2020 – 2021 NC Pre-Kindergarten Application for Randolph County
Randolph County Pre-K Programs are looking for children living in Randolph County who will be 3 years old\* (at select sites)
or 4 years old by August 31, 2020, and who MAY QUALIFY for the NC Pre-K program. You must provide the following documentation listed below for your application to be processed.

Without copies of these documen Child's Birth Certificate Child's both parents in the home or 1040 tax for this child support if receiving Parent plants in Child's Medicaid Card Guardian Please attach copies of the document	S Updated Immunization Records Updated Immunization Records of Immunization Re	ord	me (4 consecutive pay stubs from of all public assistance, including showing current address)			
Prease attach copies of the documents of the county Partnership for Children 349 SUNSET AVENUE ASHEBORO, NC 27203 (336) 629-2128	HEAD START* 118 VIRGINIA AVE P.O BOX 1883 ASHEBORO, NC 27204 (336) 672-5570	EARLY CHILDHOOD I 1738 N. FAYE ASHEBOR	RLY CHILDHOOD DEVELOPMENT CENTER* 1738 N. FAYETTEVILLE ST ASHEBORO, NC 27203 (336) 672-6636			
	INFORMATION ABOU	T YOUR CHILD	_			
Child's NameLast	First	Middle	Nickname			
Date of Birth/// Month Day Ye		aleFemale				
Select child's ethnicity:Hispan	nic orNon-Hispanic					
Race (check all that applies): As	sian Black/African A hite/European American	merican Native I Native Amer	Hawaiian/Pacific Islander ican Indian /Alaska Native			
Family's Primary Language	ily's Primary Language Can someone in the home speak English?YesNo					
INFORMATION ABOUT THE FAMILY Name of Parent(s) or Legal Guardian(s) who lives in the household:						
Mother		none Alt	. phone			
Last First	Middle					
Father Last First	Middle	PhoneA	lt. phone			
Household AddressStreet	City	State	ZIP Code			
Mailing Address (if different) Street	City	State	ZIP Code			
<b>Person(s) in Household:</b> □ One parent □ Two parents, married □ Two parents, not married □ Legal guardian(s) □ 50/50 Joint Custody □ Other:						
How many people live in your household? Number of Parents in home Number of Children  Ages of children in household						
<ul> <li>I understand that if my child is et him/her for Kindergarten. My si overall development.</li> <li>Once enrolled in the NC Pre-K p</li> <li>I understand my application will</li> <li>My signature confirms that</li> </ul>	gnature gives the school permiss rogram, daily attendance is requi be shared with agencies providing the information provided on	ned to determine eligibility for ion to allow my child to be scr red. Poor attendance could rea in this application is true a	rother services that will help prepare reened for Vision, Dental, Hearing, & sult in child losing the slot. to ensure children are served.			
Parent/C	Guardian's Signature	<u></u>	Date			

2020-2021 Pre-Kindergarten Application

Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential.

Please answer all questions as accurately as possible.

1.	Information of All Members in House (	only Mother, Father, (or				
Na	me	Relationship to Child	<b>Annual Income of Parents</b>	Date of Birth		
		Mother (or Guardian)	\$			
		Father (if in the home)	\$			
Mo	Are the parents in this family employed or enrolled in school? Please circle.  Mother: Working/Seeking F/T P/T Employer: Job Title: How long employed here? Hours per week How often are you paid? In School F/T P/T Course of study: School: Stay at home Seeking work Disability Other (explained) Father: Working/Seeking F/T P/T Employer: Job Title How long employed here? Hours per week How often are you paid? In School F/T P/T Course of study: School: Stay at home Seeking work Disability Other (explained) Stay at home Seeking work Disability Other (explained) Stay at home Seeking work Disability Other (explained) Godher: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher GED  Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher GED					
4.	Is your child currently enrolled in any type ofChild Care Center/Home: Name Head Start site name: Parent/HomeOther – Please specify	Town/				
5.	If your child is not in a program, has he/she ever been in any type of child care program?YesNoN/A If yes, indicate last day of attendanceName of child care center/home, preschool or head start program:Town/City					
6.	Does your child have or has he/she ever had a If yes, what is the health condition?					
7.	Is your child currently or has he/she ever received services for a special need or disability?YesNo If yes, please specify (check all that applies) Date of Services:SpeechPhysical TherapyEducational ServicesIdentified disability – Please specifyMental HealthOther- Please specify					
8.	Does the parent/legal guardian serve as an active member of the Armed Forces of the United States or has been ordered active duty by the proper authority within the last or next 18 months?YesNo					
9.	Has a parent/legal guardian been seriously injured or killed while in active duty?YesNo					
10.	. Is your child currently receiving subsidy for child care?YesNo. On the subsidy waiting list?YesNo					
11.	Are any siblings currently enrolled in an element	entary school?If so w	hat school?			
12.	How did you hear about this program?					
13.	If available in your area, will your child need	transportation? (**Note: Transportation?	sportation is limited)Yes	No		
15.	Name & Phone # of Doctor or Medical Service Name & Phone # of Child's Dentist Randolph Health will be used in case of emerg					