



ENGAGE. CHALLENGE. INSPIRE.

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

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 2026-2027 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
- ☐ Copy of Child's Immunization Records
- ☐ Verification letter that your household receives FNS, or Medicaid (If applicable)
- ☐ Income Verification: 1040, 2025 W2, unemployment benefits, or 4 current and consecutive pay stubs

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.

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,

Desiree' Farrish desiree.farrish@orange.k2.nc.us or 919.245.4006 ext. 18050

**ORANGE COUNTY SCHOOLS PRE-KINDERGARTEN APPLICATION
2026-2027**

CHILD'S INFORMATION:

Child's name _____ Date of Birth _____
First Middle Last

Child's Address _____
Street City State Zip County

- ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/ Other Pacific Islander ☐ White or European American ☐ Hispanic/Latino

Gender ☐ Male ☐ 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 <u>ALL</u> family members that live in the household.	Relationship to the NC Pre-K Child (e.g. parent, grandparent, sibling, step-parent, foster parent, etc.)	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:

☐ Refugee services ☐ WIC ☐ Public housing ☐ Medicaid ☐ SSI ☐ SNAP
☐ TANF/Work First ☐ Food and Nutrition Services (food stamps) ☐ 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 not, 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 \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
SSI/TANF/Work First \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
Unemployment Benefits \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
Child Support/Alimony \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
Other: _____ \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ 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 \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
SSI/TANF/Work First \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
Unemployment Benefits \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
Child Support/Alimony \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ annually
Other: _____ \$_____	☐ daily	☐ weekly	☐ twice a month	☐ monthly	☐ 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 ☐ NO ☐

