



SMART START OF BRUNSWICK COUNTY

5140 Sellers Street, Shallotte, NC 28470 Phone: 910-754-3166 Fax: 910-754-3188

www.smartstartbrunswick.org

NC Pre-Kindergarten Application 2017-2018

Child must be 4 years old on or before August 31, 2017

Please answer each question completely.



Child Information			
Child's Full Name:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
DOB: ____/____/____ Month Day Year	Age: _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No NC resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of residence: _____
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Other (specify): _____			Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Information			
Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other* (specify) _____ *If living with legal guardian, legal documentation required			
Legal Parent/Guardian/ Step Parent (please circle one)			
Name:		DOB: ____/____/____ Month Day Year	Race: <input type="checkbox"/> White <input type="checkbox"/> Black Other: _____
Physical Address: (Street, City, State Zip Code)		Mailing Address (if different from physical address)	
Email Address:			
Home Phone:		Cell Phone:	Work Phone:
Place of Work:		<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Self Employed <input type="checkbox"/> Currently attending college <input type="checkbox"/> Stay at home parent <input type="checkbox"/> In high school or GED program <input type="checkbox"/> Other: _____	
Start Date:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Education Level: <input type="checkbox"/> Less than high school <input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree			
Legal Parent/Guardian/ Step Parent (please circle one)			
Name:		DOB: ____/____/____ Month Day Year	Race: <input type="checkbox"/> White <input type="checkbox"/> Black Other: _____
Physical Address: (Street, City, State Zip Code)		Mailing Address (if different from physical address)	
Email Address:			
Home Phone:		Work Phone:	Cell Phone:
Place of Work:		<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Self Employed <input type="checkbox"/> Currently attending college <input type="checkbox"/> Stay at home parent <input type="checkbox"/> In high school or GED program <input type="checkbox"/> Other: _____	
Start Date:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Education Level: <input type="checkbox"/> Less than high school <input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree			
Military Status of Parent/Legal Guardian			
<input type="checkbox"/> Active duty in US Armed Forces <input type="checkbox"/> Active Duty in NC National Guard <input type="checkbox"/> Reserve unit of Armed Forces and ordered to active duty in past or next 18 months <input type="checkbox"/> One parent or legal guardian of this child was injured or killed while on active duty <input type="checkbox"/> NA			

Family Income (Income verification required – Tax returns, W-2's, pay stubs, child support, Social Security benefits letter, etc)	
Father's Income BEFORE Taxes	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Mother's Income BEFORE Taxes	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Stepparent's Income BEFORE Taxes	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Child Support	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Alimony	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Worker's Comp	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Unemployment	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
Social Security /Retirement	\$ _____ Paid: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly

Child Data

Child's First Language: _____ Language spoken in the home: _____

Does your child have a chronic or significant health concern? Yes No If yes, please explain: _____ Documentation included Yes No N/A

Is your child currently receiving services for a developmental or educational need? Yes No If yes, please explain: _____ Documentation included Yes No N/A

Does your child have an active Individual Education Plan (IEP)? Yes NO Documentation included Yes No N/A
Date of IEP: _____

Which one describes who cares for your child routinely (most often):
 My child has never attended child care, family child care, or preschool.
 In the past, my child attended child care, family child care, or preschool. Program name: _____
 My child is currently attending the following child care, family child care, or preschool: _____
 and attends full-time or part-time

Is family currently enrolled in the Child Care Subsidy Program (vouchers)? Yes No

What is the child's family size: _____ Total Number

List the names of other family members living in the household that are not listed previously on the application	Relationship to the Pre-K Child	Date of Birth	Gender
1.			
2.			
3.			
4.			
5.			
6.			

Emergency Contact Information (someone living outside of the home)

Emergency contact: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Responsibilities: Please read carefully and initial each box

I understand my child may be placed on a waiting list.
 I understand that my child will need a current/updated health assessment.
 I understand that transportation to and from the NC Pre-K program will be the family's responsibility.
 I understand that family involvement is expected in the NC Pre-K program.
 I understand my child will receive developmental, dental, hearing, vision, and language screenings.
 I will provide NC Pre-K program with any needed/required documentation.
 I give my permission for Smart Start of Brunswick County to share my child's IEP with child care center staff and teachers (if applicable) Yes No

Brunswick County NC Pre-K Site Preference: Please check one

- Earth Angels Educational Center – 720 Whiteville Rd., Shallotte, NC
- For Kids Only – 344 Mulberry Rd., Shallotte, NC
- Kids World Academy II – 4833 Gina St., Southport, NC
- Kids World Academy III – 9272 Post Office Rd., Leland, NC
- Little Sandpipers Learning Center – 972 Old Ocean Highway, Supply, NC
- SPEC NINE – 111 Thomas Garst Lane, Leland, NC
- Child Care Network #84 – 787 Village Rd., Leland, NC
- Child Care Network #85 - 802 Leonard St., Southport, NC
- Tiny Tots – 270 Union School Rd., Shallotte, NC
- No preference (child will be placed at the closest child care site to the home address)

**Applications will NOT be accepted until all of the required documentation has been received.
Please see the checklist below for a list of the required documents.**

REQUIRED

- Completed and signed application**
- Copy of child's birth certificate**
- Copy of child's immunization record**
- Copy of child's social security card**
- Proof of all sources of income:** 2016 IRS tax return; 2016 W2; current LES; one month of current pay stubs; written statement from employer stating wage, hours employed and frequency of payment. Additional income: child support, alimony, Social Security benefits letter, retirement, etc.
- Proof of residency:** driver's license with current address, current utility bill, signed lease agreement (if bill/rental agreement is in someone else's name, a signed statement must be provided by the person along with the bill/rental agreement)
- Legal document required for guardianship/custody if not living with biological parent**

OPTIONAL

- Documentation of parent/legal guardian's military services (active duty or death from military service)
- Copy of child's current Individualized Education Plan (IEP)
- Documentation of chronic illness – child's health assessment of documentation from medical professional
- Copy of current educational/developmental screenings/evaluation indicating developmental or educational need

Parent/Legal Guardian Signature

I certify that I am the parent/legal guardian of the child for whose name appears on this application. I certify that all of the information contained in this application is accurate and complete to the best of my knowledge including income information. If at any time my family situation changes, I will notify your office of said changes. Some changes may require a new application to be completed.

Parent/Legal Guardian Signature (required) _____
Signature Date

**Complete and return signed application and supporting documentation to:
Smart Start of Brunswick County
5140 Sellers Street, Shallotte, NC 28470**

OFFICE USE ONLY

Received & Income Verified by: _____ Date _____
Income Dually Verified: _____ Date _____
Assigned Site: _____