

### 2023-2024 Catawba County NC Pre-Kindergarten Application

You must complete this application to apply for NC Pre-Kindergarten Program (formerly the More at Four program). Birth date verification (birth certificate) and income verification must be attached for the application to be complete. You must use your child's legal name that corresponds with the birth certificate. If you change your address or your phone number it is your responsibility to let us know so that we have a way to contact you. Please remember to provide accurate information and sign this application, or else it is not complete and can't be considered! While we accept applications throughout the year, you must turn in a completed application by Friday, May 26, 2023, to be considered in the first selection process. Questions? Call Leslie at 828-695-6506 or email NCPK@catawbacountync.gov.

Your application AND all required documentation (birth certification and income verification) must be turned in before your child will be considered for a slot. You can either:

- 1) Mail application to the Catawba County Partnership for Children P.O. Box 3123, Hickory, NC 28603, OR
- 2) Deliver application to the Partnership for Children Early Childhood Resource Center at 738 4<sup>th</sup> Street SW in Hickory (Phone: 828-695-6506)

To avoid confusion, please <u>do not</u> turn in your application to any of the NCPK locations. All applications are processed by staff of the Catawba County Partnership for Children.

This is NOT an application for Head Start. For information about Head Start, please call 828-464-1108. For fee payer applications, please contact the preschool department in your school system.

Information about the NC Pre-Kindergarten Program

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Age Requirements	Must turn 4 by 8/31/2023.
Eligibility Requirements	Based on income; significant priority given to those who have not been in a child
	care/preschool program before and other factors such as English proficiency, special needs, health needs, etc. Continuity of services for children already receiving support
	services for special needs will take precedence in site selection. (Information on
	application will be verified as much as possible to ensure accuracy of issues that relate
	directly to eligibility.)
Transportation	No, transportation is <u>not</u> provided.
Hours	Same as the site where the classroom is located. Call location for more information.
Calendar	Same as school calendar.
Fees	No fees for classroom. Families will be assessed separately for the free/reduced lunch
	program. Depending on eligibility, a fee may be assessed for meals provided at school.
	All families must complete the school's Free/Reduced Lunch application at the beginning
	of the school year.
Classroom Structure	Generally, classrooms will have a combination of NCPK children, children with special
	needs, and fee paying children. All classrooms use <i>The Creative Curriculum® for Preschool</i> .
Required Documentation	Birth date verification (birth certificate) and income verification (2 pay stubs, tax forms).
Selection Process	Selection committee meets in mid June and families will be informed in July.
Before and After-School?	Call the Children's Resource Center (828-695-6565) for possible locations & other info.

#### **Tentative 2023-2024 Classroom Locations (subject to change)**

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A New Beginning Child Development Cente	r Balls Creek Elementary	Bandys High School Pre-K
Catawba Elementary	Claremont Elementary	Clyde Campbell Elementary
Conover School	Fred T. Foard High School Pre-K	Hickory High Child Development Center
Lyle Creek Elementary	Maiden Elementary	North Newton Elementary
Oakwood Elementary	Oxford Elementary	Sherrills Ford Learning Academy
South Newton Elementary	Southwest Primary	Snow Creek Elementary
Startown Elementary	St. Stephens High School Pre-K	Tyndall Center at Sipe's Orchard Home
Viewmont Elementary	Webb A. Murray Elementary	



For Office Use Only	APPLICATION #: TOTAL POINTS:	
Date Received:	☐ Incomplete Date Complete (if different)	
Postcard Sent: Eligible: ☐ Yes	s 🗆 No If not, why: 🗖 Age 🔲 Over Income 🗖 Other:	
☐ Currently Enrolled (Star) ☐ Not Currently	y Enrolled	
<b>△</b>		
NORTH CAROLINA*	2023-2024 Catawba County	



Child's Birth Date:	Child's Full Name:				
Month - Day - Year (Copy of Birth Certificate must be submitted with application)  Mother/Guardian's Name:  Father/Guardian's Name:  Address:  Street	First	Middle	La	st	Nickname
Mother/Guardian's Name:					
Father/Guardian's Name:    Street					
Apt. # City State Zip Code  Email address:    Cell Phone:     Cell Phone:	Mother/Guardian's Name:				
Email address:    Home Phone:	Father/Guardian's Name:				
Email address:    Home Phone:	Address:				
If you don't have a phone, can you provide another number for us to reach you?   If you don't have a phone, can you provide another number for us to reach you?   If you don't have a phone, can you provide another number for us to reach you?   If you don't have a phone, can you provide another number for us to reach you?   If you don't have a phone, can you provide another number for us to reach you?   If you make you have your child speak at home?   If you have you have you have your current address?   If you have you have your current address?   If you have you have your family ever been homeless?   Yes   If you have your family ever been homeless?   Yes   If you have your family ever been homeless?   Yes   If you have your family ever been homeless?   Yes   If you have your family ever been homeless?   Yes   If you have your family ever been homeless?   Yes   If you have your family ever been homeless?   Yes   If you have your family ever homeless?   Yes   If you have your family ever homeless?   Yes   If you have your family ever homeless?   If you have your family ever homeless?   If you have your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If you have your family ever attended a Head Start or a NCPK/More at Four classroom?   Yes   If y				State	Zip Code
If you don't have a phone, can you provide another number for us to reach you?  Is the child Hispanic?	Email address:				
Is the child Hispanic?	Home Phone:		Cell Phone:		
Please check all that apply:	If you don't have a phone, can you provide	e another number	for us to reach you?		
When did you move to your current address?	☐ Native Ame Is English spoken in the home? ☐ We spoken	erican or Alaska N eak fluent English	ative □ White/Europe □ Some English □	ean American l No English	
Has your family ever been homeless?	What other language(s) does your child sp	eak at home?			
Is your child a United States citizen?	When did you move to your current addre	ss?		(mo	nth/year)
What elementary school will your child attend? ☐ I don't know  LOCATION INFORMATION (These locations are tentative and are subject to change based on funding and other factors.)  Please write your top 3 location choices, with a 1 for 1st choice, a 2 for 2nd choice, and a 3 for your 3rd choice.  (We cannot guarantee your top choices.)  A New Beginning Child Development Center Balls Creek Elementary Clyde Campbell Elementary Clyde Campbell Elementary Clyde Campbell Elementary Hickory High Child Development Ctr.  Lyle Creek Elementary Maiden Elementary North Newton Elementary North Newton Elementary Sherrills Ford Learning Academy Snow Creek Elementary South Newton Elementary Southwest Primary Startown Elementary Webb A. Murray Elementary Webb A. Murray Elementary North Classroom? ☐ Yes ☐ No	Has your family ever been homeless? $\Box$	∕es □ No			
LOCATION INFORMATION (These locations are tentative and are subject to change based on funding and other factors.)  Please write your top 3 location choices, with a 1 for 1st choice, a 2 for 2nd choice, and a 3 for your 3rd choice.  (We cannot guarantee your top choices.)  A New Beginning Child Development Center Balls Creek Elementary Bandys High School Pre-K Catawba Elementary Clyde Campbell Elementary Conover School Fred T. Foard High School Pre-K Hickory High Child Development Ctr. Lyle Creek Elementary North Newton Elementary Oakwood Elementary Sherrills Ford Learning Academy Snow Creek Elementary South Newton Elementary Southwest Primary Startown Elementary St. Stephens High School Pre-K Tyndall Center at Sipe's Orchard Home Viewmont Elementary Webb A. Murray Elementary  Has anyone in your family ever attended a Head Start or a NCPK/More at Four classroom? ☐ Yes ☐ No	Is your child a United States citizen? $\square$ Yes	o □ No (Citizensh	nip status does <u>not</u> affe	ct eligibility for NO	CPK.)
Please write your top 3 location choices, with a 1 for 1st choice, a 2 for 2nd choice, and a 3 for your 3rd choice.  (We cannot guarantee your top choices.)  A New Beginning Child Development Center Catawba Elementary Claremont Elementary Claremont Elementary Clyde Campbell Elementary Hickory High Child Development Ctr.  Lyle Creek Elementary Maiden Elementary North Newton Elementary Sherrills Ford Learning Academy Snow Creek Elementary South Newton Elementary Southwest Primary Startown Elementary St. Stephens High School Pre-K Tyndall Center at Sipe's Orchard Home Webb A. Murray Elementary  Has anyone in your family ever attended a Head Start or a NCPK/More at Four classroom? Yes No	What elementary school will your child att	end?			□ I don't know
Catawba Elementary Claremont Elementary Clyde Campbell Elementary  Conover School Fred T. Foard High School Pre-K Lyle Creek Elementary Maiden Elementary North Newton Elementary  Oakwood Elementary Sherrills Ford Learning Academy Snow Creek Elementary South Newton Elementary Southwest Primary  Startown Elementary St. Stephens High School Pre-K Viewmont Elementary Webb A. Murray Elementary  Has anyone in your family ever attended a Head Start or a NCPK/More at Four classroom? ☐ Yes ☐ No			-	-	
	Catawba Elementary Conover School Lyle Creek Elementary Oakwood Elementary Snow Creek Elementary Startown Elementary	Claremor Fred T. Fo Maiden E Oxford El South Ne	nt Elementary coard High School Pre-K clementary ementary wton Elementary ens High School Pre-K	Clyde Campbel Hickory High Cl North Newton Sherrills Ford Lo Southwest Prin	l Elementary nild Development Ctr. Elementary earning Academy nary
O MOULT DELIVER MINDS WINDS WITH MALE WAS A STREET WAS A	Has anyone in your family ever attended a If you checked yes, who?				l No



#### **FAMILY INFORMATION**

Child lives with:  Both Parents		☐ Father		er:		i	
Marital Status of Parents:	☐ Single		·	arated			
If you have any formal or informal	custody arra	ngements, ple	ase let us	know:			
Are either of the child's parents or	legal guardia	ans an active d	uty memb	er of the	armed force	es? 🗆 Yes 🗆 N	0
Mother or Guardian:	<b>-</b>	Mother/Guar			•	7	
Please choose which of these apply	•	employed chool full-time				☐ Employed par	t-time
Mother's Place of Employment (if a	applicable):_						
Mother's School (if currently enrol	led):						
Mother's Education Level: ☐ Motl☐ Mother has GED ☐ Mot		completed high nded some col			_	school diploma uated from colle	ge
Father or Guardian:		Father/Guard		-			
Please choose which of these apply	-	employed chool full-time				□ Employed par	t-time
Father's Place of Employment (if a	pplicable):						
Father's School (if currently enrolle	ed):						
Father's Education Level: ☐ Father☐ Father has GED ☐ Father☐					_	ool diploma ed from college	
List all other <b>adults</b> living in the ho	usehold:						
<u>Name</u>		<u>Relat</u>	ionship to	Child (wh	o is applyin	<u>g)</u>	
List all <b>other children</b> in your house		r Dirth	Data		School		Crado
<u>Name</u>	<u>Gende</u>	<u>г вігиі</u>	<u>Date</u>	<u>3</u>	<u>School</u>		<u>Grade</u>



Emergency Contact Person:	(someone other than parent or guardian)
Relationship to Child:	Phone:
Does your child receive any of the following s  ☐ Speech Therapy ☐ Physical Therapy	services? (Please check all that apply.)  ☐ Occupational Therapy ☐ ABA Therapy ☐ Play Therapy ☐ Early Childhood Support Team Clinical Specialist
	e following? (Please check all that apply.)  Development Delayed  Other (please describe):
	are you working with?
	tion Plan (IEP)?  Yes  No  Unsure pugh?
child qualifies for NC Pre-K, we want to work	children's programs are separate, but sometimes they can overlap. If your with your family and your school system to find the best possible placement for guidelines regarding exceptional children must take precedence over NC Pre-K
Does your child have any chronic health prob If yes, please explain:	olems?
	ave any special needs, disabilities, or chronic health problems?   Yes  No
Is your child <u>currently</u> enrolled in a preschool	or child care program?
If yes, which one?	
If so, please check one:	cholarships through the Department of Social Services? ☐ Yes ☐ No  We are on the subsidy waiting list ☐ We don't qualify for subsidy
If not currently enrolled in child care, has y	our child <u>ever</u> been enrolled in a child care program?
When did your child attend?	
Where did your child attend?	
Who currently takes care of your child do	uring the day?



### **FINANCIAL INFORMATION**

□ WIC □ Public Housing Assistance □ Child Care Subsidy □ Child Support Payments – amount received:  □ AFDC/Work First – amount received:  □ Social Security – amount received:  \$ □ Social Security – amount received: \$ □ Social Security – Socia	\$  Income information is required.  You must include:
□ AFDC/Work First – amount received: \$	Income information is required.
□ Social Security – amount received: \$	You must include:
a social security – amount received.	copy of <b>2</b> recent check stubs, the front
☐ Unemployment – amount received: \$	page of form 1040, or W-2 form.
□ Other: – amount received: \$	
$\Box$ At this time I do not receive any type of income from any of the above source additional paperwork that must be completed and returned before your applica	
Your <b>TOTAL</b> household income is: \$ (including <u>all</u> sources listed above)	_ □ Weekly □ Monthly □ Yearly
Do any children in your household qualify for (please check):   Free Lunch at so	chool
OTHER INFORMATION  Has your family ever (currently or in the past) received support from Child Prote  Who referred you to the NC Pre-Kindergarten Program?	CDSA
* PARENT/GUARDIAN SIGNATURE IS I certify that all of the information on both sides of this application is tru understand I am responsible for calling the NCPK Office (828-695-6506) this application (phone number, address, work status, income, etc.). I g on this application and any other documentation that I submit with this selection committees, the classroom staff, the Division of Child Develop as necessary to verify accuracy. I understand that knowingly providing i this application being rejected.  Parent/Guardian Signature	ue to the best of my knowledge. I with any changes to information on ive my permission for the information application to be released to the ment and Early Education, and others