



# Application for Moore County 2020-2021

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Child's Gender: Male \_\_\_ Female \_\_\_ Birth Date: \_\_\_\_\_ Is the child Hispanic? Yes \_\_\_ No \_\_\_

Child's Race: (Check all that apply) White/European American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_  
Native American Indian or Alaska Native \_\_\_ Black or African American \_\_\_ Asian \_\_\_

Mother's/Stepmother's/Guardian's Name: \_\_\_\_\_

Father's/Stepfather's/Guardian's Name: \_\_\_\_\_

or Legal Custodian(s), if not parent: \_\_\_\_\_

Child lives with:  Mother only  Father only  Both Parents  Legal Custodian  Legal Guardian  Other/Specify \_\_\_\_\_

List other dependents (if any) and their ages:  
\_\_\_\_\_( ) \_\_\_\_\_( ) \_\_\_\_\_( )  
\_\_\_\_\_( ) \_\_\_\_\_( ) \_\_\_\_\_( )

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ Street/P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Mother Employed:** Yes \_\_\_ No \_\_\_  
Average hours worked per week: \_\_\_\_\_  
Mother seeking employment Yes \_\_\_ No \_\_\_  
Mother attending secondary education Yes \_\_\_ No \_\_\_  
Mother attending high school/GED Yes \_\_\_ No \_\_\_  
Mother attending job training Yes \_\_\_ No \_\_\_  
Other employment Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

**Father Employed:** Yes \_\_\_ No \_\_\_  
Average hours worked per week: \_\_\_\_\_  
Father seeking employment Yes \_\_\_ No \_\_\_  
Father attending secondary education Yes \_\_\_ No \_\_\_  
Father attending high school/GED Yes \_\_\_ No \_\_\_  
Father attending job training Yes \_\_\_ No \_\_\_  
Other employment Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

**Mother's Income:**  
Current wages BEFORE taxes \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Alimony \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Child Support \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Workers Comp \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Unemployment \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
SSI/TANF/Work First \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Overtime \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly

**Father's Income:**  
Current wages BEFORE taxes \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Alimony \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Child Support \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Workers Comp \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Unemployment \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
SSI/TANF/Work First \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly  
Overtime \$ \_\_\_\_\_  Yearly  Monthly  Twice Monthly  Bi-weekly  weekly

What is the primary language of the child? \_\_\_\_\_ What is the primary language of the parent? \_\_\_\_\_

Does your child have a chronic health condition diagnosed by a doctor? No \_\_\_ Yes \_\_\_ explain (medical statement required) \_\_\_\_\_

Does your child receive Special Education Services (has an IEP)? No \_\_\_ Yes \_\_\_ disability category \_\_\_\_\_

Is at least one parent/guardian of this child an active duty member of the military, or was injured on active duty? No \_\_\_ Yes \_\_\_

What is the highest level of education completed by Mother/Guardian? \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Is there a history of abuse/neglect in the family? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Is/has the child been in foster care? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Has any family member listed been incarcerated during the past 12 months? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

What is the child's current childcare arrangement?  No childcare arrangement.

Attends childcare center. Name: \_\_\_\_\_

Receives Subsidy: Yes \_\_\_ No \_\_\_

Attends preschool. Name: \_\_\_\_\_

Has your child previously attended a childcare facility?  Yes  No Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

What is your home school? (where siblings or children in neighborhood attend) \_\_\_\_\_

Are you able to provide transportation to and from the classroom daily?  Yes  No

(You may be required to provide transportation if the assigned school is not in your attendance zone)

Please indicate which school you are interested in your child attending: (choose one):

\_\_\_\_\_ Aberdeen

\_\_\_\_\_ Carthage

\_\_\_\_\_ Robbins

\_\_\_\_\_ Southern Pines

\_\_\_\_\_ Vass

\_\_\_\_\_ West End

Extra Comments: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATIONS:** I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given in the determination of eligibility for the NC Pre-K program and for the receipt of state funds; that NC Pre-K officials may verify the information on the application and that financial information will not be shared with any other agencies. I give up my rights on confidentiality for these purposes only

I understand that if my child is selected to participate in the NC Pre-K program, consistent attendance by my child and parent involvement will be critical to the success of my child. I/we will commit to participate as required by the NC Pre-K criteria and understand that I will forfeit my child's slot if he/she does not attend on a regular basis.

I certify that I am the parent or legal guardian of the child for whom this application is being made.

\_\_\_\_\_  
Primary Caregiver Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Caregiver (if applicable)

\_\_\_\_\_  
Date

**Signature for Release of Information to Community Programs** I  agree  do not agree for my name and contact information to be released to Community Programs offering family information or educational services to parents and children.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTATION VERIFICATION**

1. Check the box next to the documentation provided.
2. Make copies and attach them to this form.
3. All completed applications submitted by June 30, 2020, will be considered for the initial round of acceptances.

Child's Birth Certificate

Parent/Guardian's Driver's License, Picture ID, Proof of Residency

Child's Social Security or Medicaid Card if American Citizen

Proof of Income for both parents/guardians: tax records and/or pay stubs and/or award letters from Social Security Administration or the Employment Security Commission and/or employer statements and/or child support orders.

If applicable:  Proof of Military Status

Proof of Medical Diagnosis

- Completion of the application DOES NOT guarantee acceptance into NC Pre-K.
- Families will be notified in June if the child has been accepted or placed on a waiting list.
- If your address or phone number changes, it is your responsibility to contact us or the next available applicant will be considered.

\*Interviewer's Initials \_\_\_\_\_ This applicant has been identified through the McKinney-Vento Homeless Act (check only if applicable) \_\_\_\_\_