

Dear Parents,

Thank you for your interest in applying for the NC Pre-K program in Cabarrus County.

**Please note to process your child's application for the 2019-2020 school year – the application packet must be filled out completely and include all of the required documents to be processed for the Next Step in the NC Pre-K Application process.**

Once staff has verified all of your child's information and processed in the NC Pre-K computer systems, NC Pre-K staff will contact you to set up the required NC Pre-K screenings to be considered for NC Pre-K Placement for the 2019-2020 school year.

**To be considered for the 1st Round of placement this summer, all application packets must be complete and turned in by April 1<sup>st</sup>**

**To be considered for the 2<sup>nd</sup> Round of placement this summer, all applications packets must be completed and turned in by May 15<sup>th</sup>**

**To turn in your NC Pre-K application packet:**  
**Please include child's name on ALL documentation.**

You can *mail* all documents to:  
Cabarrus Partnership for Children  
Attention: Lyne Goode  
PO Box 87  
Kannapolis, NC 28082

You can also *fax* all documents to Attention, Lyne at 704-934-0029

You can also email your documents to: [lyne@cabarruspartnership.org](mailto:lyne@cabarruspartnership.org)

**If your family does not have access to a copier or your family has questions about the application and/or NC Pre-K program, please contact staff to schedule appointment.**

**NC Pre-K application packet should include:**

1. NC Pre-K Parent Data Sheet
2. Signed NC Pre-K Quick Facts statement
3. Parent Agreement packet
4. Education agreement
5. Health agreement
6. Photo release
7. Complete NC Pre-K application –be sure to fill in all highlighted areas
8. **Copies of the following documentation on page 2 to go with your child's NC Pre-K application packet**

**Once you submit your completed NC Pre-K application, if you have not heard back from NC Pre-K staff confirming they have your child's application packet within a week please resend.**

Required copies to put with your child's application packet:

- A. Parent Current Photo ID
- B. If child is foster child or adult caring for child is legal guardian – must have documentation showing legal custody or guardianship.
- C. Proof of income for 2018- **Must bring one for each parent in the home including Step Parents**
  - a. 2018 W-2, tax forms for 2018, last December check stub for 2018, Employer letter stating 2018 annual income, or Letter from DHS stating annual income for 2018
  - b. Unemployment statement from employment security commission
- D. Proof of additional sources of income
  - a. Work First
  - b. SSI Disability
  - c. Social Security (SSA)
  - d. Child Support
- E. Proof of Residence- **must provide 1 source from each list -Must have parent's name and address-**
  - a. **Source One-Please bring 1**
    - i. House Deed
    - ii. Current property tax statement
    - iii. Current lease agreement
    - iv. Closing or settlement statement
  - b. **Source Two-Please bring 1**
    - i. North Carolina DMV ID/Driver's License
    - ii. Motor vehicle registration with name and current address
    - iii. Current utility bill (water, gas or electricity) with name and current address
    - iv. Current bank statement with name and current address
    - v. Current Medicaid card with name and current address.
  - c. ***Certificate of Domicile-If family lives with someone-that person must turn in 2 forms of the documentation from list above, a copy of their Photo ID and fill out Certificate of Domicile form with family in front of a notary.***
- F. Child's Birth Certificate-
- G. Copy of Child's current immunization record
- H. Child's Medicaid card or health insurance card
- I. Proof of Risk Factors- must bring in documentation if any of these apply.
  - i. Military Family-orders showing status of the last 18 months
  - ii. Chronic health- letter from doctor stating how this affects child's ability to learn.
  - iii. IEP- documentation showing child has IEP
  - iv. Developmental Need-documentation from professional showing education and/or developmental need

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



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**Parent Data Sheet - must be filled out by the Parent**

I understand that all the information provided by me during the application process will be treated confidentially. This will also be a part of my confidential permanent record in order to meet Federal and State reporting requirements. To avoid delays in processing your child's application please fill out all of these questions.

**Please Print Parent Name:** \_\_\_\_\_

**Address:**

**Contact Phone Numbers:**

**Email Address:**

**At what location is your child currently attending childcare or preschool?** \_\_\_\_\_

**Is Parent One in the Home?** YES or No, not in the home

**Please circle all that apply for Parent One:**

Employed

Unemployed

Seeking employment

In school

**Is Parent Two in the Home?** YES or No, not in the home *(this includes biological parent or step parent)*

**Please circle all that apply for Parent Two:**

Employed

Unemployed

Seeking employment

In school

**Are you receiving child support? Yes or No**

**If Yes- how much is your monthly Child Support?** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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

We wish that we could place every child that applies in a pre-kindergarten classroom. There is however, just not enough space. We know how much families want to give their child this opportunity. We understand how very disappointing it is to learn that your child is on the wait list or our program cannot serve your child at this time.

Each of our programs use specific criteria to determine eligibility and priority for service. The application is designed to establish eligibility. Eligibility requirements are determined by the state. Each child with a complete application is entered into a state online database that is used for placement in the NC Pre-K Program. Children with the fewest financial resources and the greatest educational needs are considered first. Other risk factors include: chronic health conditions; language acquisition needs; developmental delays and military service.

We assign every child that we can-as quickly as we can. We continually place children in programs throughout the year as space allows.

**Quick Facts about NC Pre-K in Cabarrus County**

- ✓ Participation in the NC Pre-K program is voluntary and not required by the state
  - ✓ Not all children are eligible for the NC Pre-K program
- ✓ Some eligible children are selected in first round of NC Pre-K placement, and some are placed on the wait list and contacted at a future date
- ✓ NC Pre-K classrooms are located in some local private child care sites and some elementary school sites
  - ✓ Transportation is not provided at all sites
- ✓ Some NC Pre-K eligible children may only attend certain sites based on funding
  - ✓ Any applications that are missing documentation cannot be processed for placement in the program
- ✓ If your child is offered placement in the NC Pre-K program, you will receive a phone call from NC Pre-K staff, and given 2 days to confirm placement
- ✓ If Family does not confirm placement by deadline given, child is put back on the wait list
  - ✓ Placement will continue until all available spots are confirmed
- ✓ Once all spots are confirmed, families that have not been contacted will receive a letter notifying them of their child's wait list status.

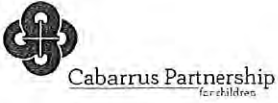
I have read and understand the NC Pre-K eligibility and placement process

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Child





**Educational Services Agreement**

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Site where child will be served:** \_\_\_\_\_

*Participation in the Cabarrus County Pre-K programs is a unique opportunity. As with any opportunity, it comes with responsibilities. Participation is a privilege for students. Through this contract, parents join with the Cabarrus County Pre-K Programs in a partnership to support their children.*

**I am committed to and will:**

1. Agree that my child attends school every day that he/she is able. I understand that it is the parent's responsibility to send a note each time the child is absent. I understand that unexcused absences and irregular attendance (despite supportive services) will result in my child being dropped from the program.
2. Agree to make sure my child arrives at the start of the school day.
3. If transportation is not provided for my child, I Agree to have my child dropped off and picked up on time. I am aware that there are no provisions for childcare before and after school.
4. Agree to keep immunizations/physicals up –to-date and handle any medical needs that arise.
5. Agree to allow staff to make home visits during the school year.
6. Agree to attend conferences requested by my child's teacher and be available to contact on a regular basis with staff. (This may involve home visits, telephone conferences or school conferences)
7. Agree to read nightly with my child and sign the reading daily log as requested by my child's teacher.
8. Agree to participate with my child in regular at-home activities as requested by my child's teacher to promote literacy learning.
9. Agree to check my child's book bag on a daily basis for home/school communication.
10. Agree to let my child participate in the Cabarrus County Pre-K Programs Developmental Screening.
11. In case of additional behavioral or educational concerns by my child's teacher, I agree to follow through with recommendations by support specialists.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Cabarrus County Preschool Programs Health Services Agreement

Cabarrus County Preschool Programs require continuous healthcare for all students so they are healthy and ready to learn. As a condition of enrollment in this program,

I agree to the following for \_\_\_\_\_  
(child's name)

- I will take my child to their healthcare provider for a well-child visit every 12 months **and provide the school with a copy of the physical and shot record each year.**
- If my child's vision is not screened during the well-child visit, I agree to have their vision screened by school staff. **I agree to complete all follow-up appointments deemed necessary related to my child's vision.**
- If my child's hearing is not screened during the well-child visit, I agree to have the school audiologist screen their hearing. **I agree to complete all follow-up appointments deemed necessary related to my child's hearing.**
- I agree to take my child to their regular dentist for an exam every 6 months or allow the Cabarrus Health Alliance Dental Clinic to complete an exam within 90 days of enrollment. If the dentist determines that my child needs further treatment, **I agree to complete all treatments by the end of the school year.**
- **I agree to pick up my child if any of the following occur:**
  - Vomiting- child must be free of vomiting and without medication for 24 hours before returning to school
  - Diarrhea- child must be free of diarrhea and without medication for 24 hours before returning to school
  - Fever- 100 degrees F or higher, child must be fever free without medication for 24 hours before returning to school
  - Lice- live bugs, will be sent home with the 14-day treatment sheet, and must see the nurse before returning to class, after initial treatment
  - Other- See parent handbook for a list of other conditions/diseases that require exclusion from school

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Cabarrus Partnership for Children**  
**1303 South Cannon Blvd, Kannapolis, NC 28083**  
**Phone: 704-933-8278 Fax: 704-934-0029**

## **Consent for Photograph, Filming, or Taping of Children**

I give permission for my child to be filmed, taped or photographed by the Cabarrus Partnership for Children, NC Pre-K, Cabarrus County Schools, Kannapolis City Schools and/or Department of Human Services.

The film, tape, or photograph will be used for educational or informational purposes at the discretion of the Partnership for Children. The primary purpose is to share the community information affecting young children and their families. These services are funded by Smart Start.

Thank you for allowing your child to be an example of how Smart Start is raising the awareness of the community to children's needs.

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

Parent's Name: \_\_\_\_\_

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

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

Site your child is located: \_\_\_\_\_

Your child's teacher: \_\_\_\_\_

# <Cabarrus County Partnership for Children Pre-K Application

## Applicant & Family Member Information

Child Applicant								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
<b>Race</b>		<b>Hispanic</b>		<b>English Proficiency</b>		<b>Other Language</b>		<b>Other Language Proficiency</b>
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Primary Health Coverage</b>		<b>Other Coverage</b>		<b>Insurance #</b>		<b>Medicaid Eligibility</b>		<b>Medicaid #</b>
<b>Dental Coverage</b>		<b>Dental Coverage #</b>		<b>Medicaid Eligibility</b>		<b>Medicaid #</b>		<b>Doctor/Medical Home</b>
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially		<b>Medicaid #</b>		<b>Dentist/Dental Home</b>

**Child Care Status**

Never been served  
 Currently served  
 Currently unserved  
 In unregulated care  
 IRC not getting subsidy  
 IRC receiving subsidy

If currently served, where?

**Medical Condition**

No  
 Yes  
 Explain:

**Education/Development**

No Concerns  
 Concerns  
 IEP  
 IFSP  
 Explain:

Primary Adult										
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID		
<b>Race</b>		<b>Hispanic</b>		<b>English Proficiency</b>		<b>Other Language</b>		<b>Other Language Proficiency</b>		
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
<b>Highest Grade Completed</b>		<b>Employment Status</b>		<b>Child's Relationship</b>		<b>Custody</b>		<b>Check all that apply:</b>		
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED		<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent  If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Email Address:**

**Active Military**

No  
 Yes  
 Last 18 months  
 Injured/Killed Serving  
 Receiving Disability  
 Receiving Retirement

Notes:



Secondary or Other Adult								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None				<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient				
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster				
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other				
	<input type="checkbox"/> Master's							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:								

**Active Military**

No  
 Yes  
 Last 18 months  
 Injured/Killed Serving  
 Receiving Disability  
 Receiving Retirement

Notes:

Additional Child (Non-Applicant)*								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None				<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient				

Additional Child (Non-Applicant)*								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None				<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
<input type="checkbox"/> Other:				<input type="checkbox"/> Proficient				

\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Be sure to list all siblings in the home

Child's Name      Date of Birth      Race



# Family Information, Income & Contacts

Family Information						
<b>Family Living Address</b>						
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County
<b>Family Mailing Address</b>						
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Phone Number(s)	Type (check one)		Note (for example, an extension or best time to call)			
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other		
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other		
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income						
Income Verified by		Verification Date		TANF Status		SSI
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Emergency Contacts						
Contact 1	Name	Relationship		Emergency Contact		Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP		City		State
Contact 2	Phone Number 1	Phone Number 2		Phone Number 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	Name	Relationship		Emergency Contact		Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Address	ZIP		City		State
	Phone Number 1	Phone Number 2		Phone Number 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_