

**DOCUMENTATION CHECKLIST**

* Complete Application (be sure you have included)

Child’s ethnicity **and** race

Number of Children & Ages/Birthdates

Signature

* Copy of child’s birth certificate
* Any legal guardianship documentation (if applicable)
* Immunization record
* Household Income (check all that apply)

Pay stubs: If monthly, include at least one pay stub

For weekly, bi-weekly or twice-monthly, include at least *2 consecutive pay stubs*

Child support

Unemployment

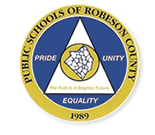
SSI/TANF

Signed Statement of No Income

* Site of preference (\*\*preference does not guarantee placement)



| **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: | | | Email Address: | | | | |
| City: | State: | | | | ZIP Code: | | |
| U.S. Citizen Y □ N □ Ethnicity (Hispanic) Y □ N □ Primary Language Spoken at Home: **□** English **□** Spanish Other:\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Child’s Race (Check all that apply)** | | | | | | | |
| American Indian □ | African American/Black □ | | | | Native Hawaiian or Other Pacific Islander □ | | |
| Asian □ | White □ | | | |  | | |
| **Family InformatioN** | | | | | | | |
| Who does the child reside with?  **□** Both Parents/Step-Parents  **□**  Mother (only) **□**  Father (only)  **□**  Legal Guardian **□**  Legal Custodian  **□**  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. | | | | | | | |
| Number of Children in the Home: Child 1 Age & Birthdate: Ages & Birthdates of all other children:  Child 2 Age & Birthdate:  Child 3 Age & Birthdate: | | | | | | | |
| Mother/Stepmother/Guardian 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/Stepfather/Guardian 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/STEPMOTHER/GUARDIAN: FATHER/STEPFATHER/GUARDIAN:**  Current Wages $\_\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly □ Twice Monthly Current Wages $\_\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly □ Twice Monthly  **(BEFORE TAXES)** □ Biweekly □ Weekly **(BEFORE TAXES)**  □ Biweekly □ Weekly  Child Support $ \_\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly □ Twice Monthly Child Support $ \_\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly □ Twice Monthly  □ Biweekly □ Weekly □ Biweekly □ Weekly  Unemployment $\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly Unemployment $\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly  SSI/TANF $\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly SSI/TANF $\_\_\_\_\_\_\_\_\_ □ Yearly □ Monthly | | | | | | | |



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| **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?  □ Robeson County Partnership for Children, Inc. □ Mail  □ Public Schools Site – Which One? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Website/Online  □ Child Care Center – Which One? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Email  □ Head Start Site – Which One? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other – Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **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 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 | Rosenwald Elementary  910-628-4291 | |
| Christine’s Christian Daycare (St. Pauls)  910-865-2006 | East Robeson Primary  910-671-6055 | Rowland Norment Elementary  910-671-6030 | |
| Cottonwood Pre-Elementary  910-618-1300 | Green Grove Elementary  910-628-7433 | Shining Stars Preschool (Lumberton)  910-671-4343 | |
| First Baptist Early Childhood Ministry  910-738-6608 | JC Hargrave Elementary  910-671-6060 | Shining Stars Preschool (Pembroke)  910-521-0559 | |
| Island Grove Baptist Christian Daycare  910-522-1393 | Long Branch Elementary  910-739-3864 | Southside Ashpole Elementary  910-422-3791 | |
| Jamestown Day Care Center, Inc.  910-739-8861 | Magnolia Elementary  910-671-6070 | St. Pauls Elementary  910-865-4103 | |
| Kid Kare Learning Center  910-628-0042 | Oxendine Elementary  910-843-4243 | Tanglewood Elementary (Title I Only)  910-671-6035  \*Anticipated to open August 2019\* | |
| Kids’ Academy Daycare & Preschool  910-739-1501 | Parkton Elementary  910-858-3951 | Union Chapel Elementary  910-521-4456 | |
| Kidz Pointe Learning Center  910-843-3873 | Pembroke Elementary  910-521-4204 | Union Elementary  910-521-4772 | |
| Pampers, Hugs, & Luv’s Learning Center #2 (St. Pauls)  910-865-2380 | Peterson Elementary  910-843-4125 | W.H. Knuckles Elementary  910-671-6020 | |
| Precious Angels’ Day Care  910-674-4766 | Piney Grove Elementary  910-671-6025 | **LRDA HEAD START SITES** | |
| Riverwood Pre-Elementary  910-521-9001 | Prospect Elementary  910-521-4766 | Allenton Head Start  910-608-0326 | |
| Tiny Tots Daycare Center  910-843-8240 | R.B. Dean Elementary  910-844-5982 | Green Grove Head Start  910-628-1280 | |
| Wee Farm Learning Center  910-738-6070 | Rex-Rennert Elementary  910-843-5298 | Rennert Head Start  910-843-2562 | |

\*\* 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. \*\*