



DOCUMENTATION CHECKLIST

REQUIRED WITH APPLICATION

- 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)
- Medical Action Plan (if needed see page 2)
- Household Income (check all that apply)
 - Pay stubs: If monthly, include at least one pay stub
 - For weekly include at least 4 consecutive pay stubs
 - For bi-weekly or twice-monthly, include at least 2 consecutive pay stubs
 - Child support
 - Unemployment
 - SSI/TANF
 - Signed Statement of No Income/Unverifiable income
- Categorical eligibility (check all that apply)
 - WIC
 - Public Housing
 - TANF/Work First
 - Medicaid
 - SSI
 - Food & Nutrition Services
 - SNAP/Food Stamps
- Site of preference on bottom of page 2 (**preference does not guarantee placement)

RECOMMENDED WITH APPLICATION

- Children's Medical Report (****not required for eligibility but required within 30 days of start date****)
- Immunization record (****not required for eligibility but required within 30 days of start date****)

ROBESON COUNTY PRESCHOOL APPLICATION

STUDENT INFORMATION

DATE RECEIVED:

DATE COMPLETED:

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 <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"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>
Asian <input type="checkbox"/>	White <input type="checkbox"/>	

FAMILY INFORMATION

Who does the child reside with? Both Parents/Step-Parents Mother (only) Father (only) Legal Guardian/ Custodian Foster Relative

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

Eligibility (Not used for Title I Eligibility) - Only respond for those living in the home with the child.

Income: Do you receive: (check all that apply and include documentation)		Categorical: Does anyone in your home receive: (check all that apply and include documentation)	
Mother/Stepmother/Guardian	Father/Stepfather/Guardian	<input type="checkbox"/> WIC	<input type="checkbox"/> SSI
<input type="checkbox"/> Wages from Employment	<input type="checkbox"/> Wages from Employment	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Food & Nutrition Services
<input type="checkbox"/> Child Support	<input type="checkbox"/> Child Support	<input type="checkbox"/> TANF/Work First	<input type="checkbox"/> SNAP
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Medicaid	
<input type="checkbox"/> SSI/TANF	<input type="checkbox"/> SSI/TANF		



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

PLACEMENT

If accepted into the program, do you have a location preference*: Y N (See next page 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).

By checking this box, and including my cell number, zip code, and child(ren)'s birthdate, I acknowledge that I will be enrolled in a texting service to receive text messages about resources and events for families with children 0-8 years old from Bright by Text and ROAR (Robeson Overcoming Adversity Through Resilience). I also understand that I can unsubscribe from these messages at any time.

<https://brightbytext.org/Privacy-Policy>

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

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
Angel's Childcare and Learning Center 910-858-0614	Deep Branch Elementary 910-738-2514	Rosenwald Elementary 910-628-4291
Cottonwood Pre-Elementary 910-618-1300	East Robeson Primary 910-671-6055	Rowland Norment Elementary 910-671-6030
First Baptist Early Childhood Ministry 910-738-6608	Fairgrove Elementary (Title I Only) 910-628-8290	Shining Stars Preschool (Lumberton) 910-671-4343
Kids' Academy Daycare & Preschool 910-739-1501	Long Branch Elementary 910-739-3864	Shining Stars Preschool (Pembroke) 910-521-0559
Kidz Pointe Learning Center 910-843-3873	Magnolia Elementary 910-671-6070	St. Pauls Elementary 910-865-4103
Little Feet Learning Academy 910-738-1471	Oxendine Elementary 910-843-4243	Tanglewood Elementary (Title I Only) 910-671-6035
Pampers, Hugs, & Luv's Learning Center #2 (St. Pauls) 910-865-2380	Parkton Elementary 910-858-3951	Townsend Elementary (Title I Only) 910-844-5086
Precious Angels' Day Care 910-674-4766	Pembroke Elementary 910-521-4204	Union Chapel Elementary 910-521-4456
Riverwood Pre-Elementary 910-521-9001	Peterson Elementary 910-843-4125	Union Elementary 910-521-4772
Tiny Steps Learning Center 910-738-4004	Piney Grove Elementary 910-671-6025	W.H. Knuckles Elementary 910-671-6020
Tiny Tots Daycare Center 910-843-8240	Prospect Elementary 910-521-4766	
Wee Farm Learning Center 910-738-6070	Rex-Rennert Elementary 910-843-5298	

**** 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 or Public. ****