



2025-2026 Cabarrus COUNTY PRE-K APPLICATION

Free Cabarrus County Pre-K Programs- Children must be four years of age on or before August 31, 2025. (You can only submit an application in one county. Multiple county applications cannot be processed)

A 2025-2026 Pre-K Application must be complete. **Applications with missing information or supporting documentation will not be processed until all information is provided.**

THE FOLLOWING DOCUMENTATION IS REQUIRED:

- Documentation of **All income** for parents living in the household who are working: **one month** of most recent check stubs, employer letter or, other income documentation such as a Form 1040 Tax Return for 2024, W-2 for 2024, proof of SSDI/SSA benefits, proof and of any public assistance currently receiving and/or proof of child support, if applicable. A documentation of No Income Statement can be submitted if the parent is unemployed. Parents do not have to be employed for the child to be eligible.
- Official, filed child's birth certificate.
- For **kinship care**, guardian will be required to provide a notarized statement for proof of care from a biological parent or, a statement from DSS.
- Copy of child's Individualized Education Plan (**IEP**) if applicable.
- If you are a **court-appointed** legal guardian of the child, please provide a copy of the court order or foster care authorization form. This must be provided in processing the application.
- Documentation of homelessness or military status, if applicable.

Complete the Site Preference Form

A list of approved program sites and a Program Preference Form are part of this application. Your selections **do not guarantee placement at any site** but allow 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/Public School sites must also meet Federal/TANF Poverty Guidelines of 200% or below. Other qualifying factors can include a documented delay or disability, receiving certain public services, military service, homelessness or foster care. Other risk factors may be considered for eligibility including, but not limited to, a developmental need, as indicated by a developmental screening, homelessness as defined by the McKinney-Vento Act, and foster care placement or active-duty military.

KCS Head Start: All sources of family income cannot exceed 100% of the federal poverty level. Other risk factors may be considered for eligibility including, but not limited to, a 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 or active-duty military.

Submitting your application: Completed applications and supporting documents can be submitted online at www.cabarruspartnership.org or by email prekapplication@cabarruspartnership.org or fax or drop box locations listed on the following page. Appointments for completing the application are available on request.

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 receive services from the local LEA (school district) will not need to be re-screened. An IEP does not guarantee placement.

Placement Status Notification

Placements will begin around the middle of June in order of lowest income to the highest. Placements will continue until all available slots are filled. **Eligibility does not guarantee placement.**

Waiting Lists for Pre-K

Space is limited and some children will be placed on a wait list. Any remaining, completed applications after all slot placements are made will be placed on a waiting list. Applications received after **initial placements will automatically be placed on a waitlist.** You will be notified if a space becomes available at any time during the school year. **Eligibility does not guarantee placement.** Since eligibility is determined by income, applications are **not considered on a first-come, first served basis.**

2025-2026 Cabarrus COUNTY PRE-K APPLICATION

Children must be four (4) years old by August 31, 2025

Please Note: ALL **QUESTIONS** must be answered and required documents must be included **before** submitting. **Only complete application packets will be processed. ALL DOCUMENTS listed on the instruction page must be included.**

The Cabarrus Partnership for Children will not be responsible for applications turned in at locations not listed below. You will be emailed a receipt that is dated when your application is received by the Cabarrus Partnership for Children. 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 or one of the NCPK Sites listed on preference page.

The Cabarrus Partnership for Children	Drop Box: Cabarrus Co DHS 1303 S Cannon Blvd Kannapolis 28083 Email: prekapplication@cabarruspartnership.org Online : www.cabarruspartnership.org	Office: 704-933-8278 Fax: 704-934-0029
McKnight Child Development Center	Drop Box: 1300 Glen Ave. Kannapolis, NC 28081 Email: McKnight@kcs.k12.nc.us Drop Boxes also at all KCS Elementary Schools	Office: 704-932-7433

*****Funding for Pre-K programs is provided by state and federal sources. Eligibility criteria for a particular site depends upon each program's eligibility requirements. *****

The Cabarrus Partnership for Children, McKnight Child Development Center, Kannapolis City Schools and Cabarrus County Schools will share application information. This will allow your child to be considered for all Pre-K programs 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, and Cabarrus County Schools administer all programs and admissions /selections for these 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: 11/18/24

Child's Information: (MUST ANSWER EVERY QUESTION)

Child's Name

First	
Middle	
Last	

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

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

Demographics/Ethnicity:

Must choose one: ☐ *Hispanic/Latino* ☐ *Not Hispanic/Latino*

Child's Race please check all that apply:

☐ *Asian* ☐ *Black/African* ☐ *Native American/Alaskan*

☐ *White/European/Hispanic/Latino* ☐ *Native Hawaiian/Pacific Islander*

Is the child a US citizen? *Yes,* _____ *No* _____

Email where parent/guardian can be reached: _____

Primary Contact 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 _____

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 list family members who live in the same household, i.e. Mother, Father and siblings aged 18 and under.

Name	Relation to Child (e.g. grandparents, 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 (awarded by courts) are counted in the family size along with legal guardian's minor children and child's biological siblings. Foster parents, (although not counted in family size) should be listed above as the guardians of the child. **Extended family members are not counted in the family size.**

I certify that all the information stated above is true.

Parent/Guardian: _____

Date: _____

Child's Name _____

Date of Birth _____

Income and Employment Information

Mother/Stepmother/Legal Guardian/Foster Parent Name: _____

(Must Answer all Questions)

Currently Employed	___ Yes	___ No
Currently Seeking Employment	___ Yes	___ No
Attending Secondary Education	___ Yes	___ No
Attending High School/GED	___ Yes	___ No
Attending Job Training	___ Yes	___ No
Other Employment	___ Yes	___ No

Explain: _____

Currently Lives in the Home ___ Yes ___ No

Gross Annual Income: \$ _____

*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: _____

I certify that I have no countable income, and all the information stated above is true.

Parent/Guardian signature _____ Date _____

Father/Stepfather/Legal Guardian/Foster Parent Name: _____

(Must Answer all Questions)

Currently Employed	___ Yes	___ No
Currently Seeking Employment	___ Yes	___ No
Attending Secondary Education	___ Yes	___ No
Attending High School/GED	___ Yes	___ No
Attending Job Training	___ Yes	___ No
Other Employment	___ Yes	___ No

Explain: _____

Currently Lives in the Home ___ Yes ___ No

Gross Annual Income: \$ _____

*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: _____

I certify that I have no countable income, and all the information stated above is true.

Parent/Guardian signature _____ Date _____

Child's Name _____ Date of Birth _____

Income Documentation Must Be Provided with Application. One month of **most recent** check stubs, or other income documentation (Tax Return for 2024 and W-2's for 2024 is acceptable). Also, proof of court ordered child support payments, workman's compensation, retirement income and SSA/SSDI Benefits if applicable. SSI Benefits should be included but are not counted toward income. Parents do not have to be employed to be eligible.

Additional Income Information- Social Security (SSA) *paid to the child(ren)* in the home is included as income and documentation should be provided for each child receiving this income.

(Must Answer all Questions)

Does your child receive any of the following?

Child Support	☐ Yes	☐ No
SSA	☐ Yes	☐ No

Documentation must be provided for any areas checked.

Other Eligibility Factors

Check if any of the following applies:

- ☐ Experiencing homelessness.
- ☐ In foster Care
- ☐ Receiving refugee services.
- ☐ WIC
- ☐ Public housing
- ☐ TANF/Work first
- ☐ Medicaid
- ☐ SSI
- ☐ Food and Nutrition Services (Food Stamps)
- ☐ S.N.A.P.

Documentation must be provided for any areas checked (i.e. award letter, court documents, etc.)

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.)

___ yes, Please specify _____

___ no, don't know

(Documentation indicating a child's chronic illness is required.)

Insurance: 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? ___ Yes ___

No

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

Child's Name: _____ **Date of Birth:** _____

Prior Placement:

Has your child ever been enrolled in a childcare program or family childcare home - even if they are not currently enrolled? ___ Yes ___ No *Name of Program if applicable:* _____

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

Current Placement:

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

- ☐ Home with Family
- ☐ Babysitter/Relative
- ☐ Licensed Family Childcare Home: _____.
- ☐ Childcare Center: _____.
- ☐ Head Start: _____.
- ☐ Is your child currently receiving subsidy to attend a childcare program?
 - ___ yes, please specify:
 - ___ no, don't know

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 ____ no, don't know. If yes, please specify _____

Has your child been referred for an evaluation for or identified with a disability? ____ Yes ____ No If Yes, date of evaluation: _____

If so, 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 implemented by the local school district? ____ Yes ____ No **If yes, please provide a copy with this application.**

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 (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.

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

____ I understand that my child will need health forms signed by appropriate medical professional, including a current health assessment, current immunization record and a current dental screening per program requirements. Please provide these with your application to complete your application process.

____ 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 or phone number, it is my responsibility to notify the Cabarrus Partnership for Children and inform them of any changes.

____ I understand that my child is **required** to attend each day school is open for the 6.5-hour school day. Excessive absences or excessive tardiness can result in termination of services.

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



Sign

Receiving Staff Signature _____ Date _____

The NCPK Program is governed by a committee of local agencies and volunteers. Would you be willing to serve on the NCPK Committee as a representative of a pre-school aged child? ____ Yes ____ No.

2025-2026 Cabarrus County Pre-K Site Preference Form

Child's Name _____ Date of Birth _____

Please indicate sites that will work for your family. Different eligibility requirements apply to programs 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 in a Cabarrus Childcare site with wrap-around-care
☐	NCPK in Cabarrus County Public School site (no wrap-around care provided)
☐	NCPK in Kannapolis City Public School Site- Kannapolis Elementary School (no wrap around care)
☐	McKnight Child Development Center -Kannapolis BOE Head Start- (no wrap around)

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)

☐ I can arrange transportation ☐ Sibling attends this site/school

☐ walking distance ☐ before and after school care is offered

Other (Please Specify) _____

2025-2026 Cabarrus PreK Sites

Cabarrus Childcare Site	Cabarrus Public School Site	Kannapolis Head Start	Kannapolis Public School Site
Cabarrus Bilingual Preschool-Central	Bethel Elementary	McKnight Head Start	McKnight Mini Monarch at North Kannapolis
Cabarrus Bilingual Preschool- St. James	Boger Elementary		
Kids Korner	Harrisburg Elementary		
Kids R Kids	Irvin Elementary		
Lockhart CDC	Rocky River Elementary		
Logan CDC	Winecoff Elementary		
Richfield CDC			
Smart Kids			



Educational Services Agreement

Child's Name: _____

Parent's Name: _____

Participation in the Cabarrus County Pre-K Programs is a unique opportunity. As with any opportunity, it comes with responsibilities. Participation is a privilege for students. Through this contract, parents join with the Cabarrus County Pre-K Programs in a partnership to support their children.

I am committed to and will:

1. Agree that my child attends school every day that he or she is scheduled to attend. I understand that it is the parent's responsibility to contact the child's teacher anytime the child will be absent. I understand that an unexcused absences and irregular attendance (despite supportive services) will result in my child being dropped from the program.
2. The program day is 6 ½ hours. I Agree to make sure my child arrives at the start of the school day and picked up **on time** at the end of the school day. I am aware that there are no provisions for childcare before and after school. Wrap around care must be arranged by the parents.
3. Agree to keep child health assessments and immunizations up-to-date and provide them to the child's teacher.
4. Agree to allow staff to make home visits during the school year.
5. Agree to attend parent conferences requested by my child's teacher and be available to contact staff on a regular basis. This may involve home visits, telephone conferences or school conferences.
6. Agree to participate with my child in regular at-home activities as requested by my child's teacher to promote literacy learning.
7. Agree to check my child's book bag daily for home/school communication.
8. In case of additional behavioral or educational concerns by my child's teacher, I agree to follow through with recommendations by support specialists.

Parent/Guardian Signature: _____

Consent for Photograph/Video of Children

I give permission for my child _____ to be photographed or videoed while participating in the Cabarrus County Pre-K Programs located in either Cabarrus County Schools, Kannapolis City Schools or approved NC Pre-K classrooms in private childcare centers. The purpose of photos/videos are to promote the importance of early childhood programs, provide training and professional development and spotlight program achievements.

At the discretion of the Cabarrus Partnership for Children, these photos/videos will be used on the Cabarrus Partnership for Children Website, social media pages and/or in training presentations.

Thank you for allowing your child to be an example of how Smart Start is raising the awareness of the community to children's needs.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Staff Signature: _____

Date: _____

_____ I do not wish for my child to be photographed while participating Cabarrus County Pre-K Programs.

Parent Signature: _____ Date: _____