



Thank you for your interest in the OCS Pre-K Program!

Please keep this page for your records.

Please deliver or mail the application package to:

OCS Pre-K Program Specialist c/o Hillsborough Elementary School:
402 N. Nash Street, Hillsborough, NC 27278

Place complete application packets in the **blue drop box** located at the Pre-K building, the building closest to the playground.
You may also submit the application and documents via email if you are comfortable doing so.

Application Checklist: When you submit your child's application, please include copies of the following:

- Completed 2024-2025 OCS Pre-K Application
- Copy of Child's Birth Certificate
- Proof of Residency: current utility bill or rental agreement
- Parent/Guardian photo ID: driver's license, passport, work badge
- Income Verification: 1040, 2023 W2, unemployment benefits, or 4 current and consecutive pay stubs

If applicable, application packets should also include:

- Documentation of a child's chronic health condition
- Documentation of a parent's military service
- Documentation of guardianship if applicable

Application packets will only be processed when all of the above copies are received.

You may be contacted:

- If your application packet is incomplete
- To schedule a DIAL-4 developmental screening appointment

Orange County Schools Pre-Kindergarten Program is funded by: North Carolina Pre-K, Title I Pre-K, Orange County Schools, and the Exceptional Children program.

The following schools currently serve Pre-K students and their families. ***Please note these sites are subject to change.***

Location	Address	Arrival	Dismissal
Efland Cheeks Global Elementary	4401 Fuller Rd. Efland, NC	7:45am	2:30pm
New Hope Elementary	1900 New Hope Church Rd. Chapel Hill, NC	7:45am	2:30pm
Pathways Elementary	431 Strouds Creek Rd. Hillsborough, NC	7:45am	2:30pm

Questions? Please contact OCS Pre-K Program Specialist, Michelle Meade

michelle.meade@orange.k12.nc.us or 919.245.4006 ext. 18003



**ORANGE COUNTY SCHOOLS PRE-KINDERGARTEN APPLICATION
2024-2025**

CHILD'S INFORMATION:

Child's name _____			Date of Birth _____	
First	Middle	Last		
Child's Address _____				
Street	City	State	Zip	County
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> White or European American	<input type="checkbox"/> Hispanic/Latino		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Primary/Home Language _____		

FAMILY INFORMATION: Who does the child live with?

- Mother and Father
 Single Mother
 Single Father
 Parent & Stepparent
 Joint Custody
 Grandparent(s)
 Foster parent(s)
 Legal Guardian
 Married Partners
 Other: _____

If the child lives with a non-relative who has legal custody or guardianship, *have you provided documentation?* Yes No N/A
 Is your family currently experiencing homelessness? Yes No

Parent/Guardian 1: _____ Resides w/child YES NO

Phone Number: _____ Email address: _____

Parent/Guardian 2: _____ Resides w/child YES NO

Phone Number: _____ Email address: _____

What is the total number of family members in your household? _____
 How many minor children live in the home, including the Pre-K child? _____
 How many adults live in the home? _____ How many adults contribute to the household income? _____

Please list the names of ALL family members that live in the household.	Relationship to the NC Pre-K Child <i>(e.g. parent, grandparent, sibling, step-parent, foster parent, etc.)</i>	Date of Birth	If applicable, where do siblings attend school?
1.			
2.			
3.			
4.			
5.			
6.			

**Please include information about additional household family members on the back of the application. Thank you!*

ADDITIONAL INFORMATION

- Is the parent/legal guardian of the child an active member of the military, or was a parent/ legal guardian of the child injured or killed while on active duty? *(Verification of military documentation required)* YES NO
- Is your child or family currently receiving any of the following:

<input type="checkbox"/> Refugee services	<input type="checkbox"/> WIC	<input type="checkbox"/> Public housing	<input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI	<input type="checkbox"/> SNAP
<input type="checkbox"/> TANF/Work First	<input type="checkbox"/> Food and Nutrition Services (food stamps)		<input type="checkbox"/> Other, please specify: _____		

- Has your child **ever** been enrolled in a preschool, childcare center, or day care? YES NO
- Is your child currently enrolled in a preschool, childcare center, or 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 waitlist? YES NO
- Does your child have limited English proficiency or is s/he a Dual Language learner? YES NO
- Does your child have a chronic health condition? (*Documentation from physician required*) YES NO
If yes, please describe: _____
- Does the child have a developmental delay or educational need? YES NO
If yes, please describe: _____
- Has the child been referred for services related to his/her disability? YES NO
- Does the child have an Individualized Education Plan (IEP)? YES NO
- Is the child currently receiving services related to his/her disability? YES NO

If yes, please specify (**check all that apply**)

- Speech Therapy Physical Therapy Occupational Therapy Play Therapy or other educational services
 ABA Therapy Nursing/Health Other, please specify: _____

VERIFICATION OF FAMILY INCOME: *Your child's application will **not** be processed without proof of income.

Parent/Guardian 1 Income - LIST ALL SOURCES OF INCOME (Please provide documentation.)

- Parent/Guardian 1: **Employed** YES NO **Seeking Employment** YES NO
 In job training YES NO **In High School/GED program** YES NO
 Other employment YES NO **In post-secondary school** YES NO

If other employment, please describe: _____

Wages before taxes \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
SSI/TANF/Work First \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Unemployment Benefits \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Child Support/Alimony \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Other: _____ \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually

Parent/Guardian 2 Income - LIST ALL SOURCES OF INCOME (Please provide documentation.)

- Parent/Guardian 2: **Employed** YES NO **Seeking Employment** YES NO
 In job training YES NO **In High School/GED program** YES NO
 Other employment YES NO **In post-secondary school** YES NO

If other employment, please describe: _____

Wages before taxes \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
SSI/TANF/Work First \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Unemployment Benefits \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Child Support/Alimony \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually
Other: _____ \$ _____	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly	<input type="checkbox"/> annually

Any additional sources of income contributing to the household must be declared. Please provide total household income:
\$ _____

PARENT RESPONSIBILITY AND PARTICIPATION: Please initial next to each statement.

- _____ 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.
- _____ I understand this information is being given for receipt of federal and/or state funds. Program staff may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.
- _____ I authorize partnering Pre-K agencies, NC Pre-K, Title I, Orange County Partnership for Young Children, Orange County Schools (OCS), and Orange County Head Start to exchange information regarding my child to determine eligibility for state and federally-funded Pre-K programs and for data collection and program evaluation by the NC Division of Child Development and Early Education (DCDEE) and the Office of Early Learning (OEL).
- _____ I understand that if my child is eligible and selected to participate in the OCS Pre-K program, parent engagement will be critical to the success of my child.
- _____ I commit to participate in home visits, parent-teacher conferences, and Pre-K and school-sponsored activities as required by the program.
- _____ I give permission for my child to receive developmental, hearing, vision, dental, and speech and language screenings and for the results to be shared with partnering Pre-K programs (NC Pre-K, Title I, Orange County Partnership for Young Children, and Orange County Schools).
- _____ I understand that if accepted, my child will need a current health assessment and updated immunizations.
- _____ I understand that I have **30 days from enrollment** to obtain a health assessment and all required immunizations and **my child will be excluded from the program until all health documentation is received.**
- _____ I understand that OCS Pre-K is designed to serve at-risk children and that every effort shall be made by me and the OCS Pre-K program to maintain my child's enrollment and participation in the program.
- _____ I understand I am responsible for providing transportation for my child. I understand that **transportation is NOT provided** for OCS Pre-K students.
- _____ I understand that my child may be placed on a waitlist. I understand that if I choose to decline my child's opportunity for initial enrollment, that future enrollment is not promised or guaranteed.

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

I certify that the information given on this application is true, accurate, and complete to the best of my knowledge. I certify that all income has been reported. My signature and submission of requested documentation grants Orange County Schools permission to enter the information into the NC Pre-K State Kids Data System as an application for eligibility into the OCS and/or NC Pre-K Program. I understand this information is being given for the receipt of services provided by state and federal funding. Officials may verify the information on this application. Deliberate misrepresentation may result in the removal of my child from the program.

Child's Name: _____

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

Relationship to Child: _____



Thank you for your interest in the OCS Pre-K Program!



For OCS staff only: Date received: _____ Date Processed: _____ POI received: YES <input type="checkbox"/> NO <input type="checkbox"/>
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