

# 2019-20 *Preschool Randolph* Application

This is a universal application for preschool programs in Randolph County, including NC Pre-K (state-funded preschool for eligible 4-year-olds); Head Start (federally funded preschool for eligible 3- and 4-year-olds; and Smart Start/Duel Subsidy (state-funded preschool for eligible 3-year-olds).

## CHILD INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Nickname Month / Day / Year

The child is: ☐ Male ☐ Female Child's citizenship: US Citizen ☐ Yes ☐ No

Child's Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Child's Race (check all that apply): ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander  
☐ White/European American ☐ Native American Indian /Alaska Native

Is your child currently enrolled in any type of preschool program? ☐ Yes ☐ No

If yes, please specify:

☐ Child Care Center/Home **or** ☐ Head Start Program Name \_\_\_\_\_ Town/City \_\_\_\_\_

☐ Other: Please specify \_\_\_\_\_

If your child is not in a program, has he/she **ever** been in any type of child care program? ☐ Yes ☐ No

If yes, when was the last day your child attended? \_\_\_\_\_ and where:

☐ Child Care Center/Home **or** ☐ Head Start Program Name \_\_\_\_\_ Town/City \_\_\_\_\_

Is your child currently receiving subsidy for child care? ☐ Yes ☐ No Is he/she on the subsidy waiting list? ☐ Yes ☐ No

If transportation is available in your area, will your child need transportation? (**Note: Transportation is limited**) ☐ Yes ☐ No

Does your child have or has he/she ever had a chronic health condition? ☐ Yes ☐ No

If yes, what is the health condition? \_\_\_\_\_

Is your child currently or has he/she ever received services for a special need or disability? ☐ Yes ☐ No

If yes, who provided the service and where? \_\_\_\_\_

If yes, please specify (check all that apply)

☐ Speech ☐ Physical Therapy ☐ Educational Services ☐ Identified disability: Please specify \_\_\_\_\_

☐ Mental Health ☐ Other: Please specify \_\_\_\_\_

## FAMILY INFORMATION

### HOUSEHOLD MEMBERS (only parents/legal guardians, and siblings under age 18, who live in the home)

All household members			Adult household members only		
Name	Relationship to Child	Age	Work Status	School Status	Education
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Stay-at-Home <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Graduate work or higher
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Stay-at-Home <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Graduate work or higher
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seeking Work <input type="checkbox"/> Stay-at-Home <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Graduate work or higher
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**FAMILY INFORMATION** (continued)

Family's Primary Language \_\_\_\_\_ Can someone in the home speak English? ☐ Yes ☐ No

Contact Person : \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Household Address \_\_\_\_\_ NC \_\_\_\_\_ Randolph County  
Street City ZIP Code

Mailing Address (if different) \_\_\_\_\_

Is your family living in a hotel/motel, car, public place, shelter, campground or temporary housing? ☐ Yes ☐ No

Is a parent or legal guardian of the child on active military duty (within the last or next 19 months) or been disabled or killed while serving on active duty? ☐ Yes ☐ No

Are any siblings currently enrolled in an elementary school? ☐ Yes ☐ No If yes, what school? \_\_\_\_\_

How did you hear about preschool in Randolph County? \_\_\_\_\_

**VERIFICATIONS: You must attach COPIES of the following to complete your application:**

- ☐ Child's Birth Certificate
- ☐ Child's Updated Immunization Record
- ☐ Proof of Income
  - ☐ Three (3) consecutive pay stubs (the last three or three in a row) from all working parents/legal guardians in the home or if self-employed, 1040 tax forms for current year
  - AND
  - ☐ Copy of all public assistance, including child support (if applicable)
- ☐ Two (2) documents showing current address (utility bill, wage stub, lease agreement, statement from landlord, etc.)
- ☐ Child's Medicaid Card (if applicable)
- ☐ Parent/Guardian Photo ID (for classes within Randolph County School System)

**ACKNOWLEDGEMENTS**

By signing this application, I understand:

1. This application must be completed in full and I must provide copies of verification documents for my child to be considered for the preschool programs listed,
2. The information I've provided is true and accurate, and
3. If any information submitted on or with this application is fraudulent, my child may be disqualified for preschool services.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Return completed application with all verifications to:

**Early Childhood Development Center**  
 1738 N. Fayetteville St.  
 Asheboro, NC 27203

Contact: 336-672-6636



**Randolph Partnership for Children**  
 349 Sunset Ave.  
 Asheboro, NC 27203

Contact: 336-629-2128



**RCS Head Start**  
 118 Virginia Ave./PO Box 1883  
 Asheboro, NC 27203

Contact: 336-672-5570

