



PRE-KINDERGARTEN SERVICES INFORMATION 2017-18

Please keep this page for your information

What is Pre-Kindergarten?

Pre-Kindergarten is a fun and exciting learning opportunity for children. They develop many skills which make the transition to kindergarten easier. Pre-Kindergarten classrooms in our community operate at least six hours a day Monday through Friday from late August-June. Year-round school sites begin in July. Pre-kindergarten classes are located in the Alamance Burlington School System, Head Start, and private child care centers. The program is free to qualifying families, except for minimal lunch fees when families do not qualify for free/reduced priced meals. Funding for Pre-Kindergarten classes comes from Title I, Head Start, NC Pre-K, and Exceptional Children. Each funding source has different eligibility criteria. By submitting an application you will be considered for all possible placements. Space is limited and some children may be placed on a wait list.

Should I apply?

If one or more of the following guidelines is true for you or your child, you may qualify for Pre-Kindergarten services:

- Child must turn four years of age on or before August 31, 2017 to be considered for the upcoming 2017-2018 school year;
- Child must reside in a low-income household;
- Child of eligible military family;
- Child with an identified disability or developmental/educational need;
- Child/family with limited English skills;
- Child living with a foster family, legal guardian, or relative;
- Three-year-old children may qualify under Head Start program.

If you are interested in applying, please return application and supporting documents to one of the sites listed at the bottom of the page. Completing this application does not guarantee participation in the Pre-Kindergarten program.

No application will be considered complete until the following information has been received.

- Completed Application
- Proof of Birth (Birth Certificate, Medical Records, or Immunization Records)
- Proof of income (1040, W2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, or 3 consecutive paystubs).
- Proof of Residency (current utility bill or rental agreement)

Once a child is accepted in the program the following will need to be submitted:

- Child's Immunization Record
- Individualized Education Plan (IEP) **if applicable**
- Health Assessment including dental, vision and hearing completed by physician within 30 days of enrollment

Additional Information:

Child Care-Some child care locations offer extended care before and after school hours for an additional fee.

Arrangements must be made with the director of each site.

Transportation-ABSS does not provide transportation. Private childcare sites may provide transportation. Check with individual sites for availability.

<p>Alamance Partnership for Children 2322 River Road Burlington, NC 27217 Phone: 336 513-0063 Fax: 336 226-1152</p> <p>4-year-old applications only</p>	<p>Alamance Burlington School System Ray Street Complex 609 Ray Street Graham, NC 27253 Phone: 336-438-4212 Fax: 336-570-6353</p> <p>4-year-old applications only</p>	<p>Head Start Junction 421 Alamance Road Burlington, NC 27215 Phone: 336-436-0202 Fax: 336-226-0933</p> <p>Accepts 3 & 4-year-old applications</p>
--	--	---



ALAMANCE COUNTY NC PRE-K SITES

Please keep this page for your information

***Please note: These sites are subject to change**

- | | | |
|--|--|--|
| 1) Alexander Wilson Elementary
2518 NC 54
Graham, NC 27253 | 11) Excel Christian Academy***
825 Apple Street
Burlington, NC 27217 | 21) Pleasant Grove Elementary
2847 Pleasant Grove School Road
Burlington, NC 27217 |
| 2) Andrews Elementary
2630 Buckingham Road
Burlington, NC 27217 | 12) Grove Park Elementary
141 Trail One
Burlington, NC 27215 | 22) South Graham Elementary
320 Ivey Road
Graham, NC 27253 |
| 3) Audrey Garrett Elementary
316 Carden Street
Mebane, NC 27302 | 13) Harvey Newlin Elementary
600 South Third Street
Burlington, NC 27217 | 23) Sylvan Elementary
7718 Sylvan Road
Snow Camp, NC 27349 |
| 4) Beginning Visions CDC***
145 Huffine Street
Gibsonville, NC 27249 | 14) Haw River Elementary
701 E. Main Street
Haw River, NC 27258 | 24) Graham Head Start
620 Ray Street
Graham, NC 27253 |
| 5) Child Care Network #78***
827 S. Sellars Mill Road
Burlington, NC 27217 | 15) Head Start Junction
421 Alamance Road
Burlington, NC 27215 | |
| 6) Creative Childcare***
3216 NC Hwy 54 East
Graham, NC 27253 | 16) Hillcrest Elementary
1714 West Davis Street
Burlington, NC 27215 | |
| 7) Creative Childcare 2***
2257 NC 87 South
Graham, NC 27253 | 17) JSS Head Start***
615 Gunn Street
Burlington, NC 27217 | |
| 8) Eastlawn Elementary
502 N. Graham-Hopedale Road
Burlington, NC 27217 | 18) Lifespan Circle School***
919 Stokes Street
Burlington, NC 27215 | |
| 9) Elon Elementary
510 E. Haggard Avenue
Elon, NC 27244 | 19) Marvin B. Smith Elementary
2235 Delaney Drive
Burlington, NC 27215 | |
| 10) EM Yoder Elementary
301 N. Charles Street
Mebane, NC 27302 | 20) North Graham Elementary
1025 Trollinger Road
Graham, NC 27253 | |

***Sites that may offer before and after school care. Contact site for details. Some public school sites offer after school programs. Contact schools for details.

Please indicate which site you would like for your child to attend on the application page. List 1st, 2nd & 3rd choices.



2017-2018 NC Pre-K application for Alamance County

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Date: _____

CHILD'S INFORMATION

Child's name _____ Date of Birth _____
Age: _____ If child is not 4, will your child be 4 on or before August 31st? YES [] NO []
Child's Address _____
Mailing Address _____
[] American Indian or Alaska Native [] Asian [] Black or African American
[] Native Hawaiian or Other Pacific Islander [] Hispanic/Latino [] White or European American
Gender [] Male [] Female Child's Primary Language _____ In what language would you like for child to be screened? _____

FAMILY INFORMATION

Who does the child live with?
[] Mother and Father [] Single Mother [] Single Father [] Parent & Step parent [] 50/50 Joint Custody
[] Grandparent(s) [] Foster parent(s) [] Legal Guardian [] Other _____
Does your family currently have a stable living arrangement?
[] Yes [] No [] Prefer not to answer (please explain) _____
Mother/Stepmother/Guardian Name _____ Resides w/ child YES [] NO []
Home Phone Number _____ Cell Phone _____ Work Phone _____
Father/Stepfather/Guardian Name _____ Resides w/ child YES [] NO []
Home Phone Number _____ Cell Phone _____ Work Phone _____
Email address: _____

What is the child's family size? _____ Total Number (including the NC Pre-K Child)

Table with 3 columns: Please list the names of ALL family members that live in the household., Relationship to the NC Pre-K Child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent), Date of Birth. Rows 1-7.

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

Mother/Guardian: Working YES [] NO [] Employer name: _____ [] F/T [] P/T
Seeking Employment YES [] NO []
In School YES [] NO [] School name: _____
Father/Guardian: Working YES [] NO [] Employer name: _____ [] F/T [] P/T
Seeking Employment YES [] NO []
In School YES [] NO [] School name: _____

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 HS Diploma GED

Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher HS Diploma GED

Mother/Stepmother/Guardian's Income- LIST ALL SOURCES OF INCOME

Earned Income	\$ _____	weekly <input type="checkbox"/>	every two 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 two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Social Security/SSA/SSI	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Child Support/Alimony	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Other _____	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>

Father/Stepfather/Guardian's Income

Earned Income	\$ _____	weekly <input type="checkbox"/>	every two 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 two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Social Security/SSA/SSI	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Child Support/Alimony	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Other _____	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>

***If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family: _____ Amount provided \$ _____ week/month**

I certify this information is true. If any part is false, I understand my child's participation in the program may be terminated.

Parent/Guardian Signature _____ Date _____

OTHER INFORMATION

- Does the parent/legal guardian serve as an active member of the armed forces of the United States? YES NO
 - Has a parent been seriously injured or killed while on active duty? YES NO
 - Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? YES NO
 - Is child currently enrolled in a preschool, child care center, or home day care? YES NO
 - If currently enrolled, what is the name of the program? _____
 - Is your child receiving subsidy for child care? YES NO If no, on the subsidy wait list? YES NO
 - Does your child have a chronic health condition? YES NO
 - If yes, what is the health condition? _____
 - Does your child need assistance with potty training? YES NO
 - Has your child been diagnosed with a Special Need? YES NO
 - If yes, does child have Individualized Education Plan (IEP) with the Alamance Burlington School System? YES NO
 - Is your child currently receiving services for a special need or disability? YES NO
 - If yes, please specify (check all that applies)
- Speech
 Physical Therapy
 Educational Services
 Mental Health
 Identified disability-Please specify _____
 Other- Please specify _____

PARENT RESPONSIBILITY AND PARTICIPATION

- I understand this is an application for services offered and does not constitute enrollment into any program.
- I certify that the information given on this application is true and accurate and all income has been reported.
- I understand this information is being given for receipt of federal and/or state funds. Officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.
- The information on this form may be used only in the determination of eligibility for the Head Start, Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for either program. The designated agencies may share and/or verify any and all information regarding my child.
- I understand that if my child is selected to participate in the NCPK program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.
- I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment and participation.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's school.
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results to be shared with partnering Pre-K programs (Head Start, Title I and NC Pre-K).

Parent/Guardian Signature _____ Date _____