



## NC Pre-K Application Intake 2020 – 2021

Please mail or email your application with supporting documents, listed on page 2 of application, to either Moore County Schools or Partners for Children & Families:

### Moore County Schools

Attn: Judy Heffner

160 Pinckney Road

Carthage, NC 28327

910-949-2342 ext. 200285

[jheffner@ncmcs.org](mailto:jheffner@ncmcs.org)

### Partners for Children & Families

Attn: Diane Atherton

7720 NC Hwy 22

Carthage, NC 28327

910-949-4045

[datherton@pfcfmc.org](mailto:datherton@pfcfmc.org)

You will receive a call to review your application responses, to verify you have included required documents, and to answer any questions you may have about the NC Pre-K application and selection process.

**Parents will be notified of student selection by July 31, 2020.**

*Partners for Children & Families*



Each Child. Every Community.



**MOORE COUNTY  
SCHOOLS**  
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Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Child's Gender: Male  Female  Birth Date: \_\_\_\_\_ Is the child Hispanic? Yes  No

Child's Race: (Check all that apply) White/European American  Native Hawaiian or Other Pacific Islander  Black or African American  Asian   
 Native American Indian or Alaska Native

Mother's/Stepmother's/Guardian's Name: \_\_\_\_\_

Father's/Stepfather's/Guardian's Name: \_\_\_\_\_

or Legal Custodian(s), if not parent: \_\_\_\_\_

Child lives with:  Mother only  Father only  Both Parents  Legal Custodian  Legal Guardian  Other/Specify \_\_\_\_\_

List other dependents (if any) and their ages:  
 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ Street/P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mother Employed: Yes  No  Father Employed: Yes  No

Average hours worked per week: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_

Mother seeking employment Yes  No  Father seeking employment Yes  No   
 Mother attending secondary education Yes  No  Father attending secondary education Yes  No   
 Mother attending high school/GED Yes  No  Father attending high school/GED Yes  No   
 Mother attending job training Yes  No  Father attending job training Yes  No   
 Other employment Yes  No   
 Explain: \_\_\_\_\_ Explain: \_\_\_\_\_

Mother's Income: \_\_\_\_\_ Father's Income: \_\_\_\_\_

Current wages BEFORE taxes \$ \_\_\_\_\_ Current wages BEFORE taxes \$ \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

Alimony \_\_\_\_\_ Alimony \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

Child Support \_\_\_\_\_ Child Support \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

Workers Comp \_\_\_\_\_ Workers Comp \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

Unemployment \_\_\_\_\_ Unemployment \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

SSI/TANF/Work First \_\_\_\_\_ SSI/TANF/Work First \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

Overtime \_\_\_\_\_ Overtime \_\_\_\_\_  
 Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  Yearly  Monthly  
 Twice Monthly  Twice Monthly  Twice Monthly  Twice Monthly  
 Bi-weekly  weekly  Bi-weekly  weekly  Bi-weekly  weekly

What is the primary language of the child? \_\_\_\_\_ What is the primary language of the parent? \_\_\_\_\_  
 Does your child have a chronic health condition diagnosed by a doctor? No  Yes  explain (medical statement required) \_\_\_\_\_



Does your child receive Special Education Services (has an IEP)? No \_\_\_ Yes \_\_\_ disability category \_\_\_  
Is at least one parent/guardian of this child an active duty member of the military, or was injured on active duty? No \_\_\_ Yes \_\_\_  
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Father/Guardian \_\_\_\_\_

What is the highest level of education completed by Mother/Guardian? \_\_\_\_\_  
Is there a history of abuse/neglect in the family? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
Is/has the child been in foster care? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
Has any family member listed been incarcerated during the past 12 months? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

What is the child's current childcare arrangement?  No childcare arrangement.

Attends childcare center. Name: \_\_\_\_\_  Receives Subsidy: Yes \_\_\_ No \_\_\_

Attends preschool. Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Has your child previously attended a childcare facility?  Yes  No Name: \_\_\_\_\_

What is your home school? (where siblings or children in neighborhood attend) \_\_\_\_\_

Are you able to provide transportation to and from the classroom daily?  Yes  No

(You may be required to provide transportation if the assigned school is not in your attendance zone)

Please indicate which school you are interested in your child attending: (choose one):

- \_\_\_\_\_ Aberdeen \_\_\_\_\_ Carthage \_\_\_\_\_ Robbins
- \_\_\_\_\_ Southern Pines \_\_\_\_\_ Vass \_\_\_\_\_ West End

Extra Comments: \_\_\_\_\_

PARENT/GUARDIAN CERTIFICATIONS: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given in the determination of eligibility for the NC Pre-K program and for the receipt of state funds; that NC Pre-K officials may verify the information on the application and that financial information will not be shared with any other agencies. I give up my rights on confidentiality for these purposes only

I understand that if my child is selected to participate in the NC Pre-K program, consistent attendance by my child and parent involvement will be critical to the success of my child. I/we will commit to participate as required by the NC Pre-K criteria and understand that I will forfeit my child's slot if he/she does not attend on a regular basis.

I certify that I am the parent or legal guardian of the child for whom this application is being made.

Primary Caregiver Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Secondary Caregiver (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature for Release of Information to Community Programs I  agree  do not agree for my name and contact information to be released to Community Programs offering family information or educational services to parents and children.

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

DOCUMENTATION VERIFICATION

- 1. Check the box next to the documentation provided.
- 2. Make copies and attach them to this form. July 24
- 3. All completed applications submitted by June 30, 2020, will be considered for the initial round of acceptances.

- Child's Birth Certificate
- Parent/Guardian's Driver's License, Picture ID, Proof of Residency
- Child's Social Security or Medicaid Card if American Citizen
- Proof of Income for both parents/guardians: tax records and/or pay stubs and/or award letters from Social Security Administration or the Employment Security Commission and/or employer statements and/or employer statements and/or child support orders.

If applicable:  Proof of Military Status  Proof of Medical Diagnosis

- > Completion of the application DOES NOT guarantee acceptance into NC Pre-K.
- > Families will be notified in July if the child has been accepted or placed on a waiting list.
- > If your address or phone number changes, it is your responsibility to contact us or the next available applicant will be considered.

\*Interviewer's Initials \_\_\_\_\_ This applicant has been identified through the McKinney-Vento Homeless Act (check only if applicable) \_\_\_\_\_