



PRESCHOOL APPLICATION FAMILY RESPONSIBILITIES

<i>Please read carefully and initial each box</i>	<i>Initials</i>
1. I understand that I am completing this application to determine eligibility for possible placement in New Hanover County Early Childhood Programs.	
2. I understand that completing this application does not guarantee placement. Placement is subject to program eligibility, each child(s) and/or family's need, and availability. If space is not immediately available for placement, he or she will be placed on a waiting list.	
3. I authorize New Hanover County Early Childhood Programs to use the information in this application for the purpose of determining eligibility, data collection and program evaluation for the following state and/or federally funded programs: Head Start, NC Pre Kindergarten, and Local Government. I understand the exchange of information regarding my child and family will be held in confidence.	
4. If at any time the information provided on the application changes, I will need to notify New Hanover County Schools within five days of the change. Updated information includes, but is not limited to, change of address, phone number, enrollment or changes in child care, and medical/behavioral health information.	
5. I understand as part of the application process I will complete the required educational screening.	
6. I understand that if my child is enrolled, family involvement is required. My family will cooperate to submit necessary documentation, and participate in home visits, conferences, and family engagement opportunities to meet program requirements. (The number of home visits and conferences varies based on funding source.)	
7. I understand I may be contacted by New Hanover County Schools if additional information is needed. Due to the eligibility requirements of each funding source, required documentation will vary based on each family's needs.	
<p>8. I understand that if selected for participation in New Hanover County Schools Early Childhood Programs the following screenings may be conducted: vision screening, hearing screening, developmental screening, informal speech observation, dental screening, growth assessment, mental health and social and emotional well-being, and classroom observations. Screenings/re-assessments based on funding source.</p> <p>•The Health Assessment form, Dental Verification form, & up-to-date immunizations are required for my child to attend school.</p> <p><u>I give New Hanover County Schools permission for my child to participate in the screenings and/or repeat screening process.</u></p>	

PARENT/GUARDIAN SIGNATURE

Please Read carefully: I certify that all information provided is true, correct and complete and that all income has been reported. I understand that the information provided is used to document program eligibility. Program staff may verify information on this application. If any part is false, my participation in this program may be terminated and I may be subject to legal action. If at any time my family or child situation changes, I understand that it is my responsibility to update my application.

Applicant Name: _____

Parent /Guardian Name : _____

Parent/Guardian Signature: _____

Date: _____