Parents/Families must complete this application to apply for the NC Pre-Kindergarten Program (formerly the More at Four program). **Please use your child’s legal name that is on his/her birth certificate on this application.** If you change your address or your phone number, it is your responsibility to let us know. Please remember to sign this application! This application is also available in Spanish. **Esta aplicación también está disponible en español.**

Your application AND all required documentation must be turned in by **July 15, 2016**, to be considered for the first selection process. You can either mail or hand deliver to 734 Salisbury Road, Statesville NC 28677, fax to 704-838-1421, or email to kmitcham@icpyc.org or cfoust@icpyc.org

### Information about the NC Pre-Kindergarten Program

<table>
<thead>
<tr>
<th>Age Requirements</th>
<th>Child must turn 4 years old by 8/31/2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Requirements</td>
<td>Based on family’s gross income. <em>(Information on application will be verified as much as possible to ensure accuracy of issues that relate directly to eligibility.)</em></td>
</tr>
<tr>
<td>Transportation Provided</td>
<td>No, transportation is not provided by NC Pre-K. <em>(See below for sites that may transport.)</em></td>
</tr>
<tr>
<td>Hours</td>
<td>Generally, 8:00 am – 2:30 pm. Call location for more information.</td>
</tr>
<tr>
<td>Calendar</td>
<td>Same as public school year calendar, late August – early June.</td>
</tr>
<tr>
<td>Fees</td>
<td>None.</td>
</tr>
</tbody>
</table>
| Required Documentation – Include with application | 1. Child’s birthdate verification (birth certificate)  
2. Child’s immunization record  
3. Child’s medical form  
4. Parent income verification if employed (ex. pay stubs, tax forms) |
| Notification of Acceptance into Program | Families will be notified by **August 10, 2016** of their acceptance into the program from their child’s teacher. |
| Before and After-School | Provided at some locations. Call location for more information. |
| Family Engagement Expectations | Families are encouraged to attend all Family Engagement activities provided by their child’s classroom. |

### 2016-2017 Classroom Locations (subject to change)

**Statesville, NC**

- Buffalo Shoals Head Start (apply at Head Start)
- Celeste Henkel Elementary School
- Faith Child Enrichment Center*
- Future Generation Child Development*
- Harmony Elementary School
- Kiddie Kollege Early Education Preschool
- LifeSpan Circle School
- NB Mills Elementary School
- Scotts Elementary School
- Small Beginnings Child Development Center*

**Mooresville, NC**

- Cline Learning Center*
- J-Bear Child Development Center*
- Parkview Elementary School
- Rocky River Elementary School
- South Elementary School

*transportation may be available for a small fee

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**Iredell County Partnership for Young Children**

734 Salisbury Road, Statesville, NC 28677

704-878-9980 phone · 704-838-1421 fax

www.iredellsmartstart.org

cfoust@icpyc.org or kmitcham@icpyc.org
First Classroom Preference: __________________________ Second Classroom Preference: __________________________
*classroom locations listed on cover page  *classroom preference not guaranteed

CHILD INFORMATION

Child’s Full Name: _____________________________________________________________
  First                  Middle                  Last

Child’s Birth Date: __________________________
  Month - Day - Year

Gender: □ Male      □ Female

Child’s Ethnicity
□ Hispanic  □ Non-Hispanic

Child’s Race
□ White/European American  □ Black or African-American  □ Asian
□ Native Hawaiian or other Pacific Islander  □ Native American Indian or Alaska Native

Is child a U.S. Citizen?  □ Yes  □ No

Is child a North Carolina resident?  □ Yes  □ No

Address: _____________________________________________________________
  Street   Apt. #   City    State    Zip Code

Is English spoken in the home? □ Fluent English  □ Some English  □ No English

What other language(s) does your child speak at home? __________________________

If Spanish is spoken in your home, would you prefer for your child to be screened in Spanish? __________________________

FAMILY INFORMATION

Child lives with: □ Both Parents  □ Mother  □ Father  □ Other: __________________________

Does the child have a parent in current active military duty, active duty within the last 18 month, scheduled active duty in the next 18 months, or who was injured or killed while serving on active duty?  □ Yes  □ No

Mother or Guardian:

Mother/Guardian’s Name: __________________________  Date of Birth: __________________________

Mother’s Address: _____________________________________________________________
  Street   Apt. #   City    State    Zip Code

Primary Phone: __________________________  Secondary Phone: __________________________  Work Phone: _____________

Email Address: __________________________

Please choose all that apply: □ Unemployed □ Employed □ Attending Secondary Education
□ Attending High School / GED  □ Attending job training □ Other __________________________

Mother’s Education Level: □ Mother has not completed high school  □ Mother has high school diploma
□ Mother has GED □ Mother has attended some college □ Mother has graduated from college
Father or Guardian:

Father/Guardian’s Name: ____________________________ Date of Birth: ____________

Father’s Address: ____________________________

Street ________ Apt. # ________ City ________ State ________ Zip Code ________

Primary Phone: ____________ Secondary Phone: ____________ Work Phone: ____________

Email Address: ____________________________

Please choose all that apply:

☐ Unemployed  ☐ Employed  ☐ Attending Secondary Education

☐ Attending High School / GED  ☐ Attending job training  ☐ Other ______________________

Father’s Education Level:

☐ Father has not completed high school  ☐ Father has high school diploma

☐ Father has GED  ☐ Father has attended some college  ☐ Father has graduated from college

Emergency Contact Person: ____________________________

(someone other than parent or guardian)

Relationship to Child: ____________________________ Phone: ____________________________

Emergency Contact Person: ____________________________

(someone other than parent or guardian)

Relationship to Child: ____________________________ Phone: ____________________________

Tell us something special about your child to be shared with their teacher. Tell us about your hopes and dreams for your child.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Consent:

I give my permission for photos and/or video of my child to be used for the exclusive use of the NC Pre-K program and Iredell County Partnership for Young Children for publicity and teacher professional development purposes. I understand that the photos may appear in printed materials and/or multi-media presentations at no fee to me or my child. I understand that I will not receive compensation for the use of my child’s image.

☐ Yes, I consent  ☐ No, I do not consent
Special Needs:

Does your child have any special developmental needs or disabilities? ☐ Yes ☐ No  *(If no, skip to medical section)*

If yes, has your child been referred for testing and been diagnosed with a delay? ☐ Yes ☐ No

Who (agency or private provider) evaluated your child? ________________________________

Date the disability was identified? (month, day, year) ________________

Does your child have a current IEP? ☐ Yes ☐ No  If yes, please include a copy.

Does your child receive any kind of specialized services? (Please check all that apply)

☐ Speech Therapy ☐ Physical Therapy ☐ Occupational Therapy

☐ Behavioral Therapist ☐ Other (please describe): ________________________________

Medical:

Does your child have any chronic health problems? ☐ Yes ☐ No

If yes, please explain: ____________________________________________________________

____________________________________________________________________________

Does your child have medical insurance? ☐ Yes ☐ No
Does your child have a primary doctor? ☐ Yes ☐ No
Does your child have a dentist? ☐ Yes ☐ No

Child Care:

Please check only one:

☐ Child has NEVER attended child care

☐ Child attended child care previously, currently NOT attending
   Name of child care ________________________________

☐ Child is receiving DSS subsidy AND currently attending child care
   Name of child care_______________________________

☐ Child is NOT receiving DSS subsidy and currently attending child care
   Name of child care_______________________________
INCOME AND UNEMPLOYMENT INFORMATION
*provide only if parent lives in the same home as the child applicant*

Mother’s Income:

Mother’s Name: ____________________________________________
Mother’s place of employment (if applicable): ____________________________________________
Number of hours worked per week: __________________________

Monthly wages BEFORE Taxes $___________
Monthly alimony $___________
Monthly child support $___________
Monthly workers compensation $___________

If unemployed please sign ____________________________________________

Father’s Income:

Father’s Name: ____________________________________________
Father’s place of employment (if applicable): ____________________________________________
Number of hours worked per week: __________________________

Monthly wages BEFORE Taxes $___________
Monthly alimony $___________
Monthly child support $___________
Monthly workers compensation $___________

If unemployed please sign ____________________________________________

*PARENT/GUARDIAN SIGNATURE IS REQUIRED*

I certify that all the information on this entire application is true to the best of my knowledge. I understand I am responsible for calling the NC Pre-K office, 704-878-9980, with any changes to information on this application. I understand that completing an application does not guarantee eligibility or placement. Availability of this program is dependent on available funding. I give my permission for the information on this application and any other documentation that I submit with this application to be viewed by the ICPYC staff, NC Pre-K classroom teachers, Division of Child Development and Early Education, Department of Social Services, Iredell Statesville Schools, Mooresville Graded School District, and others as necessary to verify accuracy. I understand that knowingly providing inaccurate information will result in this application being rejected.

_________________________________________  ____________________________
Parent/Guardian Signature                        Date

Documentation must include a copy of your most recent paycheck stubs (1 recent month), front page of 1040 tax form from 2015, W-2 form, or signed statement from each parent’s employer on company letterhead.
Child’s Name: __________________________________________ Gender: __________________________

Language Preference: (circle one)
- English
- French
- Hindi
- Korean
- Polish
- Tagalog
- Spanish
- French Creole
- Hmong
- Laotian
- Portuguese
- Thai
- Arabic
- German
- Hungarian
- Miao
- Portuguese Creole
- Urdu
- Cambodian
- Greek
- Italian
- Mon-Khmer
- Russian
- Vietnamese
- Chinese
- Gujarati
- Japanese
- Persian
- Serbo-Croatian
- Other

Race: (circle one)
- American Indian or Alaska Native
- Asian
- Black
- Native Hawaiian or Pacific Islander
- White

Ethnicity: (circle one)
- Not Hispanic or Latino
- Hispanic Cuban
- Hispanic Other
- Hispanic Mexican American
- Hispanic Puerto Rican

Parents/Guardians Name: ________________________________ Telephone Number: __________________

Address: __________________________________________ City: ______________ Zip: ______________

Mother Employment Status: (circle one) Employed Unemployed Enrolled in school

Father Employment Status: (circle one) Employed Unemployed Enrolled in school

Please list all adults and children living in the household, including the NC Pre-K child applicant:

<table>
<thead>
<tr>
<th>First Name, Middle Initial, Last Name</th>
<th>Relationship to the NC Pre-K child applicant</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>1.</td>
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</table>

OFFICE USE ONLY

Site: ________________________________________________

☐ Yes approved from: __________________________ to __________________________

☐ Start Date ______________  ☐ Stop Date ______________  ☐ Site Change Date ______________

NC Pre-K Representative Signature