



2019-2020 Application
Camden County, NC Pre-Kindergarten Program



Child's Name: _____ **Birthdate:** _____ **Gender:** _____

Race: *(Please circle one)* Hispanic/Latino or Not Hispanic/Not Latino
Circle as many as apply below
 American Indian/Alaska Native Asian Black/AA Native Hawaiian/Pacific Islander White

Child's Address: _____
 Street Address City State Zip P.O. Box #

Family Information: Contact Phone # _____ Cell # _____

Mother's Name _____ Email address: _____

Mother's Address: _____

Street Address City State Zip P.O. Box #
 Father's Name _____ Email address: _____

Father's Address: _____
 Street Address Town State Zip P.O. Box #

Is either parent currently in the Military? () Yes () No If yes, which parent/branch? _____

Has either parent been seriously injured while in the military? () Yes () No If yes, explain: _____

If not employed: (Please check YES or NO)	MOTHER		FATHER	
	YES	NO	YES	NO
Are you currently looking for work?				
In post-secondary education?				
In high school or in a GED program?				
In job training?				
Other (explain)				

Does your child live with both natural parents? __Yes __No If no, please explain with whom he/she lives:
 __Mother Only __Father Only __Mother and Stepfather __Father and Stepmother
 __Foster Parents __Grandparents __Other _____
 Total number of children in the home _____ Total number of adults in the home _____



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Please list all of applicant's brothers and sisters below. Use back of sheet if needed.

	<u>Name</u>	<u>Age</u>	<u>Lives at home?</u>
1.	_____	_____	___ Yes ___ No
2.	_____	_____	___ Yes ___ No
3.	_____	_____	___ Yes ___ No
4.	_____	_____	___ Yes ___ No

Income Information

Please note that the income you report **needs to be exact**. Approximations of income will not allow for the calculations needed to determine your child's eligibility. Please note that **PROOF OF INCOME IS REQUIRED** at the time of application and will need to be updated if your income changes. **If proof of income is not provided your child's application will not be assessed for eligibility**. Examples of proof of income include:

Previous year's tax records if the information is reflective of your current income, consecutive paystubs that reflect a month's earnings, a letter from an employer stating your monthly or yearly income, statements from DSS.

Count parent and stepparent's regular gross income.

Regular gross income (before taxes) which may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, and workman's compensation. **Excluded from regular gross income** are parent, stepparent and child Supplemental Security Income, adoptive assistance, foster care payments, and irregular income (e.g., over-time, temporary unemployment pay, WorkFirst, Food Stamps, student loans).

When calculating income convert weekly income to annual by multiplying weekly amount by 4.3 to obtain monthly amount and then multiply the monthly amount by 12 for the annual amount.

PLEASE DO NOT LEAVE BLANK IF YOU WISH YOUR CHILD'S APPLICATION TO BE ASSESSED FOR ELIGIBILITY!

Proof of income is required (NC Pre-K offers may offer guidance when calculating your income)

Mother

Wages before taxes: _____ () weekly () monthly () twice monthly () bi-weekly () weekly

Alimony: _____ () weekly () monthly () twice monthly () bi-weekly () weekly

Child Support: _____ () weekly () monthly () twice monthly () bi-weekly () weekly



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Father

Wages before taxes: _____ () weekly () monthly () twice monthly () bi-weekly () weekly

Alimony: _____ () weekly () monthly () twice monthly () bi-weekly () weekly

Child Support: _____ () weekly () monthly () twice monthly () bi-weekly () weekly

Legal Guardian:

Wages before taxes: _____ () weekly () monthly () twice monthly () bi-weekly () weekly

Child(ren)'s Income _____ (child's income, including Social Security Income and Child Support Payments. Count income from any minor siblings living in the home. Do not count Supplemental Security Income.)

Legal Custodian or other caregiver:

Child(ren)'s Income _____ (count the child's income, including Social Security Income

and Child Support Payments. Do not count Supplemental Security Income. Count income from any minor siblings living in the home.)

Child care Information: Has your child ever attended childcare or preschool? _____ If yes, please answer the following questions.

Name of childcare/preschool? _____ Star Rating of the daycare _____

Is he/she enrolled there now? _____ How long did your child attend this daycare/preschool? _____

If your child currently enrolled in daycare is all or part of the daycare fees being subsidized by DSS or Smart Start? YES NO

Language: What is the first language spoken at home? _____

Health: Please rate your child's health. PLEASE CHECK ONE.

() Poor () Not so good () Average () Very good () Excellent

Have you ever suspected that your child may have a hearing problem? _____ If yes, please explain.

Has your child had any problems with his speech? _____ If yes, please explain. _____



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Has anything led you to think that your child may have a vision problem? _____ If yes, please explain.

Has your child ever been admitted to the hospital? _____ If so, how long? _____ Why? _____

Does your child use prescribed medicines regularly? _____ If so, what? _____
How often? _____

Name of child's insurance? _____

Starting Fall 2018 Albemarle Alliance NC Pre-K may begin to offer before and after care for the students. The cost will be \$75 per week. Would you be interested? YES NO

Assurance Statement: I certify that all information given is true and all income has been reported. I understand that if I purposely give false information, my child may lose the preschool placement, if accepted, and that I may be prosecuted.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE MAIL COMPLETED APPLICATIONS TO:

IF YOU HAVE QUESTIONS, PLEASE CALL:

Albemarle Alliance for Children and Families
1403 Parkview Drive
Elizabeth City, NC 27909

Mrs. Angela L. Charlton
Albemarle Alliance for Children and Families
252-333-1233
alcharlton@albemarleacf.org

****Please mail or bring your application to Albemarle Alliance for Children and Families**

Attention of Angela L. Charlton or Kathy Greene

To be completed by the NC Pre-K Program.
Please do not write in this box.

Date application received by NC Pre-K _____

Gross Household Annual Income: _____

Number of children in the home: _____

Number of adults in the home: _____

Please mail completed form to:
alcharlton@albemarleacf.org