



Randolph County NC Pre-Kindergarten/Head Start 4-Year-Old Application 2025-2026

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 4 by August 31st
- 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 Certified 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 following:
 - WIC
 - Public Housing
 - Medicaid
 - TANF/Work First
 - Medicaid
 - SSI
 - Food Stamps
 - SNAP
- Parent's Photo ID
- Guardianship documents if applicable
- IEP or other documentation of services the child receives.

NC Pre-K Available Sites

The following sites serve children who live in the Randolph County school district only. Transportation is provided within each school district.

Southmont Elementary School
Tabernacle Elementary School
Ramseur Elementary School
Level Cross Elementary School
Liberty Elementary School
Trindale Elementary School

This site serves children who live in the Asheboro City school district only. Transportation is provided within Asheboro City school district.

Early Childhood Development Center

The following sites serve children who live in either school district. Transportation is not provided.

Connie Redding Head Start
Randleman Enrichment Center
Childcare Network #146

For more information contact one of the following people:

Head Start
Maria Recendez
(336) 672-5570
MRecendez@regionalcso.org

Early Childhood Development Center
Holly White
(336) 672-6636
hwhite@asheboro.k12.nc.us

Randolph Partnership for Children
Heather Semler
(336) 629-2128 ext. 131
hsemler@randolphkids.org



NC Pre-Kindergarten/Head Start 4-Year-Old Application for Randolph County 2025-2026

Child's Name _____
Last
First
Middle

Child's Current Age: _____ **Date of Birth** _____ **Male** **Female**

Race (check all that applies):

- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/European American
- Native American Indian /Alaska Native
- Hispanic
- Middle Eastern/North African
- Other

Ethnicity:

- Hispanic/Latin
- Non-Hispanic

Child's Primary Language _____ **Can someone in the home speak English?** Yes No

INFORMATION ABOUT ADULTS IN HOUSEHOLD

Parent/Guardian 1: _____ **Phone:** _____
Last
First
Email: _____

Parent/Guardian 2: _____ **Phone:** _____
Last
First
Email: _____

Household Address _____
Street
City
State
ZIP Code

Mailing Address (if different) _____
Street
City
State
ZIP Code

Alternate Contact #1: _____ **Phone:** _____

Alternate Contact #2: _____ **Phone:** _____

Number of Child's Parents in home _____ **Number of Children in home** _____

1. Information of Members Living in House (ex: Mother, Father, (or Guardians) and Siblings under 18)

Name	Relationship to Child	Date of Birth

2. Are the guardians in this family employed?

Guardian 1: **Employed** Where? _____ Phone #: _____
 Unemployed **Seeking Work** **Disabled**
 Guardian 2: **Employed** Where? _____ Phone #: _____
 Unemployed **Seeking Work** **Disabled**

NO INCOME STATEMENT: I, _____ have no income of any kind at this time.
 Signature: _____

3. Please circle the highest level of education completed:

Guardian 1: 6th grade or less 6th-11th grade GED High School Diploma College Education
Enrolled
 Guardian 2: 6th grade or less 6th-11th grade GED High School Diploma College Education
Enrolled

4. Where is your child currently in care?

Child Care Center/Home: Name of Center _____ Do you receive a subsidy? **Y**
N
 Head Start site name: _____
 Parent/Home
 Other – Please specify _____

5. Does your child have a chronic health condition that affects their development and/or learning? Yes No
 If yes, what is the health condition?

6. Does your child receive services for a special need or disability or in process of identifying or determining possible diagnosis? Yes No Evaluation in progress

If yes, please specify (check all that applies) **Date services began:** _____

Speech Physical Therapy
 Educational Services Occupational Therapy
 Mental Health Other- Please specify _____

7. Has a parent/legal guardian been called to serve in the military in the last or next 18 months? Yes No

8. Has a parent/legal guardian been seriously injured or deceased while in active duty? Yes No

9. Are any siblings currently enrolled in an elementary school? _____ If so what school? _____

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

11. Child's primary care physician: Name _____ Phone: _____

12. Child's primary dentist: Name _____ Phone: _____

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

Please list 2 preferred sites for your child to attend Pre-K. All available sites are listed on the second page of the application.

1st Choice _____

2nd Choice _____

PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY

- I understand that if my child is enrolled, he/she may also be screened to determine eligibility for other services that will help prepare him/her for kindergarten. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- Once enrolled in the NC Pre-K program, daily attendance is required. Poor attendance could result in child losing the slot.
- I understand my application will be shared with agencies providing Pre-K & childcare subsidy to ensure children are served.
- **My signature confirms that the information provided on this application is true and accurate.**
- **If any information submitted on or with this application is fraudulent, my child may be disqualified for services.**

Parent/Guardian's Signature

Date