

# 2015-2016 Pre-Kindergarten Application



Child must be four years of age on August 31, 2015.

**Complete information clearly and completely. Attach copies of all required documentation with application.**

## Child Information (Please Print)

Child's First Name:	Middle	Last
Child is called:		
Complete Address: (Street, City, State, Zip Code)		
Age: _____ <small>List child's age on August 31, 2015</small>	Child's Birthday ____/____/____ <small>Month Day Year</small>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Child's Primary Language:		
Race: (check <b>ALL</b> that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		
Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____		
Has child attended a licensed childcare facility? <input type="checkbox"/> No explain child's care _____ <input type="checkbox"/> Yes If yes, name of facility: _____ Dates of service: From: ____/____/____ To: ____/____/____		
Does your child have a chronic health condition or a significant health concern? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____		
Does your child have an active Individual Education Plan (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has or does your child currently receive services for a special need or disability? <input type="checkbox"/> No <input type="checkbox"/> Yes* When? _____		
* If yes, please explain needs, services received and location of services: _____		
Do you have a concern about your child's development (learning, speech, hearing or behavior)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____		

## Family Information

Mother or Stepmother's Full Name:		
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Mailing Address: (if different from physical address)
Home Phone:	Work Phone:	Cell Phone:
Email:	Employer	Weekly Gross (before tax) Income \$
<input type="checkbox"/> Employed* <input type="checkbox"/> Looking for work <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending College <input type="checkbox"/> In High School/GED program <input type="checkbox"/> In Job Training <input type="checkbox"/> Other _____		
*If employed, how many hours do you work each week?		
Father or Stepfather's Full Name:		
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Mailing Address: (if different from physical address)
Home Phone:	Work Phone:	Mobile Phone:
Email:	Employer	Weekly Gross (before tax) Income \$
<input type="checkbox"/> Employed* <input type="checkbox"/> Looking for work <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending College <input type="checkbox"/> In High School/GED program <input type="checkbox"/> In Job Training <input type="checkbox"/> Other _____		
*If employed, how many hours do you work each week?		

<b>*Legal Guardian's Name(s): (* Attach Legal Documentation- Required)</b>		
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child	Mailing Address: (if different from physical address)	

Home Phone:	Work Phone:	Cell Phone:
Email:	Employer	Weekly Gross (before tax) Income \$

Employed  Looking for work  Unemployed  Attending College  In High School/GED program  In Job Training  Other \_\_\_\_\_

If employed, how many hours do you work each week? \_\_\_\_\_

List parents, step-parents, legal guardians, brothers, sisters, half brothers and sisters, step brothers and sisters living in child's home.

Name	Relationship to the Pre-K Child and age	School attending
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Total number of family members listed above (including Pre-K student) \_\_\_\_\_

**Emergency Contact Information – Required**

Emergency Contact:	Relationship to Child:
Home Phone:	Work Phone:
	Mobile Phone:

**No application will be accepted without copies of these required documents:**

Completed Application   
 Child's Birth Certificate   
 Child's Immunization Record  
 **Two Proofs of Residency** (current bill, utility bill or rental agreement)   
 Military Documentation (LES) *(if applicable)*  
 Proof of income for parents/step-parents/legal guardians residing with child (copy of paycheck, child support, alimony, W-2, tax return  
(for your privacy, please **mark through your Social Security Numbers**).- **If applying only for Title 1 Pre-Kindergarten placement, proof of income is not required.**

A Health Assessment Form completed by your doctor is required. Submit with application or within 30 days of child's school enrollment.

**Parent/Legal Guardian Certification and Signature**

I certify that I am the parent/legal guardian of the child for whose name appears on this application. I certify that all the information contained in this application is true, accurate and complete to the best of my knowledge including income information. If at any time my family situation or contact information changes, I will notify your office. I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.

Parent/Legal Guardian Signature (required): \_\_\_\_\_

Signature Date

<p>If my child is not accepted in the Title 1 Pre-K program with the Union County Public Schools, please pass my child's application to NC Pre-K, a free Kindergarten readiness program administered by the Alliance for Children. NC Pre-K classrooms are located in four and five star childcare sites in Union County.</p> <p><b>There is no bus provided for NC Pre-K students, parents provide transportation each day.</b></p>	<input type="checkbox"/> <b>Yes</b> , my proof of income documents are attached with this application (If applying <b>only</b> for Title 1 Pre-Kindergarten placement, proof of income is <b>not required</b> .)  <input type="checkbox"/> <b>No</b>
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