

VCS Title I and NC Pre-K Application for 2020-2021 School Year

Your child must be 4 on or before August 31, 2020.

If you are interested in applying, please return application and supporting documents to one of the elementary schools or Central Office, located on 1724 Graham Ave. Henderson NC 27536. 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 (W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Comp, Public Assistance/Work First Benefits, Military pay or 3 most receipt consecutive paystubs).
- Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family.
- 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
- Proof of Medicaid (Head Start sites only) if applicable

Please print legibly and complete all lines.

Child's Legal Name: Last:			First:		Middle:	
Date of Birth:	Was this child born in the U.S.A.? <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Social Security Number:		Child's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Indian	
Child lives with:			Relationship to the child:			
Street Address:			How long have you lived at this address?			
City:		State:	Zip Code:		County of residence:	
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Alternate Phone: Name and relationship: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
Is the child currently in child care/day care/ Head Start or any other Pre-K Program? <input type="checkbox"/> No <input type="checkbox"/> Yes Name:			Has the child previously been in child care/day care/ Head Start or any other Pre-K Program? <input type="checkbox"/> No <input type="checkbox"/> Yes Name:			
Has the child had a formal developmental evaluation? (Ex.: CDSA) <input type="checkbox"/> No <input type="checkbox"/> Yes			Does your child have an IEP through the Exceptional Children's Program? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child receive: <input type="checkbox"/> Speech <input type="checkbox"/> Occupational and/or Physical Therapy <input type="checkbox"/> Other _____			
Child's Health Status:(choose one)	<input type="checkbox"/> child has no significant health concerns	<input type="checkbox"/> child is seen or being seen by a pediatric specialist for a chronic health concern		<input type="checkbox"/> child is identified as mentally or physically chronically ill or medically fragile		

Does your child speak another language **other than** English? No Yes

If yes, what language does child speak at home? _____

Does your child need the Pre-K screening in:? English Spanish (please check **ONLY** one)

FAMILY INFORMATION

Who does the child live with?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Father Only | <input type="checkbox"/> Foster Parent _____ |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Legal Guardian _____ |

Does your family currently have a stable living arrangement? Yes No (please explain)

Mother/Stepmother/Guardian Name: _____ Resides w/ child Yes No

Home Phone Number _____ Cell Phone _____ Work _____

Mother's Place of employment: _____ Phone # _____

- Employed Seeking Employment Unemployed Un-Employed In post-secondary education
- In High School or in a GED Program In Job Training

Mother's Gross income (before taxes): Weekly: _____ Bi-weekly: _____ Monthly: _____ Yearly: _____

Father/Stepfather/Guardian Name: _____ Resides w/ child YES NO

Home Phone Number _____ Cell Phone _____ Work _____

Father's Place of employment: _____ Phone # _____

- Employed Seeking Employment Unemployed Un-Employed In post-secondary education
- In High School or in a GED Program In Job Training

Father's Gross income (before taxes): Weekly: _____ Bi-weekly: _____ Monthly: _____ Yearly: _____

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

Please list the names of ALL family members that live in the household.

Member name	Relationship to Child	Date of Birth	Age

Is at least one parent or legal guardian of this child an active duty member of the military? Yes No
 If so, is this parent deployed? Yes No Is this parent scheduled to deploy? Yes No
 Has a parent or legal guardian of this child been seriously injured or killed while on active duty? Yes No

**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 _____

(Office Use Only)

Eligibility (Title 1 _____ NC Pre-K _____)
 Assessment Score _____
 Screening date _____
 Father _____

Eligibility Confirmed By _____ Date _____
 Health Assessment Date _____
 Income Received: Mother _____

School Assigned _____

Teacher Assigned _____