Randolph County NC Pre-Kindergarten Program

This program is designed to serve families in the Randolph County area who have children of preschool age and who otherwise may not have access to a quality pre-kindergarten program. Our hope is that the children in Randolph County will enter kindergarten better equipped with the tools they need to be successful. If you feel that you meet any of the following eligibility criteria, please complete an application online at randolphkids.org or come by the Partnership office at 349 Sunset Ave in Asheboro to complete one in person.

Eligibility Criteria:

- Child will turn 3 or 4 by August 31st (3-year-old slots are limited)
- Gross household income at or below 75% of the state median income for NCPK.
- Gross household income at or below federal poverty level for Head Start
- Receiving any of the following: WIC, Public Housing, TANF/WorkFirst, Medicaid, SSI, Food Stamps, or SNAP benefits.
- Parent deceased while in active military duty or who has been called to serve within the last or next 18 months.
- Child has an active IEP or is receiving services for a special need or disability.

Please be sure to submit ALL of the following documents along with the application! Only complete applications will be considered for approval.

☐ Child's Birth Certificate	
☐ Child's Immunization Record	
☐ 2 Utility Bills showing name, date, and current date	
 Qualifying documents: 	
Power bill	
■ Water bill	
■ Gas bill	
Cable/Internet bill	
 Lease agreement 	
Mortgage	
☐ Verification of income	
 Qualifying documents: 	
■ 1 month's check stubs	
 Tax documents showing gross income 	
 Employer statement on company letterhead 	
 Documents showing that you receive any of the 	he following:
• WIC	
 Public Housing 	Scan QR code for contact info.
 TANF/Work First 	
 Medicaid 	
• SSI	
 Food Stamps 	
• SNAP	
☐ Parent's Photo ID	4
☐ Guardianship documents if applicable	Days delab
☐ IEP or other documentation of services the child receives	Partnership



NC Pre-Kindergarten Application for Randolph County 2024-2025



Child's Name				
	Last	Firs	t	Middle
Date of Birth		MaleFe	nale Ethnicity:	Hispanic non-Hispanic
Month	Day Year			
Race (check all that app				ative Hawaiian/Pacific Islander rican Indian /Alaska Native
Child's Primary Lang	uage	Can some	one in the home sp	oeak English?YesNo
Southmont Elemen Tabernacle Elemen Ramseur Elementary Liberty Elementary Level Cross Elementary Trindale Elementar Randleman Enricht First Steps Early Le	evelopment Center tary School (Rando tary School (Randolph y School (Randolph ntary School (Randolph y School (Randolph ment Center (Both searning Center (Both ead Start (Both school	(Asheboro City School lph County district onl lph County district only; h County district only; County district only; tolph County district on a County district only; school districts; transport h school districts; transport	district only; transportation only; transportation only ansportation only was a value of transportation only was portation only transportation only are transportation only are tration not guarante portation not availation only to Ashebor	cortation only in Asheboro city) ly within Southmont district) ly within Tabernacle district) within Ramseur district) within Liberty district) within Liberty district) mly within Level Cross district) within Trindale district) led) lble) co city residents)
Ramseur Head Star		S Head Start only; there ORMATION ABOUT T		lots here)
D 4/G 11 4				
Parent/Guardian 1:	Last	First		
Parent/Guardian 2:	Last	First		
Household Address	Street		City	State ZIP Code
			City	Since Zir code
Mailing Address (if dif	,	Street	City	State ZIP Code
Person(s) in Household ☐Other:			·	☐ Kinship provider
Number of Child's Pa	rents in home	Number of Childs	en in home	
 I understand that if him/her for kinders overall development Once enrolled in the I understand my ap 	my child is enrolled, he garten. My signature gint. The NC Pre-K program, de NC prication will be shared firms that the informa	wes the school permission to aily attendance is required. with agencies providing Pr tion provided on this appli	o determine eligibility for allow my child to be so Poor attendance could re e-K & childcare subsidy cation is true and accu	or other services that will help prepare reened for Vision, Dental, Hearing, & esult in child losing the slot. to ensure children are served.

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.

Name	Relationship to Child	Date of Birth	Annual Income of Parents
	Mother (or Guardian)		\$
	Father (if in the home)		\$
			XXX
. Are the guardians in this family empl	loyed?		
Guardian 1: Employed Where	e? Pho	one #:	
Unemployed _	Seeking Work Disab	oled 	
Guardian 1: Employed Where	e? Pho	one #:	
Unemployed _	Seeking Work Disab	oled	
IO INCOME STATEMENT: I,	have n	no income of any	kind at this time.
. Please circle the highest level of educ	cation completed:		
Guardian 1: 6 th grade or less 6 th -1	1th grade GED High School	ol Diploma Co	llege Education Enroll
Guardian 2: 6 th grade or less 6 th -1	1th grade GED High School	ol Diploma Co	llege Education Enroll
	of Center	-	
Where is your child currently in careChild Care Center/Home: NameHead Start site name: Parent/Home	of Center ver had a chronic health condition	Do	you receive subsidy? Y
. Where is your child currently in careChild Care Center/Home: NameHead Start site name:Parent/HomeOther - Please specify Does your child have or has he/she exif yes, what is the health condition? Does your child receive services for a	of Center ver had a chronic health condition	Do Do Yes process of identify	you receive subsidy? Y No ying or determining possib
Where is your child currently in careChild Care Center/Home: NameHead Start site name:Parent/HomeOther - Please specify 5. Does your child have or has he/she even If yes, what is the health condition? 6. Does your child receive services for a	of Center ver had a chronic health condition special need or disability or in pYes, previously	Do Do Yes process of identify	you receive subsidy? Y No ying or determining possib
. Where is your child currently in care Child Care Center/Home: Name Head Start site name:Parent/HomeOther – Please specify . Does your child have or has he/she exify yes, what is the health condition? . Does your child receive services for a liagnosis? Yes, currently f yes, what was the child's diagnosis? f yes, please specify (check all that appli Speech P Educational Services Compared to the condition of the cond	of Center ver had a chronic health condition a special need or disability or in pYes, previously des) Date services began:	DoDoYesorocess of identif	you receive subsidy? Y No ying or determining possib
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Where is your child currently in care Child Care Center/Home: Name Head Start site name:Parent/Home Other – Please specify Does your child have or has he/she exif yes, what is the health condition? Does your child receive services for a fagnosis?Yes, currently Yes, what was the child's diagnosis? yes, please specify (check all that appliation of the plant of the p	of Center ver had a chronic health condition a special need or disability or in pYes, previously ies) Date services began: thysical Therapy Occupational Therapy Other- Please specify ed to serve in the military in the	Do On?Yes Process of identifyNo last or next 18 n	you receive subsidy? Y No ying or determining possib Evaluation in progre

11. Randolph Health will be used in case of emergency unless otherwise listed: _____