

2019-20 *Preschool Randolph* Application

This is a universal application for preschool programs in Randolph County, including NC Pre-K (state-funded preschool for eligible 4-year-olds); Head Start (federally funded preschool for eligible 3- and 4-year-olds; and Smart Start/Duel Subsidy (state-funded preschool for eligible 3-year-olds).

CHILD INFORMATION

Child's Name _____ Date of Birth ____/____/____
Last First Middle Nickname Month / Day / Year

The child is: Male Female Child's citizenship: US Citizen Yes No

Child's Ethnicity: Hispanic Non-Hispanic

Child's Race (check all that apply): Asian Black/African American Native Hawaiian/Pacific Islander
 White/European American Native American Indian /Alaska Native

Is your child currently enrolled in any type of preschool program? Yes No

If yes, please specify:

Child Care Center/Home **or** Head Start Program Name _____ Town/City _____
 Other: Please specify _____

If your child is not in a program, has he/she **ever** been in any type of child care program? Yes No

If yes, when was the last day your child attended? _____ and where:

Child Care Center/Home **or** Head Start Program Name _____ Town/City _____

Is your child currently receiving subsidy for child care? Yes No Is he/she on the subsidy waiting list? Yes No

If transportation is available in your area, will your child need transportation? (**Note: Transportation is limited**) Yes No

Does your child have or has he/she ever had a chronic health condition? Yes No

If yes, what is the health condition? _____

Is your child currently or has he/she ever received services for a special need or disability? Yes No

If yes, who provided the service and where? _____

If yes, please specify (check all that apply)

Speech Physical Therapy Educational Services Identified disability: Please specify _____
 Mental Health Other: Please specify _____

FAMILY INFORMATION

HOUSEHOLD MEMBERS (only parents/legal guardians, and siblings under age 18, who live in the home)

All household members			Adult household members only		
Name	Relationship to Child	Age	Work Status	School Status	Education
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Stay-at-Home <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Graduate work or higher
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Stay-at-Home <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Graduate work or higher
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FAMILY INFORMATION (continued)

Family's Primary Language _____ Can someone in the home speak English? Yes No

Contact Person : _____ Phone _____
Last First Middle

Household Address _____ NC _____ Randolph County
Street City ZIP Code

Mailing Address (if different) _____

Is your family living in a hotel/motel, car, public place, shelter, campground or temporary housing? Yes No

Is a parent or legal guardian of the child on active military duty (within the last or next 19 months) or been disabled or killed while serving on active duty? Yes No

Are any siblings currently enrolled in an elementary school? Yes No If yes, what school? _____

How did you hear about preschool in Randolph County? _____

VERIFICATIONS: You must attach the following to complete your application:

- Child's Birth Certificate
- Child's Updated Immunization Record
- Proof of Income
 - Three (3) consecutive pay stubs (the last three or three in a row) from all working parents/legal guardians in the home or if self-employed, 1040 tax forms for current year
 - AND
 - Copy of all public assistance, including child support (if applicable)
- Two (2) documents showing current address (utility bill, wage stub, lease agreement, statement from landlord, etc.)
- Child's Medicaid Card (if applicable)

ACKNOWLEDGEMENTS

By signing this application, I understand:

1. This application must be completed in full and I must provide copies of verification documents for my child to be considered for the preschool programs listed,
2. The information I've provided is true and accurate, and
3. **If any information submitted on or with this application is fraudulent, my child may be disqualified for preschool services.**

Parent/Legal Guardian Signature _____

Date _____

Return completed application with all verifications to:

Early Childhood Development Center
1738 N. Fayetteville St.
Asheboro, NC 27203

Contact: 336-672-6636



Randolph Partnership for Children
349 Sunset Ave.
Asheboro, NC 27203

Contact: 336-629-2128



RCS Head Start
118 Virginia Ave./PO Box 1883
Asheboro, NC 27203

Contact: 336-672-5570



INFORMACION FAMILIAR (continuado)

Idioma principal de la familia _____ ¿Alguien en el hogar puede hablar inglés? Si No

Persona de Contacto: _____ Número de Teléfono _____
Apellido Nombre Segundo Nombre

Domicilio _____ NC _____ Condado de Randolph
Calle Ciudad Código Postal

Domicilio de correo (si es diferente al de su hogar) _____

¿Vive su familia en un hotel/motel, automóvil, lugar público, refugio, campamento o vivienda temporal? Si No

¿Uno de los padres o tutor legal del niño/a esta activo en el servicio militar (durante los últimos o próximos 19 meses) o han sido discapacitado o asesinado mientras prestaba servicio activo militar? Si No

¿Hay hermanos del niño/a actualmente matriculados en una escuela primaria? Si No ¿Si así es, cual escuela? _____

¿Cómo es entero del programa preescolar en el condado de Randolph? _____

VERIFICACIONES: Debe adjuntar lo siguiente para completar su solicitud:

- Certificado de nacimiento del niño/a
- Registro de vacunación actualizado del niño/a
- Prueba de ingresos
 - Tres (3) talones de cheque consecutivos (los últimos tres o tres que sean seguidos) de los padres/tutores legales en la casa que trabajen o si trabaja por cuenta propia (independiente), formularios 1040 de impuestos del año en curso
- Y
- Copia de toda asistencia pública, incluyendo manutención de su hijo/a (si es aplicable)
- Dos (2) documentos demostrando su dirección actual (facture de servicios públicos, recibo de sueldo, contrato de arrendamiento, declaración del propietario, etc.)
- Tarjeta de Medicaid (si aplicable)

RECONOCIMIENTOS

Al firmar esta solicitud, entiendo que:

1. Esta solicitud debe completarse en su totalidad y debo proveer copias de los documentos de verificación para que mi hijo/a sea considerado para los programas preescolares enumerados,
2. La información que he proporcionado es verdadera y precisa, y
3. Si cualquier información presentada en o con esta solicitud es fraudulenta, mi hijo/a puede ser descalificado para recibir servicios preescolares.

Firma del padre/madre/tutor legal

Fecha

Devuelva la solicitud completa con todas las verificaciones de niño a:

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Asheboro, NC 27203

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