



## Randolph County NC Pre-Kindergarten/Head Start 4-Year-Old Application 2026-2027

This program is designed to serve families in the Randolph County area who have children of preschool age and who otherwise may not have access to a quality pre-kindergarten program. Our hope is that the children in Randolph County will enter kindergarten better equipped with the tools they need to be successful. If you feel that you meet any of the following eligibility criteria, please complete an application online at [randolphkids.org](http://randolphkids.org) or come by the Partnership office at 349 Sunset Ave in Asheboro to complete one in person.

### Eligibility Criteria:

- Child will turn 4 by August 31<sup>st</sup>
- Gross household income at or below 75% of the state median income for NCPK.
- Gross household income at or below federal poverty level for Head Start
- Receiving any of the following: WIC, Public Housing, TANF/WorkFirst, Medicaid, SSI, Food Stamps, or SNAP benefits.
- Parent deceased while in active military duty or who has been called to serve within the last or next 18 months.
- Child has an active IEP or is receiving services for a special need or disability.

**Please be sure to submit ALL of the following documents along with the application! Only complete applications will be considered for approval.**

- ☐ Child's Certified Birth Certificate
- ☐ Child's Immunization Record
- ☐ 2 Utility Bills showing name, date, and current date
  - Qualifying documents:
    - Power bill
    - Water bill
    - Gas bill
    - Cable/Internet bill
    - Lease Agreement
    - Mortgage
- ☐ Verification of income
  - Qualifying documents:
    - 1 month's check stubs
    - Tax documents showing gross income
    - Employer statement on company letterhead
    - Documents showing that you receive any of the following:
      - WIC
      - Public Housing
      - Medicaid
      - TANF/Work First
      - Medicaid
      - SSI
      - Food Stamps
      - SNAP
- ☐ Parent's Photo ID
- ☐ Guardianship documents if applicable
- ☐ IEP or other documentation of services the child receives.

## **NC Pre-K Available Sites**

**The following sites serve children who live in the Randolph County school district only. Transportation is provided within each school district.**

Southmont Elementary School  
Tabernacle Elementary School  
Ramseur Elementary School  
Level Cross Elementary School  
Liberty Elementary School  
Trindale Elementary School

**This site serves children who live in the Asheboro City school district only. Transportation is provided within Asheboro City school district.**

Early Childhood Development Center

**The following sites serve children who live in either school district. Transportation is not provided.**

Connie Redding Head Start  
Randleman Enrichment Center  
Childcare Network #146

**For more information contact one of the following people:**

Head Start  
Maria Recendez  
(336) 672-5570  
[MRecendez@regionalcs.org](mailto:MRecendez@regionalcs.org)

Early Childhood Development Center  
Holly White  
(336) 672-6636  
[hwhite@asheboro.k12.nc.us](mailto:hwhite@asheboro.k12.nc.us)

Randolph Partnership for Children  
Heather Semler  
(336) 629-2128 ext. 131  
[hsemler@randolphkids.org](mailto:hsemler@randolphkids.org)



# NC Pre-Kindergarten/Head Start 4-Year-Old Application for Randolph County 2026-2027



Child's Name \_\_\_\_\_

Child's Age on August 31, 2026: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Race (check all that applies):

- ☐ Asian  
☐ Black/African American  
☐ Native Hawaiian/Pacific Islander  
☐ White/European American  
☐ Native American Indian /Alaska Native  
☐ Hispanic  
☐ Middle Eastern/North African  
☐ Other

Ethnicity:

- ☐ Hispanic/Latin  
☐ Non-Hispanic

Child's Primary Language \_\_\_\_\_ Can someone in the home speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

## INFORMATION ABOUT ADULTS IN HOUSEHOLD

Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Household Address \_\_\_\_\_

Street City State ZIP Code

Mailing Address (if different) \_\_\_\_\_

Street City State ZIP Code

Alternate Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Child's Parents in home \_\_\_\_\_ Number of Children in home \_\_\_\_\_

## 1. Information of Members Living in House (ex: Mother, Father, (or Guardians) and Siblings under 18)

Name	Relationship to Child	Date of Birth

## 2. Are the guardians in this family employed?

Guardian 1: \_\_\_\_\_ Employed Where? \_\_\_\_\_ Phone #: \_\_\_\_\_

Unemployed Seeking Work Disabled

Guardian 2: \_\_\_\_\_ Employed Where? \_\_\_\_\_ Phone #: \_\_\_\_\_

Unemployed Seeking Work Disabled

NO INCOME STATEMENT: I, \_\_\_\_\_ have no income of any kind at this time.

Signature: \_\_\_\_\_

3. Please circle the highest level of education completed:

Guardian 1: 6<sup>th</sup> grade or less 6<sup>th</sup>–11<sup>th</sup> grade GED High School Diploma College Education Enrolled

Guardian 2: 6<sup>th</sup> grade or less 6<sup>th</sup>–11<sup>th</sup> grade GED High School Diploma College Education Enrolled

4. Where is your child currently in care?

☐ Child Care Center/Home: Name of Center \_\_\_\_\_ Do you receive a subsidy? **Y** **N**

☐ Head Start site name: \_\_\_\_\_

☐ Parent/Home

☐ Other – Please specify \_\_\_\_\_

5. Does your child have a chronic health condition that affects their development and/or learning? ☐ Yes ☐ No  
If yes, what is the health condition? \_\_\_\_\_

6. Does your child receive services for a special need or disability or in process of identifying or determining possible diagnosis? ☐ Yes ☐ No ☐ Evaluation in progress

If yes, please specify (check all that applies) **Date services began:** \_\_\_\_\_

☐ Speech ☐ Physical Therapy  
☐ Educational Services ☐ Occupational Therapy  
☐ Mental Health ☐ Other- Please specify \_\_\_\_\_

7. Has a parent/legal guardian been called to serve in the military in the last or next 18 months? ☐ Yes ☐ No

8. Has a parent/legal guardian been seriously injured or deceased while in active duty? ☐ Yes ☐ No

9. Are any siblings currently enrolled in an elementary school? \_\_\_\_\_ If so what school? \_\_\_\_\_

10. If available in your area, will your child need transportation? (\*\*Note: Transportation is limited) ☐ Yes ☐ No

11. Child's primary care physician: Name \_\_\_\_\_ Phone: \_\_\_\_\_

12. Child's primary dentist: Name \_\_\_\_\_ Phone: \_\_\_\_\_

13. Randolph Health will be used in case of emergency unless otherwise listed: \_\_\_\_\_

**Please list 2 preferred sites for your child to attend Pre-K. All available sites are listed on the second page of the application.**

**1<sup>st</sup> Choice** \_\_\_\_\_

**2<sup>nd</sup> Choice** \_\_\_\_\_

#### **PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY**

- I understand that if my child is enrolled, he/she may also be screened to determine eligibility for other services that will help prepare him/her for kindergarten. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- Once enrolled in the NC Pre-K program, daily attendance is required. Poor attendance could result in child losing the slot.
- I understand my application will be shared with agencies providing Pre-K & childcare subsidy to ensure children are served.
- **My signature confirms that the information provided on this application is true and accurate.**
- **If any information submitted on or with this application is fraudulent, my child may be disqualified for services.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date