



PLEASE REVIEW!

Before submitting the application please check this box:

Your child's application **must** include the following to be considered complete:

- ___ **Birth Certificate** (or printed shot record)
- ___ **Proof of Residency** (mortgage statement, utility bill)
 - ★ *If no proof of residency is available, we can accept a letter from the person you are living with.*
- ___ **Income Verification** please submit the following for **ALL** parents in the household:
 - 2017 tax records/W2s **OR** pay stubs – 1 full month
 - Employer written statements (**IF no W2 or Paystubs available**)
 - award letter from Social Security Administration (**IF applicable**)
 - award letter from Employment Security Commission (**IF applicable**)
 - Schedule C – Profit or Loss from Business (**IF self-employed**)
 - Signed statement on application (**IF not employed**)

OPTIONAL:

___ **Physical** – *must be within 12 months of August 2018* (with hearing, vision and dental fully completed). Required form attached. *If your child is accepted to the program, you will have 30 days from the first day of school to turn in a completed physical to your child's teacher.*

INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU!



NC Pre-Kindergarten **does not** offer transportation. Parents are responsible for bringing their child to and from school.



What's next?
Once NCPK receives your application you will be notified by mail if your child is eligible.
Eligibility does not guarantee a spot in a classroom.
We will let you know if/when your child is placed in a classroom. (*see reverse for classroom locations*)

School Year & Hours of Operation
The NCPK program follows Rockingham County Schools Preschool calendar, with a few additional teacher workdays. NCPK children attend all day (6.5 hours).

**** Please contact us if your phone number or address changes after applying. NCPK is not responsible for placing children if the family cannot be contacted. ****



MAIL APPLICATION TO:
RCPC
PO BOX 325
WENTWORTH NC 27375

Adina Tompkins
NC Pre-K Coordinator
336-342-9676
adinat@rockinghamkids.org

NC Pre-Kindergarten Sites
2018-2019

Bethany Elementary
271 Bethany Rd
Reidsville NC 27320
336-951-2710

Lincoln Elementary
2660 Oregon Hill Rd
Ruffin NC 27326
336-348-2929

South End Elementary
1307 S Park Dr
Reidsville NC 27320
336-349-6085

***Carol's Care CDC**
2209 Olive Dr.
Reidsville NC 27320
336-394-4663

***Little Angels CDC**
1815 Barnes St
Reidsville NC 27320
336-342-2080

Stoneville Elementary
PO Box 7
Stoneville NC 27048
336-445-1999

Douglass Elementary
1130 Center Church Rd
Eden NC 27288
336-623-6521

***Little Kings & Queens**
1470 Wolf Island Rd
Reidsville NC 27320
336-342-4349

Wentworth Elem.
8806 NC Hwy 87
Reidsville NC 27320
336-634-3250

Draper Elementary
1719 E Stadium Dr
Eden NC 27288
336-635-6541

**Little Hands Preschool
Academy**
337 W Stadium Dr
Eden NC 27288
336-612-2036

Williamsburg Elem.
2830 NC Hwy 87
Reidsville NC 27320
336-349-4632

Huntsville Elementary
2020 Sardis Church Rd
Madison NC 27025
336-427-3266

Monroeton Elementary
8081 NC Hwy 158
Reidsville NC 27320
336-634-3280

**Western Rockingham
Early Childhood Ctr**
(on campus of Western Rock. Middle)
915 NW Ayersville Rd
Madison NC 27025
336-548-2460

**Leaksville-Spray
Elementary**
415 Highland Dr
Eden NC 27288
336-627-7068

**Reidsville High School
Early Childhood Ctr**
1901 S Park Dr
Reidsville NC 27320
336-616-0263

**site may offer
before/after school care*



2018-2019 Child Application

NCPK Classroom Choices:

1st choice: _____ 2nd choice: _____ 3rd choice: _____

CHILD INFORMATION

Name: _____ Date of Birth: _____
First Middle Last

Age: _____ If your child is not 4, will he/she be 4 on or before August 31st? Yes No

Gender: Male Female What is the child's primary language? _____

What language would you like your child to be screened in?

Child's Address: _____
Street City State Zip Code

IMPORTANT: Proof of Address is Required

Is your child a US Citizen? Yes No

Is your child Hispanic? Yes No

Is your child a resident of NC? Yes No

Race: (circle all that apply) **White/African/ American**

Asian/Pacific Islander/Native American/

What **county** does your child reside in? _____

Other: _____

FAMILY INFORMATION

Who does the child live with?

Mother & Father Single Mother Single Father Grandparent(s) Parent & Step Parent

50/50 Joint Custody Foster Parent Legal Guardian Other: _____

Mother/Step Mother/Guardian Name: _____ Resides with Child? Yes No

Home Number: (____) _____ Cell Number: (____) _____ Work Number: (____) _____

Father/Step Father/Guardian Name: _____ Resides with Child? Yes No

Home Number: (____) _____ Cell Number: (____) _____ Work Number: (____) _____

Email Address: _____

Check here if you currently consider yourself homeless (living in temporary housing with a friend/relative or shelter, etc.)

What is the child's family size? _____ (total number in the household including the NC Pre-K Child)

Please list the names of ALL family members that live in the household (use additional paper for more than 7 family members)	Relationship to Child Applying	Date of Birth
1. Applicant:	Self	
2.		
3.		
4.		
5.		
6.		
7.		

Family Income Information:

Mother/Step-Mother/Guardian Income: (IF no income, fill out "zero income statement" below)

★ **Are you active duty military or have you been seriously injured while in the military?** Yes No

(please check)

Working (Hours per week: _____) **Seeking employment** **In High School/College (Full time/ Part time)**
 Employer name: _____ School Name: _____

Earned Income	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Public Assistance/ work first	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Social Security/SSI	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Unemployment	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Child Support	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
Other: (please list) _____	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>

Unemployed/Zero Income Statement

(Mother/Step-Mother/Guardian in the home must complete **ONLY** if receiving **NO** income!)

I, _____ verify that I am NOT employed and receive NO INCOME.

Initial: _____ Date: _____ (Falsification on any part of this form may forfeit your child's space in the program)

Father/Step-Father/Guardian Income: (IF no income, fill out "zero income statement" below)

★ **Are you active duty military or have you been seriously injured while in the military?** Yes No

(please check)

Working (Full time/ Part time) **Seeking employment** **In High School/College (Full time/ Part time)**
 Employer name: _____ School Name: _____

Earned Income	\$ _____ weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/>
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Unemployed/Zero Income Statement

(Father/Step-Father/Guardian in the home must complete **ONLY** if receiving **NO** income!)

I, _____ verify that I am NOT employed and receive NO INCOME.

Initial: _____ Date: _____ (Falsification on any part of this form may forfeit your child's space in the program)

Child's Name:

CHILD CARE INFORMATION

Is your child currently in childcare? Yes No

→ If **YES**, where? _____

→ If **NO**, has your child ever been in care? Yes No

Are you receiving childcare subsidy (DSS vouchers)?

Yes No

Concerning subsidy are you:

ELIGIBLE / NOT ELIGIBLE / ON WAITING LIST / UNSURE

Is your child currently enrolled in Rockingham County Schools? Yes No

→ IF YES, Where: _____

Is your child currently enrolled in Rockingham County Head Start? Yes No

→ IF YES, Where: _____

HEALTH INFORMATION

1. Has your child been diagnosed with a special need? Yes No

→ IF NO, Do you have concerns about your child's development? Yes No

2. Has your child ever been screened through Rockingham County Schools? Yes No

IF Yes, were there any concerns: Yes No

Please specify: _____

3. Has your child's doctor expressed concern about your child's health or development? Yes No

IF Yes, please provide an explanation or report from doctor

4. Does your child receive services for a need? (receive any type of therapy? i.e. speech) Yes No

→ IF YES, Where: _____

Check all that apply Speech Physical Therapy Educational Services Mental Health

My child has an identified disability: _____

Please indicate

Other: _____

5. If your child has an IEP, can information be shared with the Rockingham County Partnership for Children/ NC Pre-Kindergarten Program Coordinator? Yes No N/A

6. Does your child have any chronic health concerns? Yes No (ex. sickle cell, asthma, diabetes, etc)

→ If **YES**, explain? _____

7. Is there anything else you want us to know about your child (physical health, or educational)? _____

8. Is there anyone else we can speak to about your child **and/or** his/her application? Yes No

If yes, who? _____ Phone Number: _____

SIGNATURE AND VERIFICATIONS PAGE

Please read and initial:

_____ I give permission for my child to receive developmental, hearing, vision, dental, and or speech /language screening while attending the NC Pre-Kindergarten program.

_____ I give the NC Pre-Kindergarten permission to photograph my child, and use photos of my child for publicity purposes.

The information on this form will be used in the determination of eligibility for NC Pre-Kindergarten programs. By signing below, I verify that I am the parent or legal guardian/custodian with the right to enroll this child in school. I certify that all of the given information is true and correct and that all income is reported accurately. I understand that this information is being given for the receipt of state funds. NC Pre-Kindergarten officials may verify the information on the application. **(Falsification on any part of this form may forfeit my child's space in the program)** I understand that I am releasing information so that my child may be considered for the NC Pre-Kindergarten program administered by the Rockingham County Partnership for Children. I understand that if my child is currently enrolled in a child care program and offered a space in the NC Pre-Kindergarten program it is my responsibility to leave that facility in good standing and ensure my financial obligations are met.

I CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE CHILD FOR WHOM THIS APPLICATION IS BEING MADE OR I AM LEGALLY PERMITTED TO ENROLL THIS CHILD IN PRESCHOOL.

Primary Parent/Guardian Signature (required)

Date

Secondary Parent/Guardian Signature (if available)

Date

APPLICATION WILL BE PROCESSED ONCE IT IS TURNED IN WITH:

- Birth Certificate OR Shot Record
- Proof of **ALL** Income OR Signed Statement (within application)
- Proof of Residency
- Custody Documentation (if applicable)
- Referral information from doctor/specialist (if applicable)
- Physical (*optional at time of applying*)