



Dear Family,

Complete this application, collect the following documentation, and bring to one of the locations listed below. We cannot accept incomplete applications; we must have all of the above documentation in order to start the application process.

- ☐ **Birth Certificate**
- ☐ **Immunization (Shot) Record**
- ☐ **Health Insurance card** (Medicaid, Health Choice, Private Insurance)
- ☐ **Family's Income Verification**

Examples of income

- Tax Return, W2s, 1099s
- Supplemental Security Income, Social Security Income
- Printout of Work First Payments, TANF
- Child Support payments
- Year-to-date paycheck stubs, pay envelopes, etc.

- ☐ **Proof of Residence**

Examples of proof of Pender County residency (MUST SHOW THE PHYSICAL ADDRESS)

- Property tax records or Deed
- Mortgage documents or apartment/home lease
- Current bill such as electric, gas, water, cable, satellite, telephone

- ☐ **Parent/Guardian photo ID**

If applicable:

- ☐ Guardianship papers
- ☐ Individualized Education Plan (IEP)

If you have all of the above items, *you are now ready to apply for preschool.*

We will begin sending acceptance letters for:

- Head Start eligible 4 year olds on **April 1st**
- NCPK eligible 4 year olds on **May 15th**
- Head Start eligible 3 year olds on **June 1st**

All applications can be turned in to:

Pender County Schools Preschool Program
CONTRACTOR OFFICE
210 E. Fremont Street
Burgaw, NC 28425
(910) 259-7603

Only 4 year old applications can be turned in to:

| | | |
|--|---|---|
| Creative Minds NC Pre-K Site 11207 U.S. 17 Wilmington, NC 28411 (910) 686-6775 | Little Town Learning Center NC Pre-K Site 402 South Wright Street Burgaw, NC 28425 (910) 259-3311 | EXCEL Learning Center NC Pre-K Site 1001 N. Rhodes Ave. Burgaw, NC 28425 (910) 259-3411 |
|--|---|---|

Pender County Head Start and NC PreK Programs Eligibility Screening Interview

Our programs are funded through Head Start and NC Pre-K. Both of these programs are for children who are at risk for school failure. In order to determine if your family **may qualify** for one of these programs fill out the information below and bring to the Preschool Office at 210 East Fremont Street, Burgaw, NC 28425. Questions please call or email Alison Davis, Child and Family Service Coordinator, at 910-259-7603 / lois_healy-davis@pender.k12.nc.us.

☐ In-person interview (with birth certificate and ID attached) ☐ phone interview (documents to be collected)

ATTACH A COPY OF THE CHILD'S BIRTH CERTIFICATE AND COPY OF PHOTO ID FOR PARENT/GUARDIAN

SECTION 1: Child's age, health status, language, and educational need are eligibility factors

| | |
|---|---|
| Child's name: | Child's date of birth: |
| What is your child's first language? | What is the language spoken most at home? |
| Current Childcare Information: <input type="checkbox"/> Attends Preschool/Childcare Center: _____ | |
| <input type="checkbox"/> Stays with Parent/Relative/Friend/Neighbor | |
| Does your child have any of these chronic illnesses? | Does your child have a documented educational need? |
| <input type="checkbox"/> Asthma <input type="checkbox"/> HIV <input type="checkbox"/> Cancer <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes | <input type="checkbox"/> My child has or had an IEP (Individualized Education Plan) |
| <input type="checkbox"/> Hearing problems <input type="checkbox"/> Severe allergies <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> My child's doctor has concerns for my child's development |
| <input type="checkbox"/> Heart disorder <input type="checkbox"/> My child <u>does not</u> have chronic health problems | <input type="checkbox"/> My child receives mental health/behavioral services |
| <input type="checkbox"/> Other health problem: | <input type="checkbox"/> I have concerns for my child's development |
| <input type="checkbox"/> My child will need medication at school | <input type="checkbox"/> I do not have any concerns for my child's development |
| My child has: <input type="checkbox"/> Medicaid <input type="checkbox"/> NC Health Choice <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Health Insurance | |
| My child is: <input type="checkbox"/> wearing diapers/pull-ups <input type="checkbox"/> toileting with help <input type="checkbox"/> toileting and wiping on own | |
| My hospital preference for my child is: | |

SECTION 2: Family Background Information

| | |
|--|--|
| Do any of the following situations apply to your family? Please check all that apply. <input type="checkbox"/> none of these situations apply | |
| <input type="checkbox"/> homeless or living in shelter, hotel or campground | <input type="checkbox"/> in need of emergency food/housing assistance |
| <input type="checkbox"/> living with relatives or others by choice | <input type="checkbox"/> recently experienced fire or flood |
| <input type="checkbox"/> living with relatives or others due to loss of housing or economic hardship | <input type="checkbox"/> recent death of relative: who: _____ when: _____ |
| <input type="checkbox"/> unsafe or unhealthy environment | <input type="checkbox"/> no indoor plumbing and/or electricity |
| <input type="checkbox"/> unstable or abusive home | <input type="checkbox"/> receives SSI (Supplemental Security Income) |
| <input type="checkbox"/> child's mother or father is incarcerated | <input type="checkbox"/> receives TANF (Temporary Assistance for Needy Families) |
| <input type="checkbox"/> teenage parent at time of applicant's birth | <input type="checkbox"/> receives WIC (Women Infants and Children) |
| <input type="checkbox"/> have had other children in Head Start or NC PreK | <input type="checkbox"/> receives SNAP/EBT (Supplemental Nutrition Assistance Program) |
| <input type="checkbox"/> child being raised by foster family | <input type="checkbox"/> receives child subsidy for child care |
| <input type="checkbox"/> child being raised by grandparent/other relatives | <input type="checkbox"/> receives heating or air assistance |
| <input type="checkbox"/> either parent is in the military/currently deployed | <input type="checkbox"/> lives in public assisted housing (section 8/other) |

Continue on other side

Child's name:

Child's date of birth:

SECTION 3: Family size, education level and income are used to determine eligibility for both Head Start and NC PreK

Family, for a child, means all persons living in the same household who are:

- (1) Supported by the child's parent(s)' or guardian(s)' income; **and**
 (2) Related to the child's parent(s) or guardian(s) by blood, marriage, or adoption; **or**
 (3) The child's authorized caregiver or legally responsible party.

Income means gross cash income and includes earned income, child support, veterans' benefits, Social Security benefits, unemployment compensation, and public assistance benefits.
 * Do not include bonuses, overtime, or commission.

Family status: This is a ☐ single parent home ☐ two-parent home ☐ one adult is a step-parent

| Family member name <i>List adults first</i> | Date of Birth | Relationship to APPLICANT | Education level | Estimated income |
|---|---------------|---|---|--|
| <input type="checkbox"/> adult with legal guardianship of child | | | <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> College/Training <input type="checkbox"/> Grade 12 <input type="checkbox"/> Some College <input type="checkbox"/> HS diploma <input type="checkbox"/> Masters <input type="checkbox"/> GED | \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Student <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| <input type="checkbox"/> adult with legal guardianship of child | | | <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> College/Training <input type="checkbox"/> Grade 12 <input type="checkbox"/> Some College <input type="checkbox"/> HS diploma <input type="checkbox"/> Masters <input type="checkbox"/> GED | \$ _____ <input type="checkbox"/> No Income <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Student <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| Child: | | <input type="checkbox"/> Sister <input type="checkbox"/> Brother | School: | |
| Child: | | <input type="checkbox"/> Sister <input type="checkbox"/> Brother | School: | |
| Child: | | <input type="checkbox"/> Sister <input type="checkbox"/> Brother | School: | |
| Child: | | <input type="checkbox"/> Sister <input type="checkbox"/> Brother | School: | |
| Child: | | <input type="checkbox"/> Sister <input type="checkbox"/> Brother | School: | |

If more family members, please put more than one child per box.

Completion of this form does not constitute enrollment in preschool.

VERIFICATION OF ADDRESS, INCOME, HEALTH ISSUES AND IEP (IF APPLICABLE) IS REQUIRED.

By signing below, I verify that all the information/documentation is true to the best of my knowledge.

Parent/Guardian Signature:

Date:

Staff member conducting interview:

Date Received:

FOR OFFICE USE: School Preference(1-4): ☐ EXCEL ☐ CM-Hampstead ☐ LTLC ☐ PCSPP ☐ PCSPP PAID Preschool district:

Pupil No. _____
 Homeroom _____
 Bus No. AM _____ PM _____
 Enrollment Code _____
 School Year _____ Grade _____

PENDER COUNTY HEAD START & NC PRE-K CHILD APPLICATION

SCHOOL NAME: _____
 TODAY'S DATE: _____

This student has one of the following on file at their previous school:

- ☐ PEP ☐ SST File
☐ IEP ☐ AIG
☐ 504 ☐ LEP

| | | | | | | | | |
|---|--|---|------|---------------------------------------|--|---|-----------|---|
| Student Last Name | | First | MI | Preferred Name | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate | Main Phone Number |
| Student Ethnicity (Choose one) | | Student Race (Choose all that apply) | | Most Recent School Attended | | City | | State |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White | | Most Recent NC School Attended | | County | | <input type="checkbox"/> First time in NC School |
| | | | | Most Recent Pender Co School Attended | | | | <input type="checkbox"/> First time in Pender Co School |
| Street Address | | | City | | | State | | Zip |
| Mailing Address, if different from address above | | | City | | | State | | Zip |
| Student is Living With (Choose One) | | | | | | Custody of Student is With (Choose One) | | |
| <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Other _____ | | | | | | <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared Custody <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ | | |

Parent / Guardian Information

| | | | | | | | |
|---|--|------------------------------------|--|---|--|--|--|
| Parent/Guardian Name | | Type | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Person is Living With Student <input type="checkbox"/> Person is an Emergency Contact | | Address if not living with Student | | City | | State Zip | |
| Place of Employment | | Occupation | | Business Telephone | | Extension | |
| Home Phone Number | | Cell Phone Number | | Email Address | | Is this person on Active Duty with the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent/Guardian Name | | Type | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Person is Living With Student <input type="checkbox"/> Person is an Emergency Contact | | Address if not living with Student | | City | | State Zip | |
| Place of Employment | | Occupation | | Business Telephone | | Extension | |
| Home Phone Number | | Cell Phone Number | | Email Address | | Is this person on Active Duty with the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Emergency Contact: If Parent/Guardian cannot be reached, my child may be release to the following individuals:

| | | | | | | | |
|---|------------|--|------------|--|---|--|--|
| 1 | Name | | Type | | <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Friend of the Family <input type="checkbox"/> Babysitter <input type="checkbox"/> Older Sibling <input type="checkbox"/> Neighbor <input type="checkbox"/> Nanny <input type="checkbox"/> Other Family Member | | |
| | Home Phone | | Cell Phone | | Work and/or Other Phone | | |
| 2 | Name | | Type | | <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Friend of the Family <input type="checkbox"/> Babysitter <input type="checkbox"/> Older Sibling <input type="checkbox"/> Neighbor <input type="checkbox"/> Nanny <input type="checkbox"/> Other Family Member | | |
| | Home Phone | | Cell Phone | | Work and/or Other Phone | | |
| 3 | Name | | Type | | <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Friend of the Family <input type="checkbox"/> Babysitter <input type="checkbox"/> Older Sibling <input type="checkbox"/> Neighbor <input type="checkbox"/> Nanny <input type="checkbox"/> Other Family Member | | |
| | Home Phone | | Cell Phone | | Work and/or Other Phone | | |

Medical Information

| | | | |
|---|--|--------------|--|
| Doctor or Medical Practice | | Phone Number | |
| Is student covered by Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, would you like to receive information on available coverage options? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Transportation

| | |
|---|--|
| To School | From School |
| <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Before School Program Name of program: _____ | <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> After School Program Name of program: _____ |

Student Siblings

| | | | |
|--------------|-----|------|--|
| Sibling Name | Age | Type | <input type="checkbox"/> Brother <input type="checkbox"/> Half Brother <input type="checkbox"/> Step Brother <input type="checkbox"/> Foster Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half Sister <input type="checkbox"/> Step Sister <input type="checkbox"/> Foster Sister |
| Sibling Name | Age | Type | <input type="checkbox"/> Brother <input type="checkbox"/> Half Brother <input type="checkbox"/> Step Brother <input type="checkbox"/> Foster Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half Sister <input type="checkbox"/> Step Sister <input type="checkbox"/> Foster Sister |
| Sibling Name | Age | Type | <input type="checkbox"/> Brother <input type="checkbox"/> Half Brother <input type="checkbox"/> Step Brother <input type="checkbox"/> Foster Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half Sister <input type="checkbox"/> Step Sister <input type="checkbox"/> Foster Sister |

**Head Start / NC Pre-K
PRESCHOOL PROGRAM**

Program Permissions and Authorizations

Child's Name _____ Date of Birth _____

SCREENINGS: Head Start and NC Pre-K are both required to complete screenings of your child to assess their health and education needs. The following are screenings that may be conducted:

- | | | |
|--|-------------------|----------|
| • Brigrance and/or DIAL educational screenings | • Vision | • Height |
| • Behavioral/Mental Health observations | • Hearing | • Weight |
| • Dental (screening only-exam required for Head Start) | • Speech/Language | |

I, _____, the parent /guardian, authorize the above screenings and understand they are required components for my child to be enrolled in the preschool program.

Parent/guardian signature

EMERGENCY MEDICAL CARE:

If my child needs emergency medical care, I prefer my child to be taken to _____

Medical facility

and I authorize Head Start/NC PreK staff to obtain medical attention for my child in an emergency.

Parent/guardian signature

This authorization will allow us to contact community agencies for copies of shot records, Medicaid card, birth certificates, Individual Education Plans, etc.

_____ I decline giving my authorization and will provide all required documentation to the program. I understand that incomplete files are not eligible for enrollment in the preschool program

_____ I agree to mutual exchange of information related to my child's application for preschool between:

Pender County Schools Preschool Program

and

Pender County Schools Exceptional Children's Program

Pender County Department of Social Services

Pender County Health Department

Growing Pains, LLC

Coastal Horizons Center

Evergreen Behavioral Management

NC Early Childhood Information Data System

My child's doctor: _____ contact number: _____

My child's doctor: _____ contact number: _____

My child's dentist: _____ contact number: _____

Other: _____ contact number: _____

Other: _____ contact number: _____

Signature: _____ Date _____

Parent/Guardian

Head Start / NC Pre-K MEDICAL ALERT FORM

Grade (Curso) _____

Teacher (Maestro) _____

STUDENT (Nombre del Estudiante): _____ D.O.B. (Fecha de nacimiento) _____

Parents/Guardians name: _____ Phone # _____

Family/Emergency Contacts: _____ Phone # _____

Other Contacts: _____ Phone # _____

This includes those with permission to pick your child from school. (Esto incluye aquellos con permiso para recoger a su hijo/a de la escuela)
Please Contact School Immediately with Any Change (Por favor póngase en contacto inmediatamente con la escuela si hay cambios)

Parents are responsible for notifying and updating the School Nurse regarding any medical conditions.
Please include information regarding any **recent** hospitalizations or surgeries. (Los padres son responsables de notificar y actualizar a la enfermera de la escuela con respecto a cualquier condición médica. Por favor incluya información sobre cualquier hospitalización o cirugía reciente)

☐ **No Health Problems** (No tiene problemas de salud)

☐ Blood Disorder (Trastorno sanguíneo)

☐ Hearing Problems (Problemas de audición)

☐ Bone/Muscle Disorder (Desorden del hueso/musculo)

☐ Severe Insect Allergy (requiring medication at school)
(Alergia a insectos – requiere medicamento en la escuela)

☐ Severe Food Allergy (requiring medication at school)
(Alergia a comida – requiere medicamento en la escuela)

☐ Medication Taken At Home - **List** (Escriba medicamentos tomados en casa) _____

☐ Needs Medication, Specific procedure or Special medical assistance at School – **Requires Dr.'s Order**

(Necesita medicamento, procedimiento específico o asistencia médica especial en la escuela – requiere la orden del Doctor).

☐ Diabetes (Diabetes)

☐ HIV (VIH)

☐ Cancer (Cáncer) ☐ Seizures (Convulsiones)

☐ Nosebleeds, frequent (Hemorragias nasales, frecuentes)

☐ Heart Disorder (Desorden del corazón)

☐ Asthma/Respiratory (Asma/problemas respiratorios)

☐ Treated at home, no medication required at school
(Tratada en casa, no se requiere medicación en la escuela)

☐ Other (explain) (Otra condición – explica) _____

Last Annual Physical/Well-Child Check: El ultimo físico/bienestar infantil de mi hijo/a fue: _____
Specific Symptoms/Comments: (Síntomas específicos/comentarios) _____

**** ANY MEDICATION TO BE ADMINISTERED MUST BE PROVIDED TO THE SCHOOL BY THE PARENT ALONG WITH A PCS REQUEST FOR MEDICATION ADMINISTRATION FORM.**
(Cualquier medicamento que se administre debe ser proporcionado a la escuela por el padre junto con un formulario de solicitud de administración de medicamentos de PCS).

Student's Physician: (Doctor del estudiante) _____ # _____
The School Health Nurse has my permission to obtain further information regarding my child's health needs at school from his/her above named Physician. (La enfermera de salud escolar tiene mi permiso para obtener más información sobre las necesidades de salud de mi hijo en la escuela de su médico nombrado arriba).

(Parent/Guardian's Signature) (Firma del padre/guardián) _____ **(Date)** (Fecha) _____

**This information may be distributed to the child's teachers, nurse, cafeteria, coach, cumulative folder, bus driver and school administration.
(**Esta información puede ser distribuida a profesores del niño, enfermera, cafetería, entrenador, carpeta acumulativa, conductor del autobús y administración escolar.)

SCHOOL NURSE USE ONLY

Review _____ Plan _____

El cuadro debe ser llenado por la enfermera escolar.

Student has Medication: _____ Location: _____

Special Instructions: _____