



Randolph County Smart Start 3 year old Program 2026-2027

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 by August 31st
- Household's yearly gross income 200% or less of the state poverty level
- Parents in the home with the child are working full time OR are enrolled in school full time in person.
- Family lives in the Asheboro City School district.

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/employment
 - Qualifying documents:
 - 1 month's check stubs (must show gross income and hours worked)
 - Statement from employer indicating rate of pay and hours worked.
- ☐ Verification of school enrollment (if unemployed)
- ☐ Parent's Photo ID
- ☐ Guardianship documents if applicable
- ☐ IEP or other documentation of services the child receives

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



Child's Name	<hr/>		
	Last	First	Middle

Child's Age on August 31, 2026: _____ **Date of Birth** _____ **Male** **Female**

Ethnicity:

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

	<i>Hispanic</i>	<i>Non-Hispanic</i>

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

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

Parent/Guardian 2: _____

Last
First

Phone: _____
Email: _____

Household Address _____
 Street City State ZIP Code

Mailing Address (if different) _____

Street	City	State	ZIP Code
--------	------	-------	----------

Alternate Contact: _____ **Phone:** _____

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

Name	Relationship to Child	Date of Birth

2. Are the guardians in this family employed?

Guardian 1: Employed

Where? _____ Phone #: _____ Hours worked per week: _____

Unemployed Seeking Work Disabled

Guardian 2: Employed

Where? _____ Phone #: _____ Hours worked per week: _____

Unemployed Seeking Work Disabled

3. Are the guardians in this family enrolled in school?

Guardian 1: Y N If yes, how many credit hours will you be enrolled in fall 2026? _____

Guardian 2: Y N If yes, how many credit hours will you be enrolled in fall 2026? _____

4. Where is your child currently in care?

Child Care Center/Home: Name of Center _____ Do you receive 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? Y N

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

8. If available in your area, will your child need transportation? (**Note: Transportation is limited) Y N

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

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

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

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 Smart Start 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