

**NC Pre-K
Application**

MARTIN COUNTY SCHOOLS

School: _____ Date: _____

Application must be completed in its entirety. Use N/A when appropriate. Please print clearly.

Child Demographics

Child's Name: _____
(First) (Middle) (Last)

Does the child have a nickname? Yes No If yes, please list nickname _____

Child's Birth Date: _____ Child's Gender: Male Female

Child's Race (check all that apply): American Indian or Alaska Native African American Asia
 Native Hawaiian or Other Pacific Islander White

Is your child Hispanic or Latino? Yes No Is your child a US Citizen? Yes No

Child speaks (check all that apply): English Spanish Other, please specify: _____

Child's Home Address: _____

Child's Mailing Address (if different from above): N/A _____

Family Information

Child lives with: Both parents Mother Father Grandparent(s) Step-parent
 Other, please list relationship to child: _____

Mother/Guardian Name: _____
(First) (Middle) (Last)

Mother speaks (check all that apply): English Spanish Other, please specify: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

E-mail address: _____

Mother/Guardian highest level of education completed:
 less than 12th grade High School Diploma Associate Degree College Degree

Are you willing to participate in parent activities/meetings? Yes No

Father/Guardian Name: _____
(First) (Middle) (Last)

Father speaks (check all that apply): English Spanish Other, please specify: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

E-mail address: _____

Father/Guardian highest level of education completed:
 less than 12th grade High School Diploma Associate Degree College Degree

Are you willing to participate in parent activities/meetings? Yes No

Family Contacts

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the school has permission to contact the following individuals. *(Two individuals other than parent/guardian must be listed.)*

(Name)	(Relationship)	(Address)	(Phone Number)

Health Care Needs

Does your child have any known allergies to food, medication, etc.? Yes No
If yes, list the allergies and the symptoms and type of response required for allergic reactions: _____

Does your child have any chronic health conditions? Yes No
If yes, check all that apply: Asthma Diabetes Sickle Cell Cancer
Other, please specify: _____

Are there any health care needs or concerns? Yes No
If yes, list the symptoms of and type of response for these health care needs or concerns. _____

Does your child take any type of medication for health care needs on a regular basis? Yes No
If yes, please list: _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent and health care professional. If yes is indicated for any of the items above, a medical action plan form will be provided to the parent for completion.

Does this application require a medical action plan be attached? Yes No

Does the child have particular fears or unique behavior characteristics? Yes No
If yes, please specify: _____

Is there any other information that has direct bearing on assuring safe medical treatment for your child?
Yes No If yes, please specify: _____

Has your child ever received any of the services listed below? Yes No

If yes, please check all that apply.

- Children's Developmental Services Agency (CDSA) Exceptional Children's Program
 Occupational Therapy Physical Therapy Speech Therapy Health Department

Emergency Medical Care Information

Child's Doctor: _____

Address: _____

Phone Number: (_____) _____

Child's Dentist: _____

Address: _____

Phone Number: (_____) _____

Hospital preference _____ Phone _____

(In emergencies, EMS transports to the local medical facility at their discretion.)

Health Insurance: Company _____ Policy# _____

I, as the parent/guardian, authorize the school to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the school will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

Household Income

Individuals living with the child that contribute to the household income:

Mother/Guardian:

Employer Name: _____ Work Phone: _____

Average hours worked per week: _____

GROSS INCOME for Mother (documentation is required for all income listed on application):

Employer Wages: \$ _____ yearly monthly semi-monthly bi-weekly weekly

Child Support: \$ _____ yearly monthly semi-monthly bi-weekly weekly

Worker's Comp: \$ _____ yearly monthly semi-monthly bi-weekly weekly

If mother is not employed (check all that apply): Seeking Employment

In Job Training In Post-Secondary Education In High School or in a GED Program

Other, please specify: _____

Father/Guardian:

Employer Name: _____ Work Phone: _____

Average hours worked per week: _____

GROSS INCOME for Father (documentation is required for all income listed on application):

Employer Wages: \$ _____ yearly monthly semi-monthly bi-weekly weekly

Child Support: \$ _____ yearly monthly semi-monthly bi-weekly weekly

Worker's Comp: \$ _____ yearly monthly semi-monthly bi-weekly weekly

If father is not employed (check all that apply): Seeking Employment

In Job Training In Post-Secondary Education In High School or in a GED Program

Other, please specify: _____

Transportation

Will your child ride the bus? Yes No

When will your child ride the bus? Never Morning only Afternoon only
 Morning and Afternoon To and from some other place than home

List brothers and sisters that are attending school in Martin County.

1. Name: _____

School: _____ Grade: _____ Bus Number: _____

2. Name: _____

School: _____ Grade: _____ Bus Number: _____

3. Name: _____

School: _____ Grade: _____ Bus Number: _____

Child Care Information

Check the appropriate statement and specify:

Child has never been served in any preschool or child care setting.
Where and who cares for your child during the day: _____

Child was previously served in a preschool or child care setting.
Where and who cares for your child during the day now: _____

Child is currently participating in a preschool or child care program.
Name of the program: _____ Location: _____
Does your child receive child care subsidy? Yes No

Field Trips and Activities Outside the Fenced Playground

If my child is enrolled in the preschool program, I hereby give permission to the attending school for my child to participate in walking field trips or to be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground.

Signature of Parent/Guardian _____ **Date** _____

I am supplying this information so that my child can be considered for enrollment in the Martin County Schools Preschool Program (including NC Pre K, Title 1, and Exceptional Children). I certify that all of the given information is true and that all income is reported. I further understand that deliberate misrepresentation of the information given may constitute my child's removal from consideration for the Preschool Program, or later dismissal if accepted.



Parent/Guardian Signature

Date

Parents and Other Adults Living with the Four Year Old

	Name (Example: John Person)	Age (33)	Relationship (Father)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Brothers, Sisters, and Other Children Living with the Four Year Old

	Name (Example: Destiny Smith)	Age (6 weeks)	Relationship (Sister)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			