

Child's First Name _____ M.I. _____ Last _____ Date of Birth: _____

Please check all boxes that apply and/or complete all questions:

Child's Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Is your child Hispanic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
County of Residence	<input type="checkbox"/> Burke <input type="checkbox"/> Other
Race (check all that apply)	<input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Is your child a NC resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child resides with:	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother and Father (includes Step-parents) <input type="checkbox"/> Legal Custodian/Guardian (please provide legal documentation) <input type="checkbox"/> Foster <input type="checkbox"/> Kinship <input type="checkbox"/> Other _____
What language does your child most frequently use to communicate?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
What language(s) are frequently used in your home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Child/family is currently being served by Child Protective Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes, currently residing with parent(s) <input type="checkbox"/> Yes, currently in Foster Care (please provide legal documentation) <input type="checkbox"/> I am caring for a child who is awaiting foster care placement.
Please select all that apply to your child's current family status:	<input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Early Head Start <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> IEP/IFSP <input type="checkbox"/> In foster care <input type="checkbox"/> In kinship care <input type="checkbox"/> Expecting a baby <input type="checkbox"/> Public Housing <input type="checkbox"/> TANF/Work First. <input type="checkbox"/> SSI **Must provide documentation/award letters.**
Is your family homeless (temporarily living with friends/family or in shelter/car/hotel, or do not have a permanent residence)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, more than 12 months <input type="checkbox"/> Yes, less than 12 months Living situation: <input type="checkbox"/> In a shelter <input type="checkbox"/> In own home, rented home, or apartment <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> With friends or relatives – Explain: _____ _____ <input type="checkbox"/> In other circumstances – Explain: _____ _____ <input type="checkbox"/> Hospital 30 days or less

I am homeless or do not have a permanent residence and give Head Start Preschool (Blue Ridge Community Action), Smart Start, and/or Burke County Public Schools permission to make a referral for services.

Signature _____ Date _____

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	Parent Address	Parent Phone	Email (Notifications will be sent via email)
Mother/Guardian Name: _____	<input type="checkbox"/> Same as Child <input type="checkbox"/> Other _____ _____	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Father/Guardian Name: _____	<input type="checkbox"/> Same as Child <input type="checkbox"/> Other _____ _____	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Alternative Contact's Name: _____		Alternative Contact's Phone(s): _____	Alternative Contact's Email: _____

Please list all family members living in household (parents and dependent children, including the NC Pre-K child applicant) – **Note: Not required for Private Pay applicants.**

Name Married adults, including step-parents, and all dependent children under age 18	Birth Date	Current Age	Relationship to Child

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Child's Development (required for all applicants):

<p>Does your child have a physical challenge or chronic illness? A medical diagnosis is required. Verification from your child's physician must be provided with the application.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Anemia <input type="checkbox"/> Other</p> <p>_____</p>	<p>List any types of medication taken for health care needs: _____ _____ _____</p>
<p>Does your child have a developmental or educational need?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____</p>	<p>Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____ _____ _____</p>
<p>Has your child been referred for testing to determine if special education services are required (Speech, Physical Therapy, Occupational Therapy, and/or Play Therapy)?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____ _____</p>	<p>Please let us know if your child is receiving private services of any kind. Recent evaluations or Progress Notes can be provided with your application as verification.</p>
<p>Is your child receiving services for a developmental need?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____</p>	
<p>Does your child have an IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan)?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please include copy) <input type="checkbox"/> IEP with Burke County Schools <input type="checkbox"/> IEP is not with Burke County Schools and parent will provide a copy with the application.</p>	<p>If your child is under an IEP through Burke County Schools, you do not have to provide a copy. Verification will be completed by Burke County Schools.</p>
<p>List any allergies, symptoms and type of response required for allergic reactions: _____ _____ _____ _____</p>	<p>List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: _____ _____ _____ _____</p>	<p>List any particular fears or unique behavior characteristics the child has: _____ _____ _____ _____</p>
<p>Is at least one parent/guardian of this child currently an active duty member of the United States Armed Forces; ordered to active duty within the last 18 months or expected to be ordered within the next 18 months; or has been seriously injured or killed in active duty?</p>		<p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide documentation)</p>

Current Child Care Provider (must be completed; however, not required for Private Pay):

<p>My child has attended a child care center or family child care home.</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Attending currently, paid by family <input type="checkbox"/> Attending currently, paid by subsidy voucher <input type="checkbox"/> Attended previously but is not currently enrolled</p>	<p><input type="checkbox"/> Applied for subsidy and on the waiting list <input type="checkbox"/> I am not eligible for subsidy</p>
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Parent/Guardian Employment Status

Note: Not required for Private Pay applicants.

	Mother/Guardian	Father/Guardian
Employed	<input type="checkbox"/> No <input type="checkbox"/> Yes Pay \$_____ per hour Name of employer: _____ How many hours worked per week _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Pay \$_____ per hour Name of employer: _____ How many hours worked per week _____
Self-Employed	Job details/explanation: _____	Job details/explanation: _____
Parent Educational Status	<input type="checkbox"/> High School GED <input type="checkbox"/> College <input type="checkbox"/> Job Training Program <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> High School GED <input type="checkbox"/> College <input type="checkbox"/> Job Training Program <input type="checkbox"/> Other <input type="checkbox"/> None
Unemployed, seeking employment	<input type="checkbox"/> I am unemployed and have no income. Please complete and sign the statement below this chart. <input type="checkbox"/> If applicable – Please describe any income changes in the last 12 months (Lay off? If so, for how long? Unemployed? If so, how long?)	<input type="checkbox"/> I am unemployed and have no income. Please complete and sign the statement below this chart. <input type="checkbox"/> If applicable – Please describe any income changes in the last 12 months (Lay off? If so, for how long? Unemployed? If so, how long?)
Highest Level of Education	<input type="checkbox"/> Less than Diploma/GED <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's/Higher	<input type="checkbox"/> Less than Diploma/GED <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's/Higher

Mother's/Father's/Guardian's Income – Documentation of each applicable source of family's income is required. One month of pay stubs as verification is required. (Note: Not required for private pay applicants.)

If you are unemployed, sign below:

If applicable - My current income is \$0. I have had \$0 income since _____ (date \$0 income began).

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Mother's Income			Father's Income		
Wages before taxes	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Wages before taxes	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Alimony	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Alimony	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Child Support	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Child Support	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly

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Worker's Compensation	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Worker's Compensation	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Unemployment	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Unemployment	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Work First/ Temporary Assistance to Needy Families	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Work First/ Temporary Assistance to Needy Families	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Social Security	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Social Security	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Social Security/ Disability	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Social Security/ Disability	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
VA Benefits	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	VA Benefits	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Pension Annuity	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Pension Annuity	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Family Support	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Family Support	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly
Other: _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly	Other: _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly/Every other week <input type="checkbox"/> Weekly

Describe any unusual family circumstances that need to be considered for this child's enrollment (i.e., substance abuse, parent incarcerated or released within 6 months, domestic violence, physical or mental illness in the home). You may use a separate piece of paper.

Please read carefully, initial each paragraph, sign and date on the last page:

_____ I certify that all information provided is true, correct and complete. I understand that information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

_____ I understand that placement out of district does not guarantee Kindergarten placement the following school year.

_____ I understand that if my child is selected for participation, family involvement is essential. My family will cooperate with programs to submit necessary documentation and application for additional services.

_____ I understand that transportation to and from Pre-K programs will be my family's responsibility.

_____ I understand that my child will receive a developmental screening and give permission for my child to also receive vision, hearing, dental and/or speech and language screenings.

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_____ I understand that if there is a change in my child's address, phone number or attendance in any type of licensed care, it is my responsibility to notify the program and inform them of any changes.

_____ I understand that my child will need a current (within one year of enrollment of school) health assessment which includes vision, hearing, immunization record, and dental examination, within 30 days she/he attends a program. (Health Transmittal Form is available in most Burke County doctor's offices, or through Burke County Schools and Smart Start.)

_____ I will provide written consent for the Child Care Facility to obtain medical records and immunization reports.

_____ I give permission for my child's name, picture, portrait, likeness, or voice to be used for the purpose of center display, scrapbook, newspaper articles, television broadcast, posting to Pre-K program websites, and/or printed materials for use by the NC Pre-K program(s) in Burke County.

_____ I understand that if my child is accepted into the NC Pre-Kindergarten Program and/or Head Start Preschool, regular attendance is necessary for full benefit of the program. Failure to maintain regular attendance could jeopardize his/her placement in the program.

Preferred Location: Please number your first, second, and third choice for location using numbers 1, 2, and 3. **While every effort will be made to place eligible children in preferred locations, we are unable to guarantee your first choice. Previous enrollment in a program does not guarantee placement at that same site.**

Sites below are subject to change due to funding and availability.

***Applicants only interested in Head Start Preschool will select Quaker Meadows Generations or Circle of Friends as their first choice.**

Rank your preference (1-3) from the list below:

Community Centers with Head Start Preschool and NC Pre-K				
	Circle of Friends (Head Start Preschool and NCPK) 240 Bravard St. Rutherford College			QM Generations (Head Start Preschool and NCPK) 800 N. Green St. Morganton
Community Child Care Centers – NC Pre-K				
	Creative Beginnings 113 Bost Rd. Morganton		Giggles N Grins 402 Mountain View Dr. Morganton	Giggles N Grins 3 525 Hopewell Rd. Morganton
Burke County Public Schools – NC Pre-K and Private Pay				
	Drexel Pre-K 100 Alta Vista St. Morganton		Forest Hill Pre-K 304 Ann Street Morganton	George Hildebrand Pre-K 8078 George Hildebrand School Rd. Connelly Springs
	Glen Alpine Pre-K 302 London St. Morganton		Hildebran Pre-K 703 US Hwy 70 Hildebran	Hillcrest Pre-K 201 Tennessee St. Morganton
	Icard Pre-K 3087 Icard School Rd. Connelly Springs		Mountain View Pre-K 805 Bouchelle Street Morganton	Mull Pre-K 1140 Old NC 18 Morganton
	Oak Hill Pre-K 2363 NC Hwy 181 Morganton		Ray Childers Pre-K 1183 Cape Hickory Rd. Hickory	Salem Pre-K 1329 Salem Rd. Morganton
	Valdese Pre-K 298 Praley St. NW Valdese		W. A. Young Pre-K 325 Conley Rd. Morganton	

If accepted into a Head Start Preschool or Community program, would your child require before/after school care?

Yes No

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Transportation and Before and After School Care

Transportation and Before and After School Care Services are not included with the NC Pre-K or Head Start Preschool programs. The typical school day is from 7:50 am – 2:30pm. Parents are responsible for speaking with the NC Pre-K placement site to receive information regarding before and after school care availability and fees, if applicable.

_____ I understand that timely attendance is an expectation of the program.

_____ I understand that my child must be picked-up in the afternoon by the designated time.

I am interested in volunteering in my child's school/classroom. I can prepare classroom materials share a family tradition read to children talk about and answer questions about my job help during celebrations serve on a committee/council.

Name(s) _____

If your child is currently attending a child care program or school please list the name of the facility below:

NOTE: Priority will be given to students who are not currently enrolled in a four- or five-star child care center.

_____ I understand that by completing this application my child is not guaranteed placement and that he/she may be on a waiting list. Placement is dependent on the availability of NC Pre-K funds that are appropriated each year by the NC General Assembly during the legislative session.

_____ I certify that all information provided is true, correct, and complete. I understand that information is provided to document eligibility for the NC Pre-K Program. Program staff may verify information provided. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

Parent/Guardian Signature: _____ Date: _____

(My signature on this form indicates all information is true and correct.)

Relationship to child: _____

****ALL questions must be completed for your child to be considered. Please check to confirm there are no unanswered questions.**

If you have difficulty with any part of this application, please contact us.

Information may be faxed from third parties to Smart Start at 828-439-2333.

<p><u>Drop off or mail completed applications at:</u> Burke County Public Schools Attn: Jacquie Grady 325 Conley Road Morganton, NC 28655 or Burke County Smart Start Mailing: PO Box 630 Morganton, NC 28680</p> <p>Applications may also be dropped off at any NCPK Location.</p>	<p><u>Questions and appointments</u> Burke County Public Schools Jacquie Grady Phone: 828-502-9941</p> <p>Burke County Smart Start Phone: 828-439-2326 304 W. Union Street Morganton, NC 28655</p> <p>Burke County Head Start Preschool Phone: 828-438-6255</p>
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