

Dare County Schools Pre-K Program Application Checklist 2020-2021

All documents are required and must be attached in order for your child's application to be processed. Please complete application by **May 1, 2020**.

- Copy of Child's Birth Certificate**- Child must be four years old by August 31, 2020.
 - Documentation of Dare County Residency** – Copy of driver's license, signed lease or current utility bill (water/power). If parent's name is not on bill/lease – bill and letter from the bill payee stating that family is residing at the residence is needed.
 - All sources of family income.** Please Include:
 - Copies of complete 2019 tax return with copies of W-2s and all schedules for each parent/guardian
- OR**
- Two (2) recent, consecutive check stubs for each employed parent/guardian.
- AND**
- Documentation of child support, retirement compensation, worker's compensation, unemployment/social security benefits, or public assistance if applicable.

Additional Documents Required (If Applicable)

- Copy of child's current Individualized Education Program (IEP)
- Documentation of parent's military service
- Documentation from child's medical provider regarding any chronic illness.
- Documentation of guardianship/child custody if applicable.

A developmental screening is part of the application process and will be scheduled for your child between the dates of June 1-12. You will be notified to schedule an appointment.

Return completed application with all required documents to
Dare County Schools Central Office or any elementary school or mail to:

Dare County Schools
Post Office Box 1508
Nags Head, North Carolina 27959

Application and documents may be scanned and submitted electronically to **florake@daretolearn.org** Please do not send photos of documents.

Please ensure that all documents are labeled with your child's name.

For additional information, or to schedule an appointment for help in filling out this application please call **Dare County Schools Central Office at 252-480-8888.**

Dare County Pre-K Program Application 2020-2021 School Year

Child's Full Name _____
First Middle Last

Child's Date of Birth _____ Please Check One Boy Girl
Month Day Year

Please Mark Only One: _____ Hispanic/Latino _____ Not Hispanic/Latino

Please Mark All That Apply:

- White/European
- Native American/Alaskan
- Native Hawaiian/Pacific Islander
- African American
- Asian

County of Residence _____

Primary E-Mail Address (Where parent/guardian can be reached): _____

Child's Physical Address _____
Street City Zip

Child's Mailing Address _____
(If different from above.) PO Box City Zip

With whom does the child reside? (Check One)

- Mother Only
- Father Only
- Both Parents
- Joint Custody
- Legal Custodian/Relative
- Legal Custodian/Non-Relative
- Legal Guardian/Relative
- Legal Guardian/Non-Relative
- Other (Please Specify) _____

Is the child currently in foster care with either a relative or non-relative? Yes No

Mother's/Stepmother's/Guardian's Name _____

Mother's/Stepmother's/Guardian's Physical Address _____
Street City Zip

Telephone Number _____ Alternate Telephone Number _____

Mother's Place of Employment _____
Business Name Business Telephone Number

Father's/Stepfather's/Guardian's Name _____

Father's/Stepfather's/Guardian's Physical Address _____
Street City Zip

Telephone Number _____ Alternate Telephone Number _____

E-Mail Address _____

Father's Place of Employment _____
Business Name Business Telephone Number

Child's Name _____

Please list primary family members living in the home and identify relationship to child.

Include Parents/Guardians, Stepparents (by marriage), and Minor Siblings.

Do Not include extended family members such as Grandparents, Aunts, Uncles, Cousins who live in the home but do not have Guardianship. Do not include siblings over the age of 18.

Name	Relationship to Child	Date of Birth	School/grade (siblings)
Applicant	Applicant	On Front	

Total Number in Family _____

My family receives food stamps: Yes No

Please indicate the family address situation: Permanent

Temporarily staying with family or friends due to loss of housing

Homeless shelter Battered women and children Shelter Hotel/Motel

Hospital or Rehabilitation facility Lack permanent nighttime address

Other (please specify) _____

Child's Name _____

Family Income

Please Note: Documentation of all applicable source of family's income is required. If income documentation is not provided, application will not be considered.

Mother's/Stepmother's/Guardian's Name: _____

Please check all that apply: Employed (If employed, please list average hours worked per week): _____

Seeking Employment Attending secondary (college) education Attending high school/GED Attending job training

Other Employment – Explain: _____ Mother has no income

Current Wages BEFORE Tax Deductions and any other Deductions	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Alimony	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Child Support	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Worker's Comp	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Unemployment	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
SSI/TANF/Work First	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Overtime	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly

Father's/Stepfather's/Guardian's Name: _____

Please check all that apply: Employed (If employed, please list average hours worked per week): _____

Seeking Employment Attending secondary (college) education Attending high school/GED Attending job training

Other Employment – Explain: _____ Father has no Income

Current wages BEFORE Tax Deductions and any other Deductions	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Alimony	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Child Support	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Worker's Comp	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
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Overtime	\$	This amount is <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly

Child's Name _____

What is the **primary** language spoken in the home? (List only one.) _____

In what language would you like for your child to be screened? _____

Does your child have a physical challenge or chronic illness (ex. asthma, diabetes, etc.)?

Yes – Please specify and attach documentation from child’s doctor. _____

No/Don’t Know

Is the parent/guardian an active duty member of the military or was parent/guardian seriously injured or killed while on active duty? Yes (Please attach documentation.) No

Has your child been referred for evaluation for or identified with a disability? Yes No

Date of Referral _____

What was the decision from the evaluation? No disability Identified Evaluation decision in process

One or more disabilities identified Unknown

Does your child currently have an Individualized Education Program (IEP) or receive special education services?

Yes No **If yes, please include a copy of current active IEP.**

Category of Identified Disability: Autistic Deaf/Blind Hearing Impaired Multi-Handicapped
 Other Health Impaired Orthopedically Impaired Speech/Language Impaired Traumatic Brain Injured
 Developmentally Delayed

My child has never **attended** a Pre-K, childcare program, or family childcare home.

My child **is currently unserved but has attended** a Pre-K program, childcare program, or licensed family child care home.

Name of Program (Required) _____

They last attended the program in _____
Month Year

My child, **currently attends** a Pre-K program, child care program, or family child care home.

Name of the program (required) _____

My child has a subsidy voucher to offset the cost of childcare. Yes No

My child **has attended Head Start.** We plan to reapply. Yes No

We attempt to place children at their zoned school site. However, if there is not a slot available at your child’s zoned school site, they may be considered for placement at another site. Please rank the sites below in order of preference using numbers 1-4. If you have no interest in attending a particular site, please mark with a zero.

_____ Cape Hatteras Elementary School

_____ Manteo Elementary School

_____ First Flight Elementary School

_____ Nags Head Elementary School

Families are responsible for transporting their child to any NC Pre-K site other than their child’s zoned school site. If placed at an alternate site, I would be willing/able to provide transportation to and from school daily.

Yes No

Child's Name _____

By signing and submitting this application:

I authorize partnering Pre-K agencies (Dare County Schools, Children & Youth Partnership, Smart Start, Dare County Human Services, and Head Start) to exchange information regarding my child for the purposes of determining eligibility for state and federally funded Pre-K Programs and for data collection by the Office of Early Learning and Division of Child Development and Early Education.
I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (Dare County Schools, Children & Youth Partnership, Smart Start, Dare County Human Services, and Head Start).
I understand that transportation to and from Pre-K may be provided if my child attends the Dare County Schools Pre-K program site in my school zone. If I choose for my child to attend a Dare County Schools Pre-K program site outside of my school zone, transportation will be the family's responsibility.
I understand that if there is a change in my child's address, phone number, or attendance in any type of licensed care, or if there is a change in family income, it is my responsibility to notify my child's school and inform them of any changes.
I understand that if my child is eligible for the program, he/she may be placed on a waiting list.

I certify that all information provided is true, correct and complete. I understand that information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable North Carolina state laws.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature* _____

Date _____ **Relationship to Child** _____

***If guardian signs, please attach copies of documentation of guardianship (required).**