



SMART START OF BRUNSWICK COUNTY

www.smartstartbrunswick.org



NC Pre-Kindergarten Application 2025-2026

Child must be **FOUR** years old on or before August 31st

North Carolina Pre-Kindergarten Program

The Brunswick County NC Pre-K application process is administered by Smart Start of Brunswick County. NC Pre-K is an *income driven* based 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 the highest priority will start getting placed into the program as early as July, but many placements are not complete until mid-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 parents

Other factors that may be used to determine eligibility?

- Current Individualized Education Plan (IEP)
- Child has identified developmental or educational need(s)
 - Child has chronic health condition(s)
 - Child has limited English proficiency
 - Eligible military family

Completed applications with all required documentation can be submitted to:

➤ Scan and email to: Jgriffiths@smartstartbrunswick.org

➤ Ph: 910-664-6514 Fax: 910-7543188

➤ Mail/hand delivered to Smart Start of Brunswick County:

632 village Rd Ste 1, Shallotte (mail) or 926 Old Ocean Hwy building C, Bolivia

Business hours are Monday through Thursday 7:30 a.m. - 5:00 p.m.



SMART START OF BRUNSWICK COUNTY

www.smartstartbrunswick.org



NC Pre-Kindergarten Application 2025-2026

Child must be FOUR years old on or before August 31st

**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"/> Legal guardian, legal custodian <input type="checkbox"/> Foster <input type="checkbox"/> Stepparent & Parent <input type="checkbox"/> Caregiver (not court ordered) Are you experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent #1			
Name:		DOB: ____/____/____ Month Day Year	Relationship with child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other <input type="checkbox"/> Stepparent
Physical Address: (Street, City, State Zip Code)		Mailing Address: (if different from physical address)	
Email Address:			
Home Phone:		Cell Phone:	Work Phone:
If employed, place of employment:		<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: _____	
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's degree <input type="checkbox"/> Graduate Degree			

Parent #2		
Name:	DOB: ____/____/____ Month Day Year	Relationship with child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other <input type="checkbox"/> Stepparent
Physical Address: (Street, City, State Zip Code)		Mailing Address: (if different from physical address)
Email Address:		
Home Phone:	Cell Phone:	Work Phone:
If employed, place of employment:		<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: _____
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's degree <input type="checkbox"/> Graduate Degree		

No Income Statement: complete ONLY if you are currently unemployed and are not receiving any other source of regular income. I (Parent/Legal Guardian) _____, acknowledge that I currently have no verifiable income of any kind. I certify that this information is true. If any part is false, I understand that my child's participation in the program may be terminated and/or I may be subject to legal action.

(Parent/Legal Guardian Signature)

(Date)

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	
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 chronic or significant health concern(s)? <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(s)? <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: <input type="checkbox"/> My child has never attended childcare or a family childcare home. <input type="checkbox"/> In the past, my child attended a childcare program, or a family childcare home but is not attending now. Now my child is staying with a family member or a babysitter. <input type="checkbox"/> My child is currently attending the following childcare program or family childcare home: _____ Currently enrolled in the Child Care Subsidy Program (vouchers)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family size: _____			
List the names of other family members living in the household	Relationship with the Pre-K Child	Date of Birth	Gender
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Emergency Contact Information: Someone living outside of the home		
Emergency contact:		Relationship with child:
Home Phone:	Cell Phone:	Work Phone:
Family Responsibilities: Please read carefully and initial each box to confirm your understanding and acceptance of your responsibilities.		
<input type="checkbox"/> I understand that my child will need a current/updated health assessment before the start of the program. <input type="checkbox"/> I understand that transportation to and from the NC Pre-K program will be the family's responsibility. <input type="checkbox"/> I understand that family involvement is expected in the NC Pre-K program. <input type="checkbox"/> I understand that my child may be placed on a waiting list and that placement is NOT guaranteed.		
<input type="checkbox"/> I will provide the NC Pre-K program with any needed/required documentation. <input type="checkbox"/> I give permission for my child to receive developmental, vision, dental, and/or speech and language screenings and for the results of these screenings to be shared with NC Pre-K program staff. <i>I give my permission for Smart Start of Brunswick County to share my child's information that may include an IEP or other support resources/documents with childcare center staff and Brunswick County Schools Program staff (if applicable).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Brunswick County NC Pre-K Site Preference: Please check one		
<input type="checkbox"/> Earth Angels Educational Center – 720 Whiteville Rd., Shallotte, NC <input type="checkbox"/> For Kids Only – 344 Mulberry Rd., Shallotte, NC <input type="checkbox"/> Little Sandpipers Learning Center – 972 Old Ocean Highway, Supply, NC <input type="checkbox"/> Excel 5 – 111 Thomas Garst Lane, Leland, NC <input type="checkbox"/> Childcare Network #84 – 787 Village Rd., Leland, NC <input type="checkbox"/> Childcare Network #85 - 802 Leonard St., Southport, NC <input type="checkbox"/> Tiny Tots – 270 Union School Rd., Shallotte, NC <input type="checkbox"/> The Kids Connection – 4929 Old Shallotte Rd., Shallotte, NC <input type="checkbox"/> No preference (child will be placed at the closest childcare site to the home address)		
Applications will NOT be processed until all the required documentation has been received.		

Required for initial processing:

- ☐ **Completed and signed application**
- ☐ **Copy of child's birth certificate**
- ☐ **Copy of child's immunization record**
- ☐ **Proof of income:** CHOOSE ONE - 2024 IRS tax return; 2024 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 letter, 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**

Additional Factors - required documentation is 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 from Brunswick County Schools EC program)
- ☐ **Documentation of chronic concern** (child's health assessment of documentation from medical professional)
- ☐ **Copy of current developmental or educational need(s)** copy of screening/evaluation indicating need(s)

Parent/Legal Guardian Signature
Required

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 changes. Some changes may require a new application to be completed.

I understand that my child will not be placed in an NC Pre-K classroom until the State Budget is finalized typically sometime mid- July.

Parent/Legal Guardian Signature: _____ Date: _____

Complete application and supporting documentation returned to:

Smart Start of Brunswick County

Scan and email: Jgriffiths@smartstartbrunswick.org

Mail or hand delivered to **632 Village Rd Ste 1, Shallotte** (mail) or **926 Old Ocean Hwy building C, Bolivia**

Ph: 910-664-6514

Fax: 910-754-3188

Business hours are Monday through Thursday 7:30 a.m. - 5:00 p.m.

OFFICE USE ONLY:

Received & Income Verified by: _____ Date: _____