

2020-2021 Cabarrus COUNTY PRE-K APPLICATION

Application Instructions

Parents Please Keep This Page for Your Reference

Children must be three or four years of age on or before August 31, 2020 to be considered for Pre-K programs in Cabarrus County.

Complete the application

A 2020-2021 Pre-K Application must be complete. **Applications with missing information will not be processed until all information and documentation is included.**

Documentation required to complete the application:

- Child's Birth Certificate, (**Mother's Verification of Facts' form is NOT ACCEPTABLE**)
- 2 Proofs of Cabarrus County residence (Deed, most current utility bill or lease under parent's name, Medicaid card, Driver's License), proof of domicile or documentation of homelessness.
- Documentation of **All** income for parents living in the household who are working: **one month** of check stubs, employer letter or, other income documentation (Form 1040 Tax Return, W-2's are acceptable). Also, proof of SSI benefits, and/or proof of child support, if applicable or, documentation of No Income Statement. Parents do not have to be employed for the child to be eligible.
- Current Health Assessment/Immunizations
- If you are a *court-ordered* legal guardian of the child, please provide a copy of the court order or foster care authorization form.

The deadline for 1st round placements will be May 15, 2020. The deadline for round 2 placements will be June 15, 2020. All completed applications received after this date will be placed on a waitlist for the next available placement.

Complete the Site Preference Form

The Program Preference Form is part of the application (page 10). Your selections do not guarantee placement at any site, but allows you to indicate location(s) you are able to provide transportation for your child and you are able to access before and after school care if needed. ***Please note program specific eligibility requirements below.***

Eligibility Criteria

NC Pre-K: All sources of family income cannot exceed 75% of the North Carolina median income

Head Start: All sources of family income cannot exceed 100% of the federal poverty level

Other: Other risk factors may be considered for eligibility including, but not limited to, developmental need, as indicated by a developmental screening, homelessness as defined by the McKinney-Vento Act, separation from parent due to incarceration, and foster care placement.

Turn in application Completed applications can be turned in in person (**by appointment only**) at one of the following locations: ***The Cabarrus Partnership for Children, Save the Children Head Start, The Mary Frances Wall Center or McKnight Head Start Kannapolis.*** Addresses and phone numbers are shown on the following page (page 1)

Developmental Screening Appointments Prior to placement, all children will be screened using the Dial 4 Developmental Assessment Screening Tool. After we have reviewed your application with the required documentation, a staff member will be in touch to schedule a screening appointment for the next available screening event. Children who currently have an active Individualized Education Plan (IEP) and receiving services from the local LEA (school district) will not need to be re-screened.

Placement Status Notification

1st round placement notifications will take place late June. 2nd round placements for any unfilled spots will take place mid to late July.

Waiting Lists for Pre-K

Space is limited and some children will be placed on a wait list. For applications received **before August 1st, waitlist letters will go out during the month of August.** Applications received **after August 1st will automatically be placed on a waitlist.** You will be notified if a space becomes available at any time during the school year.



2020-2021 Cabarrus COUNTY PRE-K APPLICATION

Children must be three (3) or four (4) years old by August 31, 2020

Please Note: Complete **ALL QUESTIONS** on this application and attach the requested documents.

Only complete application packets will be processed. All documentation listed in the instruction page above must be included.

The Cabarrus Partnership for Children will not be responsible for applications turned in at locations not listed below. You will be given or mailed a receipt that is dated and signed by the person who accepted your application at these locations. Please keep your receipt and the cover page that provides additional information about Pre-K programs and the enrollment process.

Return completed application with documentation to one of the agencies listed below.

The Cabarrus Partnership for Children	1307 South Cannon Blvd. Kannapolis NC 28023	704-933-8278
McKnight Child Development Center	1300 Glen Ave. Kannapolis, NC 28081	704-932-7433
Save the Children Head Start Center	310 Kerr St. NW Concord, NC 28025	980-777-1462
Mary Frances Wall Center	3801 US Hwy 601 S Concord, NC 28025	704-260-6790

****Funding for Pre-K programs is provided by state and federal sources. Eligibility criteria for a particular site depends upon the funding requirements. ****

The Cabarrus Partnership for Children, McKnight Child Development Center, Kannapolis City Schools, Cabarrus County Schools and Save the Children Head Start, will share application information. This will allow your child to be considered for all Pre K programs in the county for which your child is determined eligible.

In compliance with federal and state laws, The Cabarrus Partnership for Children, McKnight Child Development Center, Kannapolis City Schools, Cabarrus County Schools and Save the Children Head Start administer all programs and admissions /selections for Pre-K programs without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law.

Date Stamp:

Child's Information:

Child's Name

First	
Middle	
Last	

Child's Gender - Please check one: ☐ *Boy* ☐ *Girl*

Child's Date of Birth: *Month* _____ *Day* _____ *Year* _____

Is child a US citizen? *Yes* _____ *No* _____ *N/A* _____

Demographics/Ethnicity:

Please mark only one:

☐ *Hispanic/Latino* ☐ *Not Hispanic/Latino*

Child's Race please check all that apply:

☐ *Asian* ☐ *Black/African* ☐ *Native American/Alaskan* ☐ *White/European* ☐ *Native Hawaiian/Pacific Islander*

Email where parent/guardian can be reached:

If you would like to receive text messages regarding changes to your child's status please provide a mobile phone number:

Primary Parent or Legal Guardian Name (the person who will be the primary contact for this child):

If Guardian, please attach documentation of guardianship.

Child's complete address:

Street Address	
City	
State	
Zip Code	

Is your family homeless (temporarily living with friends/family or in shelter/car/hotel)?

☐ **Yes** ☐ **No or don't know** If your family is currently living in a temporary shelter, please provide a physical address or an email address where you can be reached:

Child's Name _____ Date of Birth _____

Phone numbers:

Father/Legal Guardian: Name: _____	Home Phone:	Cell:	Work:
Mother/Legal Guardian: Name: _____	Home Phone:	Cell:	Work:
Other Parent/Guardian: Name: _____	Home Phone:	Cell:	Work:
Alternative contact if parent cannot be reached Name: _____	Home Phone:	Cell:	Work:

With whom does the child reside:

___ Mother Only ___ Father Only ___ Both Parents ___ Legal Guardian
Other, Please Specify _____

Please provide information about the members of your household:

Name	Relation to Child (e.g. grandparent, sister, brother, aunt, uncle, etc.)	Date Of Birth	Please include the name of the school where each child attends, if applicable:

Family Size _____

Legal guardians are counted in the family size **only if** both biological parents are deceased **or** their parental rights have been terminated by the court. Foster parents are not counted in the family size, although they should be listed above as the guardians of the child.

I certify that all the information stated above is true.

Parent/Guardian signature

Date

Child's Name _____ Date of Birth _____

Legal guardians are counted in the family size and their income is counted, *only* if both biological parents are deceased or parental rights have been terminated by the court for both parents. Foster parents are not required to provide income information.

Mother/Stepmother/Legal Guardian Name: _____

Mother Employed _____ Yes _____ No
Mother Seeking Employment _____ Yes _____ No
Mother Attending Secondary Education _____ Yes _____ No
Mother Attending High School/GED _____ Yes _____ No
Mother Attending Job Training _____ Yes _____ No
Other Employment _____ Yes _____ No

Explain: _____

Highest Level of Education Completed _____

Enter all income for this parent or guardian:

***If you work more than one job, please include payments from each job in the box according to how often you get paid**

Type of Income	Payment Schedule (Write the dollar amount (\$) in the box below according to how often you get paid)					
If your check varies each week, we will use an average for the most current month.						
Hourly Rate: _____ Average # of hours per week _____						
	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	# Weeks/Year
Current Wages before Taxes						
Alimony						
Court-Ordered Child Support						
Workman's Comp						
Social Security Paid to Child(ren) in the home						
Retirement Income						
Disability Benefit Income						

Please provide documentation for all of the above that apply to your household.

One month of check stubs, or other income documentation (Tax Return, W-2's are acceptable). Also, proof of court-ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable.

Social Security *paid to the child(ren)* in the home is included as income, but should only be listed once.

Parents do not have to be employed for the child to be eligible.

***If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family:** _____

Amount per Month _____

I certify that all the information stated above is true.

Parent/Guardian signature _____ **Date** _____

Child's Name _____ Date of Birth _____

Legal guardians are counted in the family size and their income is counted, *only* if both biological parents are deceased *or* parental rights have been terminated by the court for both parents. Foster parents are not required to provide income information.

Father/Stepfather/Legal Guardian Name: _____

Father Employed _____ Yes _____ No
Father Seeking Employment _____ Yes _____ No
Father Attending Secondary Education _____ Yes _____ No
Father Attending High School/GED _____ Yes _____ No
Father Attending Job Training _____ Yes _____ No
Other Employment _____ Yes _____ No

Explain: _____

Highest Level of Education Completed _____

Enter all income for this parent or guardian:

***If you work more than one job, please include payments from each job in the box according to how often you get paid**

Type of Income	Payment Schedule (Write the dollar amount (\$) in the box below according to how often you get paid)					
If your check varies each week, we will use an average for the most current month. Hourly Rate: _____ Average # of hours per week _____						
	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	# Weeks/Year
Current Wages before Taxes						
Alimony						
Court-Ordered Child Support						
Workman's Comp						
Social Security Paid to Child(ren) in the home						
Retirement Income						
Disability Benefit Income						

Please provide documentation for all of the above that apply to your household.

One month of check stubs, or other income documentation (Form 1040 Tax Return, W-2's are acceptable). Also, proof of court-ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable.

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***If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family: _____**

Amount per Month _____

I certify that all the information stated above is true.

Parent/Guardian signature _____ **Date** _____

Child's Name _____ Date of Birth _____

What is the primary language spoken in your home? _____

What language does your child most frequently use to communicate? _____

Health Information

Does your child have a physical challenge or chronic illness? (ex. Asthma, diabetes, obesity, anemia, etc.)

Documentation indicating child's chronic illness is required.

___ yes Please specify _____

___ no, don't know

What type of medical insurance does your child have? (Check below)

___ Medicaid/NC CHIPS ___ Marketplace ___ Military

___ Private Insurance (e.g. through parent's work, etc.) ___ Other ___ My child does not have health insurance

Medical

Does your child have a primary care physician? ___ Yes ___ No

Who provides healthcare for your child? _____

Has your child had a Health Assessment in the past 12 months? If so, when _____

Dental

Does your child have a dentist? ___ yes ___ no

Has your child had a dental exam in the past 12 months? ___ yes ___ no

Military Status:

Is at least one parent or legal guardian of this child 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?

Documentation of parent's status in the military is required.

___ yes Please specify: _____

___ no, don't know

Prior Placement:

Has your child ever been enrolled in a child care program or family child care home - even if they are not currently enrolled? ___ Yes ___ No

Was your child previously served in an early learning program as a three-year-old? ___ Yes ___ No

Was your child previously served in Head Start as a three-year-old? ___ Yes ___ No

Who currently provides cares for your child during the day? (Check below)

<input type="checkbox"/> Home with family	<input type="checkbox"/> Licensed Family Child Care Home
<input type="checkbox"/> Babysitter/Relative	<input type="checkbox"/> Public School
<input type="checkbox"/> Family Services Head Start	<input type="checkbox"/> Child Care Center

Name of Program your child is currently attending:

When did your child begin attending this program? Month: _____ Year: _____

Is child currently receiving subsidy to attend a childcare program?

___ yes Please specify:

___ no, don't know

If you have a voucher, please contact your case manager to discuss your needs.

Child's Name _____ Date of Birth _____

The following information is optional; you are not required to disclose this information. However, it may help us to prioritize your application and may be used to better serve the needs of your child, if he/she is enrolled in a pre k program.

Does your child have a Developmental or Educational Need?

☐ yes Please specify _____
☐ no, don't know

Has your child been referred for evaluation for or identified with a disability?

☐ Yes ☐ No If Yes, date of evaluation: _____

What was the decision from the disability evaluation for your child?

- ☐ No disability identified
- ☐ Evaluation Decision in Process
- ☐ One or More Disabilities Identified
- ☐ Do Not Know
- ☐ Not Applicable

Type of identified disabilities for this child: Check all that apply.

- ☐ Autistic
- ☐ Deaf Blind
- ☐ Behaviorally/Emotionally Disabled
- ☐ Educable Mentally Disabled
- ☐ Hearing Impaired
- ☐ Specific Learning Disabled
- ☐ Multi-handicapped
- ☐ Other Health Impaired
- ☐ Orthopedically Impaired
- ☐ Speech/Language Impaired
- ☐ Severe/Profound Mentally Disabled
- ☐ Trainable Mentally Impaired
- ☐ Visual Impaired
- ☐ Traumatic Brain Injured
- ☐ Preschool Development Delayed
- ☐ N/A

Does your child have an **active** IEP (INDIVIDUALIZED EDUCATION PROGRAM) being implement by the local school district?

☐ Yes ☐ No **If yes, please provide a copy**

Has your child been referred for services related to disability?

☐ Yes ☐ No

Is your child receiving services related to disability?

☐ Yes ☐ No If yes, where? _____

Is your child currently enrolled in an Exceptional Children classroom in Cabarrus County or Kannapolis City Schools?

☐ Yes ☐ No If yes, please specify the school your child is attending _____

Child's Name _____ Date of Birth _____

Please read carefully, initial beside each line and sign at the bottom

____ I authorize the Cabarrus Partnership for Children(CPFC) and it's partnering agencies (Save the Children Head Start, CCS and KCS and NC Pre-K) to use and share the information in this application for the purpose of Determining Eligibility for state and federally funded Pre-K Programs and for data collection and program evaluation by NC Division of Children Development and Early Education.

____ I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (CPFC, NC Pre-K, CCS, KCS and Save the Children Head Start).

____ I understand that family involvement is expected if my child is selected for participation.

____ I understand that my child will need a current health assessment and immunization record within 30 days of enrolling in the program. I understand that my child may not attend the program if the health assessment is not submitted to the pre-k site after the 30th day of enrollment.

____ I understand that transportation to and from Pre-K programs will be the family's responsibility. This program does not provide transportation.

____ I understand that If there is a change in my child's address, phone number, or if there is change in family income, it is my responsibility to notify the Cabarrus Partnership for Children and inform them of any changes.

____ I understand that my child may be placed on a waiting list.



Signature

Date

Receiving Staff Signature

Date

2020-2021 Cabarrus County Pre-K Site Preference Form

Child's Name _____ Date of Birth _____

Please indicate sites that will work for your family. Helpful information about each site is included on the following pages. Different eligibility requirements apply to sites and your child may not be determined eligible for the site you select; therefore, you may want to select more than one site.

Please indicate your top three choices (1 st , 2 nd , 3 rd)	
	NCPK (4 year olds only) in Private Childcare site
	NCPK in Cabarrus County Public School site (4 year olds only)
	NCPK in Kannapolis City Schools Woodrow Wilson (4 year olds only)
	McKnight Child Development Center-Kannapolis BOE Head Start (3 & 4 year olds)
	Save the Children Head Start Center- Concord (3 & 4 year olds)

Reason(s) for your first (#1) preference:

Please check all that apply, this will help us better accommodate your family's needs (feel free to add any comments or additional information you would like us to consider)

_____ near my or relative's job

_____ I can arrange transportation

_____ Sibling attends this site/school

_____ walking distance

_____ before and after school care is offered

Other (Please Specify) _____

Cabarrus County Preschool Programs

The **NC Pre-K Program** is a state funded program with classrooms in public and private sites, designed to provide high-quality early education experiences to enhance school readiness for eligible 4 four-year-old children. The NC Pre-K Program Requirements are built on the National Education Goals Panel's premise that to be successful academically in school, children need to be prepared in all five of the developmental domains that are critical to children's overall well-being and success in reading and math as they enter school. The Cabarrus Partnership for Children is the contracting agency that operates the NCPK Program in Cabarrus County.

EC Preschool- Kannapolis City Schools- McKnight Child Development Center is dedicated to providing a high-quality preschool experiences for young children with typical and special needs. Enrollment is open to 3, 4 and 5-year-old children. Kannapolis City Schools Preschool Program offers a variety of screening and evaluation services for children 3, 4 and 5 years of age who reside in the school districts. These screenings and evaluations determine if a child needs special education services and/or related services. The focus of these services is to help children with special needs to become successful in a regular early childhood education program.

EC Preschool- Cabarrus County Schools- Exceptional Children's Preschool Programs provides exceptional children's services to young children with identified disabilities who reside in Cabarrus County. The district offers screening, evaluation and specialized instruction in a variety of settings and locations throughout the county. The purpose of these services is to promote a child's success in an educational environment. The offices for Cabarrus County School Exceptional Children's Preschool program are located at Mary Frances Wall Center, 3801 US Hwy 601 South, Concord NC 28025

Kannapolis City Schools Head Start program for children 3, 4 and 5 years of age provide a comprehensive high-quality Early Childhood Education and developmental services to eligible children and their families, including families with low-incomes and children with defined disabilities. Parents and guardians receive case management services and work with staff to develop, plan, and achieve personal, financial, educational, and/or employment goals.

Save the Children Head Start program for children 6 weeks through 5 years of age provide a comprehensive high-quality Early Childhood Education and developmental services to eligible children and their families, including families with low-incomes and children with defined disabilities. Parents and guardians receive case management services and work with staff to develop, plan, and achieve personal, financial, educational, and/or employment goals.