diploma, highest grade completed _____ ___ GED ___ High School Grad ___ College or Advance Training ___ Associate Degree ___ Bachelor Degree ___ Master Degree</p> <p>Employment: <i>Please check all that apply</i> ___ Full Time ___ Part Time ___ Active Duty ___ Job Training ___ Unemployed: are you seeking employment ___ Yes ___ No ___ High School/GED Program ___ Post-secondary education ___ Other: _____</p> <p>Income (Wages, Unemployment, Child Support, SSI, Soc Sec. etc.) \$ _____ Circle One: Weekly Bi-weekly Monthly Yearly</p>
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<p>LEGAL PARENT/GUARDIAN</p> <p>Name: _____</p> <p>Birth date: ____/____/____</p> <p>Relationship to Child: _____</p> <p>Home # _____ Cell # _____</p> <p>E-Mail Address: _____</p> <p>Lives with student? ___Yes ___No</p> <p>If No, List address: _____</p> <p>Languages Spoken: _____ <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little _____ <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little</p> <p>Highest Level of Education: ___ No Diploma If no Diploma, highest grade completed _____ ___ GED ___ High School Grad ___ College or Advance Training ___ Associate Degree ___ Bachelor Degree ___ Master Degree</p> <p>Employment: <i>Please check all that apply</i> ___ Full Time ___ Part Time ___ Active Duty ___ Job Training ___ Unemployed: are you seeking employment ___ Yes ___ No ___ High School/GED Program ___ Post-secondary education ___ Other: _____</p> <p>Income (Wages, Unemployment, Child Support, SSI, Soc Sec. etc.) \$ _____ Circle One: Weekly Bi-weekly Monthly Yearly</p>
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EMERGENCY CONTACTS

Please list three emergency contacts to whom your child may be released **other than parent or guardian.**

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

In case of an accident or illness, the school will try to contact me first. Should the school be unable to contact me, I authorize the school to make whatever arrangements deemed necessary.

Parent/Guardian's Signature: _____ Date: _____

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Early Childhood Education Program
20__-20__ Application for Classroom Placement Page 2

Child's Name: _____ **DOB:** _____
As it is written on the birth certificate

CHILD CARE INFORMATION

Which one describes the care for your child on a routine basis (the most often)?

Stay-at-Home Parent Relative Neighbor/Friend Head Start Center
 Licensed Child Care Center Licensed Family Child Care Center Church Child Care

For the past 12 months, how long has this been the care for your child: less than 5 months more than 5 months

If currently in care other than at home: Name of Center & Location: _____

Have you applied for Child Care Subsidy Assistance through the Department of Social Services? Yes No

If yes, are you currently receiving subsidy? Yes No If no, are you on the waiting list for subsidy? Yes No

Family Information

Child lives with: Both parents Mother Father Foster/Guardian Other: _____

Is one parent a "step" parent? Yes (mother father) No

Current Marital Status: Single/Widow Living Together Married Separated/Divorced Deployed Spouse
 Other: explain: _____

If Foster/Guardian: Who placed the child in your care? (name of agency or person) _____

If Foster/Guardian: Do you have paperwork indicating you as the Guardian/Foster Care for this child? Yes No
Note: NHCS MUST have documentation of foster care, guardianship care, DSS custody, etc. for establishing guardianship of this applicant before the child will be allowed to start school

Do you receive money for the care of the child? No Yes **From whom?** _____

Total Number in Family: (Family = Parent(s) in the home and children 18 years of age or younger.) _____ (Adults Children)

Are there any family problems that may be affecting your child? (Parent in the military; incarceration of parent; recent divorce/separation; substance abuse; domestic violence, death in the family, etc.) No Yes, please explain: _____

ADULTS IN THE HOME

Please list first and last names of adults in the home. Adults are 18 years or older.		Date of Birth	Sex M/F	Relationship of Adult to applicant
ADULT 1				<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> other
ADULT 2				<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> other
ADULT 3				<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> other
ADULT 4				<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> other

CHILDREN IN THE HOME

Please list first and last names of children in the home. If more than 5 children are in the home, please list children under age 5 first.		Date of Birth	Sex M/F	Relationship of Child to Parent/Guardian
CHILD 1	----- Applicant -----	-----	-----	-----
CHILD 2				<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> other
CHILD 3				<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> other
CHILD 4				<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> other
CHILD 5				<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> other

New Hanover County Schools
Early Childhood Education Program
20__-20__ Application for Classroom Placement Page 3

Child's Name: _____

DOB: _____

As it is written on the birth certificate

How did you hear about the Pre-K Program?

___ Flyer in Community ___ Flyer in Elementary School ___ Another Child in the program ___ Someone told me about the program
___ Other: _____

SPECIAL SERVICES:

Does your family receive: **WIC?** ___ Yes ___ No **Supplemental Security Income?** ___ Yes ___ No **Work First/TANF?** ___ Yes ___ No

Food Stamps/SNAP/EBT? ___ Yes ___ No **Social Security Administration Income?** ___ Yes ___ No

Has your child received services for social, emotional, behavioral issues? ___ Yes ___ No

Does child have a disability or special needs? ___ Yes ___ No ___ Suspected **If yes, please explain:** _____

Has your child ever: been evaluated at the CDSA or a Public School System? ___ Yes ___ No **If yes, location:** _____

Has your child ever received services from New Hanover County Schools Special Education and Related Services Department? ___ Yes ___ No

Does your child have a current Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)? ___ Yes ___ No

NOTE: We will need a copy of your child's IEP/IFSP when you turn in the application.

If yes, what agency are you working with? _____

Was your child referred to this program? ___ Yes ___ No **If yes, by whom?** _____

ACKNOWLEDGEMENT OF EDUCATIONAL SCREENING

We are required by our funding sources to administer an educational screening. Our program uses the **BRIGANCE Head Start Screen III** to meet this requirement. If you would like a copy of this screening, you may request a copy from the screener. _____
(Parent Initials)

CHILD'S MEDICAL INFORMATION:

My child has: ___ Medicaid ___ NC Health Choice ___ Private Insurance ___ No Insurance

Note: we will need a copy of the current insurance card for documentation purposes.

MEDICAL LOCATION: (*Please designate a provider in the spaces below or indicate "no preference")

*Hospital Preference: _____

*My Child's Doctor: _____ City: _____

*My Child's Dentist: _____ City: _____

*My Child's Eye Doctor: _____ City: _____

Does your child have any known allergies? ___ Yes ___ No **If yes, explain:** _____

Is your child being seen by a doctor/specialist for a chronic health concern (or have they in the past)? ___ Yes ___ No
(Note: Medical conditions which would limit your child's participation in school programs require a note from the doctor.)

Please explain: _____

My child will require medication at school ___ No ___ Maybe ___ Yes **Please explain:** _____

I give consent for my child to receive Hearing/Vision/Height/Weight screenings. (Initial) _____ Yes _____ No

**New Hanover County Schools
Early Childhood Education Program
20__-20__ Application for Classroom Placement Page 4**

Child's Name: _____ **DOB:** _____
As it is written on the birth certificate

School Placement Information

- **Public School Classrooms Placement are assigned based on New Hanover County Schools Pre-K District**
- **Transportation is limited at Johnson Pre-K Center where they have community bus stops only**
- **IEP Services are delivered at public sites only not private**
- **Transfers are not offered between public and private sites**
- **Pre-Kindergarten Public School Classrooms operate during regular public school system hours of operation and do not offer before and after school care as part of the program**
- **It is the parent's responsibility to arrange before and after school care and to ensure these services are set up with the site BEFORE your child starts school**
- **Parents are encouraged to visit the private child care sites for more information about their programs**
- **Indicate PUBLIC SCHOOL or your choice of PRIVATE CHILDCARE SITE for classroom placement**

Please check one 'To School' and one 'From School.'

To School: ___ Car Rider ___ Childcare Van ___ School Bus **AND From School:** ___ Car Rider ___ Childcare Van ___ School Bus

Early Childhood Education Classroom Locations

Public Classroom Sites
Parents please understand, School placement is based on families' addresses or preschool district lines including established bus routes for public schools; not parent preference for placement.
CRA @ Mosley Pre-K Center at 3702 Princess Place Drive, Wilmington (3 year olds only)
Dorothy B. Johnson Pre-K Center at 1100 McRae Street, Wilmington (3 & 4 year olds)
Castle Hayne Elementary at 3925 Roger Haynes Drive, Castle Hayne
Howe Pre-K at 1020 Meares Street, Wilmington
Freeman Elementary School of Engineering at 2601 Princess Place Drive, Wilmington
College Road Early Childhood Center at 4905 S College Rd, Wilmington
Wrightsboro Elementary at 2716 Castle Hayne Road, Wilmington

Private Childcare Sites	Phone Number	Transportation Offered	For a Fee Before/After School
A CDC at 3802 Princess Place Drive, Wilmington	(910) 343-4245	No	Yes
B CCN #83 at 1553 41 st Street, Wilmington	(910) 395-5400	Yes	Yes
C CCN #82 at 4808 New Center Drive, Wilmington	(910) 452-4444	Yes	Yes
D CCN #127 at 19 Lennon Drive, Wilmington	(910) 392-3430	Yes	Yes
E CCN #128 at 6640 Gordon Road, Wilmington	(910) 397-9090	Yes	Yes
F CCN #158 at 2411 Flint Drive, Wilmington	(910) 799-5195	Yes	Yes
G CCN #159 at 4202 Wilshire Boulevard, Wilmington	(910) 791-2080	Yes	Yes
H Kids & Company Preschool Learning Center at 5222 S College Road, Wilmington	(910) 799-8023	Yes	Yes
I Kids & Company Preschool Learning Center at 2619 Newkirk Avenue, Wilmington	(910) 799-7195	Yes	Yes
J Excel Learning Center #3 at 165 Vision Drive, Wilmington	(910) 793-4884	No	Yes

Choose ONLY ONE: (If you choose a private site and your child has an IEP you will be responsible for transporting your child to a public site for IEP services)

_____ PUBLIC SCHOOL **OR** _____ PRIVATE CHILDCARE: Indicate Choice A-I: _____

Please provide any additional information/extenuating circumstances that may impact your child's placement

Parent/Guardian's Signature: _____ **Date:** _____

Staff Use Only: Interviewer Signature: _____ **Date:** _____

**New Hanover County Schools
Early Childhood Education Program
MEDICAL ALERT FORM**

STUDENT NAME : _____ D.O.B. _____

List Names and phone number's

This includes permission to pick up your child from school

Parent/Guardian: _____ Phone Number _____

Parent/Guardian: _____ Phone Number _____

Emergency Contacts:

Name: _____ Relationship: _____ # _____

Name: _____ Relationship: _____ # _____

Parents are responsible for notifying and updating the School Nurse regarding any medical conditions.
Please include information regarding any **recent** hospitalizations or surgeries.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> No Health Problems | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Asthma/Respiratory | <input type="checkbox"/> Behavior Diagnosis |
| <input type="checkbox"/> Bone/Muscle Disorder | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disorder |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Nosebleeds, frequent | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Severe Food / Insect Allergy (requiring medication at school) | |
| Symptoms: _____ | |
| <input type="checkbox"/> Medication Taken at Home _____ | |
| <input type="checkbox"/> Needs Medication**, Specific procedure or Special medical assistance at School | |

**** ANY MEDICATION TO BE ADMINISTERED MUST BE PROVIDED TO THE SCHOOL BY THE PARENT ALONG WITH A PHYSICIAN'S AUTHORIZATION FOR MEDICATION AT SCHOOL FORM.**

Additional Comments:

Name of Student's Physician: _____ # _____

NOTE: NHCS Early Childhood Education Program Staff/School Health Nurse has my permission to obtain further information regarding my child's health needs at school from his/her Physician.

Parent/Guardian's Signature

Date

**This information may be distributed to the child's teachers, nurse, cafeteria, cumulative folder, bus driver and school administration.

SCHOOL NURSE USE ONLY

El cuadro debe ser llenado por la enfermera escolar.

Initials: _____

Student Medication: _____ Date Reviewed _____

Special Instructions: _____