



SMART START OF BRUNSWICK COUNTY

www.smartstartbrunswick.org

NC Pre-Kindergarten Application 2023-2024
Child must be 4 years old on or before August 31, 2023



North Carolina Prekindergarten Program

The Brunswick County NC Pre-K application process is administered by Smart Start of Brunswick County. NC Pre-K is a state funded program that provides children who may not otherwise be served with a valuable free educational experience for 6.5 hours per day. NC Pre-K helps ensure school readiness, maintaining smaller class sizes and follows the Brunswick County public school calendar. Children with highest priority will start getting placed into the program as early as July, but many placements are not complete until early August. Placements are not guaranteed, as there are often many more applications than there are spaces. Pre-K placements are made based on program specific factors, not on a first-come, first-served basis.

All documents are required for a complete application:

- Completed and signed application**
- Copy of child's birth certificate**
- Copy of child's immunization record**
- Proof of all sources of income**
- Proof of residency**
- Legal document required for guardianship/custody if not living with biological parent**

Other factors that may be used to determine eligibility?

- Current Individualized Education Plan (IEP)
- Child has identified developmental disability
- Child has chronic health condition(s)
- Child has limited English proficiency

Complete application and required documentation can be submitted to:

Scan and email to: jgriffiths@smartstartbrunswick.org

Mail or hand delivered to the Smart Start of Brunswick County Office

5140 Sellers Street, Shallotte, NC 28470

Phone: 910-754-3166

Fax: 910-754-3188



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NC Pre-Kindergarten Application 2023-2024

Child must be 4 years old on or before August 31, 2023



**All required documentation must be provided. Incomplete applications will not be processed. **

*** You will be notified via mail if your child has been accepted into the program. ***

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"/> Stepparent <input type="checkbox"/> Foster-Parent <input type="checkbox"/> Other* (specify) _____			
Are you homeless? _____		*If living with legal guardian, legal documentation required	
Legal Parent/Guardian/ Stepparent (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/ Stepparent (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			

Bachelor's Degree Graduate Degree

Military Status of Parent/Legal Guardian

Active duty in US Armed Forces Active Duty in NC National Guard Reserve unit of Armed Forces and ordered to active duty in past or next 18 months One parent or legal guardian of this child was injured or killed while on active duty 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Documentation included <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is your child currently receiving services for a developmental or educational need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Documentation included <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your child have an active Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Documentation included <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date of IEP: _____

Which one describes who cares for your child routinely (most often):

My child has never attended childcare, family childcare, or preschool.
 In the past, my child attended childcare, family childcare, or preschool. Program name: _____
 My child is currently attending the following childcare, family childcare, or preschool: _____
and attends full-time or part-time
Is the 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 (18 years of age or younger)	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 information that may include IEP with childcare center staff and teachers. I also give my permission for Smart Start of Brunswick County to share the classroom location of my child with the Brunswick County Schools Exceptional Children's Program staff (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

Little Sandpipers Learning Center – 972 Old Ocean Highway, Supply, NC

Excel 5 – 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

The Kids Connection – 4929 Old Shallotte Rd., Shallotte, NC

No preference (child will be placed at the closest childcare site to the home address)

Applications will NOT be accepted until all the required documentation has been received.

REQUIRED

Completed and signed application

Copy of child's birth certificate

Copy of child's immunization record

Proof of income: CHOOSE ONE - 2022 IRS tax return; 2022

W2; current Military LES; a month of current/consecutive pay stubs; written statement from employer stating wage, hours employed and frequency of payment.

Additional income: child support, alimony, Social Security benefits letter, Employment Security Commission letter, retirement, etc.

Proof of residency: CHOOSE ONE - 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

Required if listed on the application:

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 whose name appears on this application. I certify that all 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 application and supporting documentation returned to:

Smart Start of Brunswick County Office

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Phone: 910-754-3166

Fax: 910-754-3188

Scan and email: jgriffiths@smartstartbrunswick.org

OFFICE USE ONLY:

Received & Income Verified by: _____ Date _____