701 N. Martin Street ~Winton, NC 27986
Hertford County Public Schools

Date of Application _____

Thank you for your interest in the North Carolina Pre-Kindergarten (NCPK) Program of Hertford County. The North Carolina Pre-Kindergarten Program is a high-quality program that serves children who are at risk and prepares them for success in school. By filling out this application, it does not guarantee your child a placement in the program.

Eligibility: Child must be four years old **on or before August 31st** of the program year and family Income must fall at or below 75% of the State Median Income. Other eligibility factors may be considered based on guidelines set by the State of North Carolina. Documentation must be provided to determine eligibility. **How to submit your application:**

Completed applications must include signatures and initials as needed, as well as the following documentation:

- ❑ Copy of Birth Certificate
- ❑ Copy of Legal guardianship papers (if applicable)
- ❑ Current Proof of Income
- ❑ Proof of Residence (Light Bill, Rental / Lease Agreement, Mortgage statement)
- ❑ Preschool Health Assessment Form (Completed within the last 12 months)
- ❑ Up to Date Immunization/Shot Record
- ❑ Other (IEP, letter from doctor or therapist currently providing services to child, developmental screenings)

Mail or drop off completed applications to:

701 N. Martin Street ~Winton, NC 27986
Hertford County Public Schools

For Questions or Additional Information please log on to our website at hertford.k12.nc.us or reach out to Dr. Stephanie M. Horton, Early Learning Coordinator at 252-358-8493.

Hertford County NC Pre-K Application

for children who will be 4 years old on or before August 31

Child's full name_____ _____ _____
First Name Middle Name Last Name

Gender - Please check one: ☐ boy ☐ girl

Child's date of birth: month_____day_____ year_____**Is child Hispanic:** ____yes ____no

Child's Race (Check all that apply): _____ White/European American _____ Native Hawaiian/Pacific Islander

_____ Native American/Alaskan Native _____ Black/African American

_____ Asian

Is the child a US citizen? _____ yes _____ no **Is the child a North Carolina resident?** _____ yes _____no

County of Residence: _____**Parent/Guardian 1 Name**_____

Legal Custodian (if not parent): _____

Street Address: _____**Mailing Address if different:**_____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Alternate Number:** _____

With who does child reside: _____ Mother only _____ Father only _____ Both Parents _____ Legal Custodian

_____ Legal Guardian _____ Other

Family size (include only parents and siblings *under age 18* living in the same household as child _____
Please list all family members in household

Name	Birth date	Relationship

Emergency Contact Information

Name	Phone	Address	Relationship

PARENT/STEP-PARENT/GUARDIAN **INCOME INFORMATION**

Parent / Guardian 1: _____

Employed	**Yes**	**No**
Seeking employment	**Yes**	**No**
Attending Secondary Education	**Yes**	**No**
Attending High School/GED	**Yes**	**No**
Participating in Job Training	**Yes**	**No**
Other Employment	**Yes**	**No**

Enter all income for Parent / Guardian 1:

Current Wages Before Taxes		____ yearly	____ monthly	____ twice monthly	____ bi weekly
Alimony		yearly	monthly	twice monthly	bi weekly
Child Support		yearly	monthly	twice monthly	bi weekly
Worker's Compensation		yearly	monthly	twice monthly	bi weekly
Unemployment		yearly	monthly	twice monthly	bi weekly
SSI/TANF/Work First		yearly	monthly	twice monthly	bi weekly
Overtime		yearly	monthly	twice monthly	bi weekly

Parent / Guardian 2: _____

Employed	**Yes**	**No**
Seeking employment	**Yes**	**No**
Attending Secondary Education	**Yes**	**No**
Attending High School/GED	**Yes**	**No**
Participating in Job Training	**Yes**	**No**
Other Employment	**Yes**	**No**

Enter all income for Parent / Guardian 2:

Current Wages Before Taxes		____ yearly	____ monthly	____ twice monthly	____ bi weekly
Alimony		yearly	monthly	twice monthly	bi weekly
Child Support		yearly	monthly	twice monthly	bi weekly
Worker's Compensation		yearly	monthly	twice monthly	bi weekly
Unemployment		yearly	monthly	twice monthly	bi weekly
SSI/TANF/Work First		yearly	monthly	twice monthly	bi weekly
Overtime		yearly	monthly	twice monthly	bi weekly

If you report having $0 family income, please provide a statement of explanation:

Check one box for each:	**Yes**	**No**
Limited English Proficiency		
Chronic Health Condition		
Developmental or Educational Need		

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

Is at least one parent/guardian of this child currently an active duty member of the United States Armed Forces; ordered to active duty within the last 18 months or expected to be ordered within the next 18 months; or has been seriously injured or killed in active duty? _____yes _____no If yes, please provide documentation

Child's Prior Placement at the time of enrollment:

____ Child has **never** been served in any preschool or child care setting.
____ Child is **currently unserved** (at home now but may previously have been in child care or some other preschool program).
____ Child is in unregulated child care
____ Child is in a one or two-star facility
____ Child is not receiving subsidy but is in some kind of regulated child care or preschool program
____ Child is receiving subsidy and is in some kind of regulated child care or preschool program

Name of site that previously served child as a three-year old? _____

Has your child had a Health Assessment? ____ yes ____ no **Date of health assessment** _____

Has your child had a Developmental Screening? ____ yes ____ no **Date of developmental screening** _____

Does your child have an active IEP? ____ yes ____ no

Please read carefully, initial each paragraph, sign and date on the bottom of this sheet.

___ I certify that all 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. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

___ I understand this information is used to determine eligibility for Pre-K programming in Hertford County. I hereby release the information so that my child may be considered for programs including Hertford County Public School System Exceptional Children's Program, and Hertford County's NC Pre-Kindergarten Program.

___ I understand that by completing this application my child is not guaranteed placement and that he/she may be on a waiting list.

___ I understand that if my child is selected for participation, family involvement is essential. My family will cooperate with programs to submit necessary documentation and applications for additional services.

___I understand that my child will receive a developmental screening in the primary language listed in the application and give permission for my child to receive vision, hearing, dental and/or speech and language screenings.

___I understand that if there is a change in my child's address, phone number or attendance in any type of licensed care, or if there is a change in family income, it is my responsibility to notify the Pre-K Application Center and inform them of any changes.

___ I understand that my child will need a current, updated health assessment which includes vision, hearing, and an updated immunization record, before she/he attends a program.

___I give permission for my child's name, picture, portrait, likeness, or voice to be used for the purpose of center display, scrapbook, newspaper articles, television broadcast, and posting to Pre-K program websites.

___I understand that if my child is accepted into the NC Pre-Kindergarten Program he/she regular attendance is necessary for full benefit of the program. Failure to maintain regular attendance could jeopardize his/her placement in the program.

___Because this program is intended to improve school readiness for Hertford County children, I agree to allow my child's school progress to be tracked periodically through grade 5 in Hertford County Schools.

___I understand this application will be considered for any and all programs designated. While family preference is essential to our process, assignments will be based on program eligibility and availability. Family requests cannot always be honored.

___ I give permission for my child's information to be released to obtain additional services.

I certify that all information provided is true, correct, and complete. I understand that information is provided to document eligibility for the NC Pre-K Program. Program staff may verify information provided. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

Parent/Guardian Signature: _____Date:_____ **Relationship to child**_____