



# NASH/EDGECOMBE PRE-K APPLICATION FORM

To participate in these pre-kindergarten programs your child must be four years old on or before August 31<sup>st</sup> of the current program year and must meet one or more of the following requirements:

- Family's gross income is at or below 75% of the State Median Income level
- Child has an identified developmental disability
- Child has Limited English Proficiency (LEP) as indicated by the family and/or child speaking limited or no English in the home
- Child has an educational need as indicated by the child's performance results on an approved developmental screening or in an existing Individualized Education Plan (IEP)
- Child has a chronic health condition as indicated by the diagnosis from a professional health care provider
- Child and family are identified as homeless
- Child is a member of an eligible military family

**\*\*Determination of eligibility does not guarantee a placement in a pre-k program. Placement is also determined by availability of funds\*\***

Please complete the FULL application and include the following attachments:

- |                                                                                                                                                                                                                                   |                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Certified Birth Certificate                                                                                                                                                                              | <input type="checkbox"/> Copy of most recent health assessment/well-child visit report                                                    |
| <input type="checkbox"/> 30 consecutive days of paystubs for the child's parents/guardians or a completed wage form signed by the employer (pay information must be no more than two months prior to the date on the application) | <input type="checkbox"/> Written documentation of any other sources of income: Social Security (SSA), SSI Disability, Child Support, etc. |
|                                                                                                                                                                                                                                   | <input type="checkbox"/> Copy of current immunization record                                                                              |

### Proof of Residency: Provide two (2) proofs of residency

- **Do you own a home?** Provide copy of deed, a mortgage statement, or HUD closing statement.
- **Do you rent?** Provide copy of rental agreement.
- **Do you live in someone else's home?** Provide a notarized residency affidavit AND their mortgage statement, deed, or lease.
- **ONE of the following items is also required:**
  - A gas, water, electric, telephone, OR cable utility bill.
  - A valid North Carolina driver's license OR identification card.
  - Pay stub, bank statement OR credit card statement dated within the past 30 days.
  - Current vehicle registration, vehicle tax bill, property tax bill, W-2 OR Medicaid card dated within past year.
- **OR Copy of one of the following items:** Letter from an approved agency; Refugee resettlement letter; Copy of Housing Authority lease; OR Letter/Statement from hotel/motel if possible.

Pre-K is available in a variety of settings in Nash and Edgecombe counties, including private child care centers, Head Start, and public schools. A list of Pre-K providers for the current school year is on our website at [www.depc.org](http://www.depc.org) or may be included for your convenience – Review the provider list and select your first, second, and third site choices. If you need help choosing a provider contact Family First at (252) 985-4300 ext. 220.

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

**\*\*\*CONTRACT ADMINISTRATOR USE ONLY\*\*\***

Child's Name: _____	DATE RECEIVED
Date Processed: _____	
Processed by: _____	

## PARENT/GUARDIAN INFORMATION

**FIRST PARENT/GUARDIAN – Child must be living in the same household as the person(s) listed below.**

Parent/Guardian Name: _____	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Custodian <input type="checkbox"/> Other: _____	
Home Address: _____ <i>(Please include zip)</i>	Mailing Address: _____ <i>(If different than home – Please include zip)</i>
County You Live In: <input type="checkbox"/> Nash <input type="checkbox"/> Edgecombe <input type="checkbox"/> Other _____	Phone Number: _____ Second Phone Number: _____
Email address: _____	
Ethnicity: Are you of Latino/Hispanic descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <i>(please check all that apply)</i> <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Employment/School Status: <input type="checkbox"/> Employed/Self-Employed** <input type="checkbox"/> Unemployed <i>(please check all that apply)</i> <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Attending High School/GED <input type="checkbox"/> Attending College	** If you are employed you must provide 30 days of pay stubs or have your employer complete the attached wage form.  **Self-employed individuals may submit W-2 tax form from previous year.
Paycheck Received: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi- Monthly <input type="checkbox"/> Monthly	

**Is there another parent or guardian that lives in the home with the child?**  YES  NO  
*\*\*If there is not a second parent in the home you must mark "NO" to avoid having an incomplete application\*\**

**SECOND PARENT/GUARDIAN - You must complete information for each parent in the household.**

Parent/Guardian Name: _____	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Custodian <input type="checkbox"/> Other: _____	
Ethnicity: Are you of Latino/Hispanic descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <i>(please check all that apply)</i> <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Employment/School Status: <input type="checkbox"/> Employed/Self-Employed** <input type="checkbox"/> Unemployed <i>(please check all that apply)</i> <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Attending High School/GED <input type="checkbox"/> Attending College	** If you are employed you must provide 30 days of pay stubs or have your employer complete the attached wage form.  **Self-employed individuals may submit W-2 tax form from previous year.
Paycheck Received: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi- Monthly <input type="checkbox"/> Monthly	

### PARENT/GUARDIAN MILITARY STATUS

Does this child have a parent/guardian who is an active duty member of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a parent/guardian who was ordered to active duty in the past 18 months or expected to be ordered within the next 18 months or injured and/or is receiving military disability retirement or was killed while serving on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No

# CHILD INFORMATION

Please complete information for each child that needs Pre-K services.

## CHILD #1

<b>Child's Full Name:</b> <i>(as on birth certificate)</i> _____		
<b>Child's Date of Birth:</b> _____	<b>Child's Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Child's Ethnicity:</b> Is child of Latino/Hispanic descent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child's Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <i>(please check all that apply)</i> <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____		<b>Who does the child live with?</b> <b>Family Status:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Father <i>(check one only)</i> <input type="checkbox"/> Legal Guardian/Custodian <input type="checkbox"/> Other: _____

### CHILD CARE INFORMATION

**Who cares for child if you work or go to school?**

- Enrolled in a child care facility (center or home)  
Name of facility: \_\_\_\_\_
- Previously/no longer enrolled in a child care facility
- Child cared for by friend, neighbor, or family member
- Parent stays home with child

**Do you receive assistance paying for your child care?**

- Receiving assistance with child care from:
  - DEPC Scholarship Program
  - Department of Social Services
  - NEED/Head Start
  - Other: \_\_\_\_\_
- Not receiving assistance with child care (I pay full cost)

### SPECIAL NEEDS AND SERVICES

**Does your child have a developmental or educational challenge?**  Yes  No  Don't know  
If yes, please explain and attach appropriate documentation: \_\_\_\_\_

**Does your child have a physical challenge or chronic illness?**  YES  NO  
If yes, please explain and attach appropriate documentation: \_\_\_\_\_

**Does your child have an Individualized Education Plan (IEP)?**  YES  NO  Don't know

## CHILD #2

<b>Child's Full Name:</b> <i>(as on birth certificate)</i> _____		
<b>Child's Date of Birth:</b> _____	<b>Child's Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Child's Ethnicity:</b> Is child of Latino/Hispanic descent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child's Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <i>(please check all that apply)</i> <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____		<b>Who does the child live with?</b> <b>Family Status:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Father <i>(check one only)</i> <input type="checkbox"/> Legal Guardian/Custodian <input type="checkbox"/> Other: _____

### CHILD CARE INFORMATION

**Who cares for child if you work or go to school?**

- Enrolled in a child care facility (center or home)  
Name of facility: \_\_\_\_\_
- Previously/no longer enrolled in a child care facility
- Child cared for by friend, neighbor, or family member
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**Do you receive assistance paying for your child care?**

- Receiving assistance with child care from:
  - DEPC Scholarship Program
  - Department of Social Services
  - NEED/Head Start
  - Other: \_\_\_\_\_
- Not receiving assistance with child care (I pay full cost)

### SPECIAL NEEDS AND SERVICES

**Does your child have a developmental or educational challenge?**  Yes  No  Don't know  
If yes, please explain and attach appropriate documentation: \_\_\_\_\_

**Does your child have a physical challenge or chronic illness?**  YES  NO  
If yes, please explain and attach appropriate documentation: \_\_\_\_\_

**Does your child have an Individualized Education Plan (IEP)?**  YES  NO  Don't know

## ADDITIONAL INCOME INFORMATION

List the amounts of the following income sources that you receive - write in \$0 if none is received.

Veteran's Benefits: \$ _____ per month	Unemployment Benefits: \$ _____ per month
Social Security (SSA): \$ _____ per month	Workers' Compensation: \$ _____ per month
SSI Disability: \$ _____ per month	Other: _____ \$ _____ per month
Child Support: \$ _____ per month	Other: _____ \$ _____ per month

\*\*You must provide written documentation for all additional income sources\*\*

### Statement of "NO INCOME"

To determine eligibility for Nash/Edgecombe pre-kindergarten services it is necessary for you to provide proof of income. Complete this "No Income" section if you currently have "zero" income.

I \_\_\_\_\_, certify as the parent/legal caregiver(s) of \_\_\_\_\_, have zero income at the time of application. I certify that the above information is true and correct and accurately reported.

\_\_\_\_\_  
 Parent/Legal Caregiver Signature \_\_\_\_\_  
 Today's Date

## HOUSEHOLD INFORMATION

**\*\*Please list EVERY person living at the home address reported on this application, including the child\*\***

Name	Date of Birth	Relationship to Child
<i>Example: Jane Smith</i>	<i>01/01/1988</i>	<i>Mother</i>

**Total number of family members in the home (including child):** \_\_\_\_\_

**What language is spoken in the home most of the time?**

- English  Spanish  Arabic  Chinese  Hindi  Vietnamese  Other: \_\_\_\_\_ (please specify)

**Which best describes your family's current living situation:**

- |                                                                                  |                                                           |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Permanent                                               | <input type="checkbox"/> Hotel/Motel                      |
| <input type="checkbox"/> Homeless or Emergency Homeless Shelter                  | <input type="checkbox"/> Hospital for 30 days or under    |
| <input type="checkbox"/> Battered Women and Children Shelter                     | <input type="checkbox"/> Lack permanent nighttime address |
| <input type="checkbox"/> Living with friend/family member due to loss of housing |                                                           |

## WAGE FORM

### NASH/EDGECOMBE PRE-K APPLICATION

To determine eligibility for Nash/Edgecombe pre-kindergarten services it is necessary for you to provide proof of income.

**\*\*If you do not have paystubs**, please have your **current employer complete and sign** the following form.

Please list gross wages for 30 days prior to the current month. Please complete for **each** parent/guardian.

**PARENT/GUARDIAN #1:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Phone #:** \_\_\_\_\_

**Paycheck received:**  Once per week  Every two weeks  Twice per month (ex. 1<sup>st</sup> & 15<sup>th</sup>)  Once per month

**Please complete using information from the last 30 days – Please Include Overtime**

Pay Period	Gross Pay (BEFORE deductions)	Regular Pay	Overtime Pay (IF applicable)
Example: 5/12/19 – 5/25/19	\$1,234.56	\$1,000.00	\$234.56

**Employer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer/Company:** \_\_\_\_\_

**PARENT/GUARDIAN #2:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Phone #:** \_\_\_\_\_

**Paycheck received:**  Once per week  Every two weeks  Twice per month (ex. 1<sup>st</sup> & 15<sup>th</sup>)  Once per month

**Please complete using information from the last 30 days – Please Include Overtime**

Pay Period	Gross Pay (BEFORE deductions)	Regular Pay	Overtime Pay (IF applicable)
Example: 5/12/19 – 5/25/19	\$1,234.56	\$1,000.00	\$234.56

**Employer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer/Company:** \_\_\_\_\_

**Parental Responsibility and Agreement**  
(INITIAL each statement)

Please read carefully and initial each box to confirm your understanding and acceptance of your responsibilities.

INITIAL HERE	PARENTAL RESPONSIBILITY AND AGREEMENT
	I give permission for my child to be assessed and referred to the Early Care & Education programs and agencies partnering with Down East Partnership for Children to include Edgecombe County Public Schools, Nash County Public Schools, Nash/Edgecombe Pre-K Programs, Department of Social Services, N.E.E.D, Inc. – Head Start, and the Office of Early Learning and the Division of Child Development and Early Education. I also authorize partnering Pre-K agencies to share my family’s contact information with county partners that serve 4-year-olds, if they believe my child is eligible for other community programs.
	I give permission for my family to be referred to Down East Partnership for Children’s Family First Line to assess for additional community resources and to be provided with information about Choosing Quality Childcare.
	I understand that if my child is selected for participation, family engagement is expected. I will as a team with my child’s site and teachers to help prepare my child for future success.
	I understand that transportation to and from Pre-K programs will be the family’s responsibility. If my Pre-K program offers transportation, I will adhere to the rules and regulations of their transportation policies.
	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 size or family income, it is my responsibility to notify Down East Partnership for Children and inform them of any changes.
	I give permission for my child to receive a developmental screening and for the results of these screenings to be shared with DEPC and partnering Pre-K Programs.
	I understand that my child will need a current immunization record, updated health assessment (including dental, hearing, and vision screenings) within <u>30 days</u> of their first day attending a Pre-K program.
	I understand that my child may be placed on a waiting list.

**Deliberate misrepresentation may subject me to prosecution under applicable NC state laws. My application packet is complete, and income is reported correctly. I certify that I am the parent/legal caregiver of the child whose name appears on this application. You must sign below.**

\_\_\_\_\_  
**Parent/Legal Caregiver Signature**

\_\_\_\_\_  
**Date**

*\*\*If not the parent, official guardianship/custodianship documentation may be required\*\**