

NC Pre-Kindergarten Application Instructions 2024-2025

North Carolina Pre-Kindergarten (NC Pre-K) is a high-quality, **FREE*** educational program designed to enhance school readiness and prepare four-year-olds for Kindergarten. *NC Pre-K* classrooms typically operate on the local school system calendar. *The only costs that may be associated with the NC Pre-K program would be a fee to cover the partial/full costs of meals when families do not qualify for free/reduced-priced meals. **Transportation is not provided by NC Pre-K**.

Many factors are considered when determining eligibility. Your child must be **4 years old on or before August 31, 2024,** in order to be considered. In addition to your child's age, a high priority is placed on serving children who are "at-risk", such as low income or limited English proficiency. Information collected with your child's application will help determine your child's eligibility and potential placement in the program.

<u>Applications will be accepted beginning February 2, 2024 through April 26, 2024</u>. <u>Please pre-register</u> <u>online at www.rowan-smartstart.org.</u> <u>Applications received after the deadline may be considered only</u> <u>when there are openings.</u>

Please mail or drop off a **completed**, **original** application along with the following documents:

- □ Parent/Guardian photo ID
- □ A copy of your child's birth certificate
- Income verification (<u>one month's</u> worth of most recent check stubs). Individuals self-employed may provide 2023 Income Tax Return. Please provide other income verification if applicable: Unemployment benefits, Child Support, Work First, or SSI.
- □ If parent/caregiver is attending school, provide most recent college schedule
- □ Proof of street address (utility bill, power bill, cable bill, telephone bill, or lease **ONLY**, we cannot accept a cell phone bill)
- □ Proof of the following if any of these apply
 - a. Military documentation
 - b. Letter from the doctor or current health assessment indicating the child has a chronic health condition
 - c. IEP documentation
 - d. Letter from doctor or current health assessment indicating the child has a developmental need
 - e. Documentation regarding custody or guardianship of the child if applicable
 - f. Documentation of the family receiving public assistance, refugee services, in foster care, or experiencing homelessness.

If accepted, your child's assigned school will require your child's <u>current</u> (dated after 8-2023) shot record, Children's Medical Report form (including a vision & hearing screening) & Dental Assessment form. *These will be due within 30 days from the first day of school.

Incomplete applications will NOT be considered.

DROP OFF LOCATION: Smart Start Rowan, 1329 Jake Alexander Blvd. S, Salisbury, NC 28146

Child placement will begin in July. You will be notified by e-mail/mail if your child has been accepted into the program. <u>This program</u> is based on the limited availability of State funding as well as classroom availability. If you have questions, please call Smart Start Rowan at 704-630-9085.

NC Pre-Kindergarten Program 2024-2025 Application PLEASE PRINT CLEARLY

*Application will be declined if all questions are not answered

FOR OFFICE USE ONLY

Child's Full	Name	:							Date of Birth	1 :		
		/	First		Λ	Niddle		Last				
Gender:		Male		Female			Is Yo	ır Child a Twi	in/Triplet:		Yes	No
Child's Eth	nicity:	Hispan	nic?		Yes		No					

Child	Y Race: (select all that apply)		
	American Indian or Alaska Native	Asian	Black or African American
	Native Hawaiian or Other Pacific Islander	White or European American	

N.C. Resident?	Yes	No	Is Your Child a U.S. Citizen?	Yes	No

Γ	Child live	es with:	Both Parents	Mother		Father		Foster Care
	L	_egal/Guardia	an Custodian (Must pro	ovide court orde	r)	Kinship Care	e (Relativ	ve without legal documents)
	Other* If you s		elected other, p	lease explain:				

Pleas	Please select the option that best describes your living situation:									
	Permanent		Live with Adult Relative		Live with Non Relatives					
	Hotel/Motel		Hospital for 30 days or less		Battered Women & Children's Shelter					
	Lack permanent nighttime address		Homeless or Emergency Homeless	Shelte	r					

Physical Address:				Phone:	
	Street	City	Zip		

Mailing Address:				Cell Phone:	
If different from physical a	ddress Street	City	Zip		

Primary E-mail:	Alternate E-mail:	

Alternate Emergency Contact Person:	Phone:	
*		

*Someone other than the parent/guardian

Relationship to the Child:

	Mother	Stepmother	Guardian/Custodian
	Relative	Non-relative	Not Applicable

Marital Status:

	Single		Married		Divorced
	Not Appli	cable	Other:		
Spou	Spouse Name:				

Mother/Guardian Employment Status: (check all that apply)

	Em	Employed			Self Employed		
	See	Seeking Employment			Attending College		
	In	Job Training		Not App	lot Applicable		
	Attending High school or GED program						
Other:							

How often are you paid?

	Weekly		Bi-Weekly		Monthly		
	Semi-Mor	nthly			Not Applicable		
-	Other:						
Please include other sources of income:					:		
Child	Child Support						
SSI	SSI		\$				
Other		\$					

Father/Guardian's Name:

Relationship to the Child:

Father	Stepfather	Guardian/Custodian
Relative	Non-relative	Not Applicable

Marital Status:

	Single		Married		Divorced
	Not Applicable		Other:		
Spouse Name:					

Father/Guardian Employment Status: (check all that apply)

	Em	Employed				Self Employed	
	See	eking Employment				Attending College	
	In	Job Training No			ot Applicable		
	Attending High school or GED program						
Other:							

How often are you paid?

	Weekly	Bi-Weekly	Monthly				
	Semi-Mor	thly	Not Applicable				
	Other:		· ·				
Plea	Please include other sources of income:						
Child	d Support	\$					
SSI		\$					
Other		\$					

List all other children in your household under the age of 18 years:

Name	Birthdate	Relationship to Child Above	Name	Birthdate	Relationship to Child Above
		· · ·			

Additional Children:

List all other adults living in the household:

Name	Relationship to Child Above	Name	Relationship to Child Above	

Additional Adults: _____

Has your child been referred for evaluation for; or identified with any developmental needs or disabilities?

Yes	No	If yes date of referral:	

Does your child have an IEP or an IFSP?

(if yes, please upload supporting documents)

Yes	No	

Is your child currently receiving any specialized services? (If yes, please upload a copy)

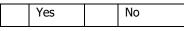
Yes		No	
If yes, please explain:			

Do you have any concerns about your child's development?

(if yes, please upload supporting documents)

	Yes		No	
If yes, please explain:				

Is at least one parent or legal guardian of this child an active-duty (includes Reserve) member of the military?



Is your child currently enrolled in a preschool or childcare program?

	Yes		No			
	No, but they used to be enrolled					
If yes, what is the name of the childcare program						
where your child currently attends:						

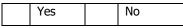
Does your child have any chronic health concerns?

(If yes, please upload supporting documents from a physician)

Yes No

Was a parent or legal guardian of this child seriously injured or killed while on active duty? (If yes please

provide evidence)



If your child is currently enrolled in preschool/childcare do you have a DSS voucher or other type of subsidy to pay for the cost of childcare?

Yes	No

Is English spoken in the home?		No English		Some English		We speak fluent English	
Please list all languages are spoken	home:						

Is there any other information you would like to share with us?

Smart Start Rowan provides many FREE educational programs as well as family events. Please take a moment to tell us which program/activity you would like more information about. A member of our team will contact soon.

Triple P (Positive Parenting Program) - Assistance with challenging behaviors
Kaleidoscope Play & Learn (KPL) - Playgroups
Early Learning Resource Center (ELRC) - Book & toy lending library
Dolly Parton Imagination Library - Free monthly book delivery
Better Together Positive Parenting Rowan Facebook group
Family Support – Info about community resources such as Medicaid/insurance options
Add Me to Your Email Contact List - Stay informed about upcoming events & programs

What do you think it means for your child to be ready for school?

How do you think you can help your child with the transition to kindergarten?

Family Information and Responsibilities

Your child's success in the NC Pre-K program depends on your active participation as well as your compliance with program guidelines. We have identified a few important items below. Please read carefully, initial each box, and sign below to acknowledge your understanding & agreement.

I give permission for my child to receive developmental, hearing, vision, dental and/or speech	
screenings; and for the results of these screenings to be shared with Smart Start Rowan (SSR), the	
school where my child is assigned and the exceptional children's department of the local school	
system for purposes of my child receiving needed services.	
I understand that if my child is selected for participation, family involvement is necessary and	
expected.	
My family will cooperate with the program to submit necessary documentation and forms as	
requested.	
I understand that transportation to and from the NC Pre-K program will be the family's responsibility.	
However, some sites may provide a limited amount of transportation for a fee.	
I will inform my child's assigned NC Pre-K program, if there is a change in our family's address,	
phone number, or authorized parties that can pick-up my child.	
I understand that my child will need a current health and dental assessment as well as immunization	
records in order to participate in the program. It is my responsibility to submit these to my child's	
assigned school before the deadline. The deadline is 30 days after school begins. The site may	
drop my child from the program without this information.	
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I understand that my child may be placed on a waiting list, if all available slots are full, or my child	
I understand that my child may be placed on a waiting list, if all available slots are full, or my child may be placed at a site that is not one that I requested.	
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My signature below is acknowledgement of the following:

- I am the legal parent/guardian of the child applicant.
- All of the information on this application is true to the best of my knowledge.
- I give permission for information regarding my child to be shared between Smart Start Rowan and the school my child may be assigned to and/or the local school system. I understand this information is necessary and will be used for the determination of data analysis, enrollment, eligibility and for educational purposes only.
- I have read and will comply with the Family Information and Responsibilities.
- I acknowledge that the application must be signed & dated, all sections completed, and all required documents must be received before my application will be processed & my child considered for placement.

I give SSR permission to send me text notifications.	Yes	Νο

Parent/Guardian Signature _____