

ROBESON COUNTY PRESCHOOL APPLICATION

STUDENT INFORMATION

STATUS: **COMPLETED** **NOT COMPLETED**

DATE RECEIVED:

First Name:	Middle Name:	Last Name:
Preferred Name:	Date of Birth:	SSN:
Gender:		
Current address:		
City:	State:	ZIP Code:
U.S. Citizen Y <input type="checkbox"/> N <input type="checkbox"/>	Ethnicity (Hispanic) Y <input type="checkbox"/> N <input type="checkbox"/>	Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____

Child's Race (Check all that apply)

American Indian <input type="checkbox"/>	African American/Black <input type="checkbox"/>	Other <input type="checkbox"/>
Asian <input type="checkbox"/>	White <input type="checkbox"/>	

FAMILY INFORMATION

Who does the child reside with? Both Parents/Step-Parent Mother Father Legal Guardian/Foster Parent(s) Grandparent

Is your family homeless? Yes No - This may include sharing the housing of other persons due to loss of housing, economic hardship or similar reason; living in hotels, motels or camping grounds; living in emergency or transitional shelters; or living in a car.

Parental Status: One Parent Household Two Parent Household

Number of Children in the Home: (Please include each child's age and birthdate)

Child(ren): Age/Birthdate of each child:

Mother/Guardian's Name:	Home Phone:	Business Phone:	Cell Phone:
Address:			

Employed Seeking Employment In Post-Secondary Education In High School/GED Program Job Training Other

Place of Employment:

Father/Guardian's Name:	Home Phone:	Business Phone:	Cell Phone:
Address:			

Employed Seeking Employment In Post-Secondary Education In High School/GED Program Job Training Other

Place of Employment:

Is at least one parent or legal guardian an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? Y N

FAMILY INCOME (Not used for Title I Eligibility) - Only include income of those living in the home with the child.

Mother's/Stepmother's/Guardian's Income BEFORE taxes:	Father's/Stepfather's/Guardian's Income BEFORE taxes:
Current Wages \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly	Current Wages \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly
Child Support \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly	Child Support \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly
Unemployment \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly	Unemployment \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly
SSI \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly	SSI \$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly



EMERGENCY CARE INFORMATION

Name of Child's Doctor:		Office Phone:
Hospital Preference:		Phone:
Name of Child's Dentist:		Office Phone:
In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals:		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

CONTACTS

Child will be released only to the parents/guardians listed. The child can also be released to the following individuals, as authorized by the person who signs this application.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

HEALTH CARE NEEDS

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 or health care professional. Is there a medical action plan attached?
 Y N

Does your child have any allergies? Y N If yes, please list them, the symptoms and type of response required for allergic reactions:

Does your child have any health care needs or concerns? Y N If yes, please list them, the symptoms and type of response required for these health care needs or concerns:

Does your child have any particular fears or unique behavior characteristics? Y N If yes, please list them:

Does your child have any types of medication taken for health care needs? Y N If yes, please list them:

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

PRIOR PLACEMENT

Child has never been served in any preschool or child care setting

Child is currently unserved

Child is in unregulated child care

Child is not receiving subsidy but is in some kind of regulated child care, if so list child care:

Child is receiving subsidy and is in some kind of regulated child care, if so list child care:

Do you have any siblings in a public school or child care, if so would it be easier for your child to attend the same school or child care facility? If so list the name of the school or facility.

How will your child be transported to NC Pre-K? _____

SPECIAL NEEDS

Does your child have any documented special needs: (i.e.) speech, blindness, orthopedic, hearing, chronic illness, social, emotional or behavior issues? Y N

Does your child have an Individualized Education Plan (IEP)? Y N

Does your child currently receive services from any community based provider for his/her disability, social, emotional, or behavior issues? Y N

ADDITIONAL INFORMATION

How did you obtain this application?

<input type="checkbox"/> Robeson County Partnership for Children, Inc.	<input type="checkbox"/> Mail
<input type="checkbox"/> Public Schools Site – Which One? _____	<input type="checkbox"/> Website/Online
<input type="checkbox"/> Child Care Center – Which One? _____	<input type="checkbox"/> Email
<input type="checkbox"/> Head Start Site – Which One? _____	<input type="checkbox"/> Other – Please list: _____

PLACEMENT

If accepted into the program, do you have a location preference*: Y N (See below for site choices)

Preferred Sites: 1. _____ 2. _____
 3. _____ 4. _____

*Site placement is based on program availability and preference cannot always be honored.

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. I certify that all the information provided is true, correct, and complete. I understand that information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Misrepresentation may subject me to prosecution under applicable North Carolina state laws and disqualify my child's application. Completed application requires child's original birth certificate, child's social security card, child's shot record, and parent income verification (used to determine NC Pre-K eligibility).

Signature of Parent:

Date:

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

Signature of Administrator:

Date:

OFFICE USE ONLY

DATE APPLICATION COMPLETED OR UPDATED:

SCHOOL DISTRICT:

NC Pre-K Eligible Title 1 Eligible PSRC Site: NC Pre-K Y N
 NC Pre-K Non Eligible Title 1 Non Eligible NC Pre-K Site:

ROBESON COUNTY PRE-KINDERGARTEN SITES

PRIVATE SITES	PUBLIC SCHOOL SITES	PUBLIC SCHOOL SITES, CONT'D
Christine's Christian Daycare (Lumberton) 910-738-8200	Deep Branch Elementary 910-738-2514	Rowland Norment Elementary 910-671-6030
Christine's Christian Daycare (St. Pauls) 910-865-2006	East Robeson Primary 910-671-6055	Shining Stars Preschool (Lumberton) 910-671-4343
Cottonwood Pre-Elementary 910-618-1300	Green Grove Elementary 910-628-7433	Shining Stars Preschool (Pembroke) 910-521-0559
First Baptist Early Childhood Ministry 910-738-6608	JC Hargrave Elementary 910-671-6060	Southside Ashpole Elementary 910-422-3791
Island Grove Baptist Christian Daycare 910-522-1393	Long Branch Elementary 910-739-3864	St. Pauls Elementary 910-865-4103
Jamestown Day Care Center, Inc. 910-739-8861	Magnolia Elementary 910-671-6070	Union Chapel Elementary 910-521-4456
Kid Kare Learning Center 910-628-0042	Oxendine Elementary 910-843-4243	Union Elementary 910-521-4772
Kids' Academy Daycare & Preschool 910-739-1501	Parkton Elementary 910-858-3951	W.H. Knuckles Elementary 910-671-6020
Kidz Pointe Learning Center 910-843-3873	Pembroke Elementary 910-521-4204	West Lumberton Elementary 910-671-6045
Pampers, Hugs, & Luv's Learning Center #2 (St. Pauls) 910-865-2380	Peterson Elementary 910-843-4125	LRDA HEAD START SITES
Precious Angels' Day Care 910-674-4766	Piney Grove Elementary 910-671-6025	Allenton Head Start 910-608-0326
Raggedy Ann & Andy's Fantasy World Childcare Center 910-844-9840	Prospect Elementary 910-521-4766	Green Grove Head Start 910-628-1280
Riverwood Pre-Elementary 910-521-9001	R.B. Dean Elementary 910-844-5982	Rennert Head Start 910-843-2562
Tiny Tots Daycare Center 910-843-8240	Rex-Rennert Elementary 910-843-5298	
Wee Farm Learning Center 910-738-6070	Rosenwald Elementary 910-628-4291	

** Submitting an application at a site does not guarantee placement at that site. This application may be approved for a NC Pre-K, Title I, or Exceptional Children placement in any Private, Public, or Head Start site. **