

## 2010 - 2011 Pre-Kindergarten Application

Randolph County Pre-K Programs are looking for children living in Randolph County who will be 3\* (at select sites) or 4 years old by August 31, 2010, and who MAY QUALIFY for its Pre-K program. You must provide the following documentation listed below for your application to be processed.

**Without these documents, your application cannot be considered complete.**

- Child's Birth Certificate     Child's Updated Immunization Record Card     Child's Social Security, if applicable  
 Verification of income (Three consecutive pay stubs or 1040 tax forms if self employed for current year and copy of all public assistance, child support if receiving)     Photo ID and 2 proof of residency (showing same address)

**Please attach copies of the documents and return the completed application form to**

**RANDOLPH COUNTY  
PARTNERSHIP FOR CHILDREN  
349 SUNSET AVENUE  
ASHEBORO, NC 27203  
(336) 629-2128**

**HEAD START\*  
221 S FAYETTEVILLE ST  
P.O BOX 1883  
ASHEBORO, NC 27204  
(336) 629-5141**

**EARLY CHILDHOOD DEVELOPMENT CENTER\*  
1738 N. FAYETTEVILLE ST  
ASHEBORO, NC 27203  
(336) 672-6636**

### INFORMATION ABOUT YOUR CHILD

Child's Name \_\_\_\_\_  
Last                      First                      Middle                      Nickname

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    SS/ITIN# \_\_\_\_-\_\_\_\_-\_\_\_\_    \_\_\_Male    \_\_\_Female  
Month    Day    Year

Select child's ethnicity then select race below:    \_\_\_Hispanic or    \_\_\_non Hispanic

Race (check all that applies):

- \_\_\_ White (Origins in any of the Europe, Middle East, or North Africa)  
 \_\_\_ Black (Origins in any of the black racial groups of Africa)  
 \_\_\_ Hawaiian/Pacific Islander (Origins in any of the Hawaii, Guam, Samoa or other Pacific Islands)  
 \_\_\_ American Indian (Origins in any of the North, Central, or South America)  
 \_\_\_ Asian (Origins in any of the Far East, Southeast Asia, or Indian subcontinent)

Family's Primary Language \_\_\_\_\_

### INFORMATION ABOUT THE FAMILY

Name of Parent(s) or Legal Guardian(s) Who Live in Household:

\_\_\_\_\_, Phone \_\_\_\_\_, Alt phone \_\_\_\_\_  
Last                      First                      Middle

\_\_\_\_\_, Phone \_\_\_\_\_, Alt phone \_\_\_\_\_  
Last                      First                      Middle

Household Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

Mailing Address (if different) \_\_\_\_\_  
Street                      City                      State                      Zip Code

**Head of Household:**     One parent                       Two parents, married                       Two parents, not married  
 Legal guardian(s)     Other: \_\_\_\_\_

**How many people live in your household?**    \_\_\_Number of Adults    \_\_\_Number of Children    \_\_\_Total Number  
**Ages of all children** \_\_\_\_\_

### PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY

- I understand that if my child is enrolled he/she may also be screened to determine eligibility for other services that will help prepare him/her for kindergarten. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- My signature also confirms that the information provided on this application is accurate and complete.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date

**PRE-KINDERGARTEN APPLICATION YEAR 2010 -2011**

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential. **Please answer all questions** as accurately as possible. This survey is confidential and your individual answers will not be shared with anyone. Reports of the application will not identify you in any way.

**1. Income of Parents/Guardians**

Name of Adult	Relationship to Child	Annual Income
		\$
		\$
		\$

2. Are the parents in this family employed or enrolled in school? Please Circle.

Mother: Working **F/T P/T** Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 How long at employed here? \_\_\_\_\_ Hours of employment \_\_\_\_\_ Days of employment \_\_\_\_\_  
 In School **F/T P/T** Course of Study: \_\_\_\_\_ School: \_\_\_\_\_

Father: Working **F/T P/T** Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 How long at employed here? \_\_\_\_\_ Hours of employment \_\_\_\_\_ Days of employment \_\_\_\_\_  
 In School **F/T P/T** Course of Study: \_\_\_\_\_ School: \_\_\_\_\_

3. Please circle the highest level of education completed:

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher H.S. Diploma Received?  
Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher H.S. Diploma GED

4. Who *presently* cares for your child when you are at work or school?

\_\_\_ Child Care Center/Home; Name \_\_\_\_\_ Town/City \_\_\_\_\_  
 \_\_\_ Parent/Home  
 \_\_\_ Relative  
 \_\_\_ Other – Please Specify \_\_\_\_\_

5. If your child is not in child care now, has he/she ever been in a child care program? \_\_\_ Yes \_\_\_ No \_\_\_ N/A  
 If yes, name of pre-k program, child care center or home \_\_\_\_\_ Town/City \_\_\_\_\_

6. To assist us with placing your child in a pre- k classroom, is your child currently potty trained? \_\_\_ Yes \_\_\_ No

7. Does your child have or has he/she ever had a chronic health condition? \_\_\_ Yes \_\_\_ No  
 If yes, what is the health condition? \_\_\_\_\_

8. Has your family lived at more than one address within the last 12 months? \_\_\_ Yes \_\_\_ No

9. Is your child currently or has he/she ever received services for a special need or disability? \_\_\_ Yes \_\_\_ No  
 If yes, please specify (check all that applies):

\_\_\_ Speech \_\_\_ Physical Therapy  
 \_\_\_ Educational Services \_\_\_ Identified disability – Please specify \_\_\_\_\_  
 \_\_\_ Mental Health \_\_\_ Other- Please Specify \_\_\_\_\_

10. Does the parent/legal guardian serve as an active member of the armed forces of the United States or has been ordered to active duty by the proper authority within the last or next 18 months? \_\_\_ Yes \_\_\_ No

11. Has a parent/legal guardian been seriously injured or killed while in active duty? \_\_\_ Yes \_\_\_ No

12. Is your child currently receiving subsidy for child care? \_\_\_\_\_ On the subsidy waiting list? \_\_\_\_\_

13. Are any siblings currently enrolled in an elementary school? \_\_\_\_\_ If so what school? \_\_\_\_\_

14. How did you hear about this program? \_\_\_\_\_

15. Does your family have any needs or crises we could assist you with?  No  Prefer not to answer  
 Yes (please explain) \_\_\_\_\_

16. Transportation may be provided. If not, would you be able to provide transportation for your child?  Yes  No

17. Name & Phone # of Doctor or Medical Service Provider \_\_\_\_\_

18. Name & Phone # of Child's Dentist \_\_\_\_\_

19. Randolph Hospital will be used in case of emergency unless otherwise listed: \_\_\_\_\_