



New Hanover County Schools Pre-K Application 2020-2021



1. Complete Application with Required Documentation

****Answer all questions & be sure to sign and date the application.**

Important

The following **items** are **due** at your child's **school** before the first day.

- PreK Health Assessment
- Current Immunizations
- Dental Verification Form

Required Child Documents
<ul style="list-style-type: none"> <input type="checkbox"/> Certified Birth Certificate <input type="checkbox"/> Current Immunization Record <input type="checkbox"/> Medicaid, Health Choice, or Insurance Card <p>If applicable,</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> Goals for Private Speech, Physical, Occupational Therapy, etc.
Required Parent/Guardian Documents
<ul style="list-style-type: none"> <input type="checkbox"/> Parent/Guardian Picture ID <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Income Verification for the year 2019 <p>If applicable,</p> <ul style="list-style-type: none"> <input type="checkbox"/> Legal Guardianship/ Custody Papers

Applicable Forms of Documentation
<p><u>Proof of Residency</u></p> <ul style="list-style-type: none"> - Do you own a home? Provide a copy of deed, a mortgage statement or closing statement - Do you rent? Provide a copy of the rental agreement in your name - Do you live in someone else's home? Provide notarized residency affidavit & their mortgage statement, deed, or lease <p>Examples: current property tax statement, current lease agreement, current monthly mortgage statement, and/or NHCS Residency Affidavit (provided by NHCS)</p> <p><u>Proof of Income Verification</u></p> <p>Examples:</p> <ul style="list-style-type: none"> - Income Tax Statements 2019(W-2's; 1040; 1099) - Pay Stubs (pay stubs must show the year to date earned) - Award letters from the Social Security Administration - Award letters from the Employment Security Commission - Employer typed statement showing yearly income earned signed by the employer (on company letterhead) - Work first/TANF printout - Child Support Payment History - Foster Care Stipend - Most Recent

2. Bring Application & Required Documentation to one of the following locations:

Location	Address	Days/Time
The Dale K. Spencer Building (910)-254-4342 or (910)-254-4340	1802 S. 15th Street	Monday - Thursday 8:00 AM - 3:00 PM
Johnson Pre-K Center Hablamos Español (910)-251-6155	1100 McRae Street	
Career Readiness Academy @ Mosley (910)-251-6161	3702 Princess Place Drive	

School Placement Information

1. Public School Classrooms Placement are assigned based on New Hanover County Schools Pre-K District
2. Transportation is limited at Johnson Pre-K Center where they have community bus stops only
3. IEP Services are delivered at public sites only not private
4. Transfers are not offered between public and private sites
5. 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
6. 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
7. Parents are encouraged to visit the private child care sites for more information about their programs

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
- Elementary at 2716 Castle Hayne Road, Wilmington

Private Childcare Sites <i>If you are choosing a private site, take your application to that site.</i>	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.

Transportation

<input type="checkbox"/> Public School	<input type="checkbox"/> Private Childcare Site Indicate Choice A-J:	Morning	Afternoon
	<hr/> Once your application is completed please turn it in at the private childcare site you listed above.	<input type="checkbox"/> Car Rider <input type="checkbox"/> Childcare Van <input type="checkbox"/> School Bus	<input type="checkbox"/> Car Rider <input type="checkbox"/> Childcare Van <input type="checkbox"/> School Bus

Child Information				
Child's Legal Name (as written on birth certificate)				
First	Middle	Last	Preferred Name	
Birthdate: ____/____/____		Age as of August 31st: <input type="checkbox"/> 3 <input type="checkbox"/> 4		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Address:				
Street	City	State	Zip Code	County
Mailing Address:				
Street	City	State	Zip Code	County
Was the child born in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Does this child have a parent who is actively serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Was a parent or legal guardian of this child seriously injured or killed while on active duty? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other, please list			Child's Primary Language: _____ Child's Secondary Language: _____	
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Child Lives With: (*provide copies of legal documents) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Foster Parent* <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: (explain) _____				
Do you receive money for the care of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____				
Are there any family problems that may be affecting your child? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain <input type="checkbox"/> deployed parent (military) <input type="checkbox"/> incarceration of parent <input type="checkbox"/> recent divorce/separation <input type="checkbox"/> substance abuse <input type="checkbox"/> domestic violence <input type="checkbox"/> death in family <input type="checkbox"/> homelessness <input type="checkbox"/> Other, please explain _____				
If Foster/Guardian				
Who placed the child in your care? (name of agency or person) _____				
Do you have paperwork indicating you as the Guardian/Foster Care for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes 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				
Child Care Information				
Is your child currently in care in a place other than home? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where and select type of facility? _____				
<input type="checkbox"/> relative <input type="checkbox"/> neighbor/friend <input type="checkbox"/> Head Start Center <input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Family Child Care Center <input type="checkbox"/> Church Child Care				
For the past 12 months, how long has this been the care for your child: <input type="checkbox"/> less than 5 months <input type="checkbox"/> more than 5 months				
Have you applied for Child Care Subsidy Assistance through the Department of Social Services? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, are you currently receiving subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, are you on the waiting list for subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Parent/Guardian Information			
Legal Name: _____ First _____ Middle _____ Last _____ Check One <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other, please explain: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth ____/____/____ </td> <td style="width: 50%; padding: 5px;"> Current Marital Status <input type="checkbox"/> Living Together <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Other: (explain) _____ </td> </tr> </table>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth ____/____/____	Current Marital Status <input type="checkbox"/> Living Together <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Other: (explain) _____
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Primary # _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work Alternate # _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work Email Address: _____	Do you live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please list address:</i> _____ Street _____ _____ City _____ State _____ Zip Code _____ County _____		
Primary Language: _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Secondary Language: _____ <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Highest Level of Education <input type="checkbox"/> <9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> GED <input type="checkbox"/> HS <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Enrolled in HS/GED Program <input type="checkbox"/> Enrolled in Job Training <input type="checkbox"/> Enrolled in College		
Employment (please check all that apply) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> active duty <input type="checkbox"/> retired <input type="checkbox"/> job training <input type="checkbox"/> disabled <input type="checkbox"/> unemployed → If currently unemployed, are you seeking employment? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> other: _____	Income (Wages, Unemployment, Child Support, SSI, Soc Sec, etc.) \$ _____ Select One → <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly Social Security Administration Income <input type="checkbox"/> Yes <input type="checkbox"/> No Food Stamps/SNAP/EBT <input type="checkbox"/> Yes <input type="checkbox"/> No Work First/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No WIC <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Total Number in Family Family= Parent(s) in the home & children. _____adults + _____ children = _____ FAMILY TOTAL

Adults in the Home * Anyone 18 years or older is considered an adult.

Name (first, last)	Date of Birth	Gender	Relationships of Adult to Applicant
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Other _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Other _____
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		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Other _____

Children in the Home * Please list first & last names of children. If more than 5 children please list children under age 5 first. **DO NOT List Applicant**

		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other _____
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Child Disabilities/Special Needs

Do you have any concerns regarding your child's speech, eyesight, physical development, hearing, health, social development or behavior?
 No Yes If Yes, explain: _____

Has your child been evaluated? No Yes

Does your child have any diagnosed disabilities? (i.e. speech, blindness, orthopedic, hearing, chronic illness, social emotional or behavior)
 No Yes If Yes, explain: _____

Does your child have a current IFSP (Individual Family Service Plan)? No Yes

Does your child receive services through the Children's Developmental Services Agency (CDSA)? No Yes

Does your child have a current IEP (Individualized Education Program)? No Yes

Does your child currently receive services through New Hanover County's Exceptional Children's Program?
 No Yes If yes, explain: (Location & Type of Service) _____

Does your child currently receive services from any private/ community-based provider for his/her disability, social/emotional or behavior issues?
 No Yes If yes, explain: (Location & Type of Service) _____

MEDICAL ALERT FORM

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

List Names & Phone Numbers - This includes permission to pick up your child from school.

Parent/Guardian Relationship Phone Number

Parent/Guardian Relationship Phone Number

Emergency Contacts

Full Name Relationship Phone Number

Full Name Relationship Phone Number

Full Name Relationship Phone Number

Please Check All That Apply

No Health Problems

Allergy

- Food: _____
- Insect: _____
- Medicine: _____
- Other: _____

Type of allergic reaction:

- Anaphylaxis
- Local reaction

Response required:

- Epinephrine Auto-injector
- Other: _____

- Anemia At-Risk for Anemia
- Asthma Treated at home/ no meds for school required
- Attention/Learning
- Bone/Muscle Disorder
- Blood/Bleeding Disorder
- Emotional/ Behavior Diagnosis
- Cancer/Leukemia
- Cerebral Palsy
- Cystic Fibrosis
- Diabetes
- Encopresis
- Enuresis

- Genetic Disorders
- Heart Conditions
- HIV
- Hearing Problems
- Nosebleeds, frequent
- Obesity
- Orthopedic Conditions
- Prematurity (<32 wks. EGA)
- Seizures/Convulsions
- Sickle Cell Anemia Trait
- Speech/Language
- Tuberculosis At-Risk for TB
- Vision Disorder
- Other: _____

Does your child take prescribed medication at home? No Yes
 If Yes, explain _____

Will your child require prescribed medication at school? No Yes
 If Yes, explain _____

*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.***

Medical Locations (Doctor, Practice & Phone Number)

Hospital Preference New Hanover Regional Medical Center Other: _____

Primary Doctor Practice Phone Number

Primary Dentist Practice Phone Number

Eye Doctor Practice Phone Number

NOTE: NHCS Early Childhood Education Program Staff/School Nurse have my permission to obtain further information regarding my child's health needs at school from his/her physician or dental provider.

Parent/Guardian Signature: _____

Date: _____

SCHOOL NURSE ONLY

Initials: _____

Student Medication: _____ Date Reviewed: _____

Special Instructions: _____

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

How did you hear about NHCS Early Childhood Education Program?
 flyer in community flyer in elementary school another child in the program word of mouth Other:

I understand that I am completing this application to determine eligibility for possible placement in the NHCS Early Childhood Education Program. I understand that an application submitted is NOT a guaranteed acceptance into the preschool program. Selections are made based on each child(s) and/or family's needs. I understand I will be contacted by NHCS Early Childhood Education Program if additional information is needed, for waitlist status and/or acceptance letter.	_____ <i>Initials</i>
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I understand that if my child is enrolled, family involvement is encouraged . My family will cooperate to submit necessary documentation, & participate in home visits, conferences, & family engagement opportunities to meet the program's requirements.	_____ <i>Initials</i>
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In case of an accident or illness, the school will contact me first. Should the school be unable to contact me, I authorize the school to make whatever arrangements deemed necessary.	_____ <i>Initials</i>
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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. <i>The screening will be done before the start of school or within the first 45 days of children starting school. I am able to request a copy of the results from the screener or school.</i>	_____ <i>Initials</i>
--	--------------------------

I give permission for my child to receive hearing, vision, dental, height, weight, hemoglobin and/or a speech and language screenings and for the results of these screenings to be shared with NHCS Early Childhood Education Program.	_____ <i>Initials</i>
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The Health Assessment form, Dental Verification form, & up-to-date immunizations are required for my child to attend school.	_____ <i>Initials</i>
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Please read carefully: I certify that all information provided is true and complete. I understand that the information provided is used to document the program's eligibility. If at any time my family or child situation changes, I understand that it is my responsibility to update my application.

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

Staff Interviewer: _____ **Date Received:** _____