

VCS Title I and NC Pre-K Application for 2026-2027 School Year

Your child must be 4 on or before August 31, 2026.

If you are interested in applying, please return application and supporting documents to one of the elementary schools or Central Office, located on 1724 Graham Ave. Henderson NC 27536. Completing this application does not guarantee participation in the Pre-Kindergarten program.

No application will be considered complete until the following information has been received.

- Completed Application Proof of Birth (Birth Certificate, Medical Records, or Immunization Records)
- Proof of income (W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Comp, Public Assistance/Work First Benefits, Military pay or 2 most recent consecutive pay stubs).
- Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family.
- Proof of Residency (current utility bill or rental agreement)

Once a child is accepted in the program the following will need to be submitted:

- Child's Immunization Record
- Individualized Education Plan (IEP) if applicable
- Health Assessment including dental, vision and hearing completed by physician within 30 days of enrollment
- Proof of Medicaid (Head Start sites only) if applicable

Please print legibly and complete all lines.

Child's Legal Name, Last:			First:	Middle:
Date of Birth:	Was this child born in the U.S.A.? Yes ☐ No ☐	Sex: Male ☐ Female ☐	Child's Social Security Number:	Child's Race: White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐
Child lives with:			Relationship to the child:	
Street Address:			How long have you lived at this address?	
City:		State:	Zip Code:	County of residence:
Phone: Home Work Cell			Alternate Name and relationship: Home Work Cell	
Is the child currently in child care/day care/ Head Start or any other Pre-K Program? ☐ Yes ☐ No Name:			Has the child previously been in child care/day care/ Head Start or any other Pre-K Program? ☐ Yes ☐ No Name:	
Has the child had a formal developmental evaluation? (Ex.: CDSA) ☐ Yes ☐ No			Does your child have an IEP through the Exceptional Children's Program Does your child receive: ☐ Speech ☐ Occupational and/or Physical Other _____ Therapy	
Child's Health Status:(choose one)	Child has no significant health concerns ☐	Child is seen or being seen by a pediatric specialist for a chronic health concern ☐	Child is identified as mentally or physically chronically ill or medically fragile ☐	

Does your child speak another language **other than** English? ☐ Yes ☐ No

If yes, what language does the child speak at home? _____

Does your child need the Pre-K screening in: ☐ English ☐ Spanish (please check **ONLY** one)

FAMILY INFORMATION

Who does the child live with?

☐ Mother and Father
☐ Grandparent(s)
☐ Father Only
☐ Legal Guardian
☐ Mother Only
☐ Foster Parent _____

Does your family currently have a stable living arrangement? ☐ Yes ☐ No (please explain)

Mother/Stepmother/Guardian Name _____ Resides w/ child ☐ Yes ☐ No

Home Phone Number _____ Cell Phone _____ Work _____

Mother's Place of employment: _____ Phone # _____

☐ Employed ☐ Seeking employment ☐ Un-Employed
☐ In post-secondary education ☐ In High School or in a GED Program ☐ In job training

Mother's Gross income (before taxes): Weekly: _____ Bi-weekly: _____ Monthly: _____ Yearly: _____

Father/Stepfather/Guardian Name _____ Resides w/ child ☐ Yes ☐ No

Home Phone Number _____ Cell Phone _____ Work _____

Father's Place of employment: _____ Phone # _____

☐ Employed ☐ Seeking employment ☐ Un-Employed
☐ In post-secondary education ☐ In High School or in a GED Program ☐ In job training

Father's Gross income (before taxes): Weekly: _____ Bi-weekly: _____ Monthly: _____ Yearly: _____

What is the child's family size? _____ Total Number (including the NC Pre-K Child)

Please list the names of ALL family members that live in the household.

Member name	Relationship to Child	Date of Birth	Age

Is at least one parent or legal guardian of this child an active duty member of the military? ☐ Yes ☐ No

If so, is this parent deployed? ☐ Yes ☐ No Is this parent scheduled to deploy? ☐ Yes ☐ No

Has a parent or legal guardian of this child been seriously injured or killed while on active duty? ☐ Yes ☐ No

****I certify this information is true. If any part is false, I understand my child's participation in the program may be terminated.**

Parent/Guardian Signature _____ Date _____

(Office Use Only)

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Child's Name _____

Date of Birth _____

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Eligibility (Title 1 _____ NC Pre-K _____) Eligibility Confirmed By _____ Date _____ Assessment Score _____

Health Assessment Date _____ Screening date _____ Income Received: Mother _____ Father _____

School Assigned _____ Teacher Assigned _____