

**FOR OFFICE USE ONLY**

DIAL Date: ____/____/2024

Date Entered: ____/____/2024

Assignment: _____

Ashe County NC Pre-Kindergarten Initial Application 2024-2025*Aplicación Inicial Pre-Kinder del Condado de Ashe 2024-2025***Program is for children who will be four years old on or before August 31, 2024***para niños que tengan cuatros años cumplidos en o antes del 31 agosto, 2024***Please note: Only complete application packages will be accepted. All others will be returned***Atención: Solamente los paquetes completos serán aceptado. Los demás serán devueltos.*Child's full name/el nombre completo del niño(a): _____
First Middle Last

Please check one/por favor marque uno: _____ boy/niño _____ girl/niña

Date of birth/fecha de nacimiento del nino(a): month/mes _____ day/dia _____ year/año 20____

Demographics/Demográficas and Ethnicity/etnia del niño(a):Please mark only one / Marque solo uno: _____ Hispanic/Latino: Hiispano/Latino
_____ Not Hispanic/Latino: No Hiispano/LatinoPlease mark at least one/ Por favor marque por lo menos uno:_____ White/European (Blanco/Europeo) _____ Black/African (Negro/Africano) _____ Asian (Asiático)
_____ Native Hawaiian/Pacific Islander (Nativo de Hawaii/Islas Pacificas)
_____ Native American/Alaskan (India Americano/Nativo de Alaska)

Is child a U.S. citizen?/Es hijo de un ciudadano de EE.UU.? _____ Yes/Sí _____ No/No

Is child a North Carolina a resident?/Es hijo de un residente NC? _____ Yes/Sí _____ No/No

Family 911 Address/Dirección _____

Mailing Address (if different from 911 address)/Dirección postal (si es diferente a la dirección 911) _____

Is family homeless (temporarily living with friends/family or in shelter/car/hotel)?*Está desamparada su familia (temperalmente viviendo en un albergue, con amigos/familiares o en un hotel)?*

_____ Yes/Sí _____ No/No

Phone number/Teléfono: Home: _____ Cell: _____

E-mail address/Correo electrónico: _____

How will family make sure the child gets to school? ¿Como va usted a trasportar o traer a su niño (a) a la escuela?

Parent/Guardian Name/Nombre del Padre de Familia / Guardian: _____

Relationship to child/Relación al niño(a): _____

Does the child live with an adult blood relative or with a non-relative (***besides their parents***) who has legal custody or guardianship? _____ Yes/Sí _____ No /No

Is parent/guardian an active duty member of the military or was parent/legal guardian seriously injured or killed while on active duty? /¿Es uno de los padres o el 2ilitary del niño(a) miembro 2ilita del servicio 2ilitary o fue esta persona herida grávmemente o perdió la vida mientras estaba 2ilita in el servicio 2ilitary?
_____ Yes/Sí _____ No /No

How well does your child speak English?/¿Cómo de bien habla inglés su niño(a)?
_____ very well/muy bien _____ well/bien _____ not well/no muy bien _____ not at all/en absolute

Does your child have an IEP (Individualized Education Plan)?

¿Tiene su niño(a) un IEP (Plan de Educación Individualizado)? _____ Yes/Sí _____ No/No

Is this child receiving services related to disability? _____ Yes _____ No

¿Este niño recibe servicios relacionados con la discapacidad? _____ Sí _____ No

If yes, then specify type of services/ En caso afirmativo, indicar el tipo de de los servicios:

****If yes, please check and sign below/Si, sí, por favor marque y firma lo siguiente.**

Has this child been referred for services related to disability? _____ Yes _____ No

Se ha referido a este niño para los servicios relacionados con la discapacidad? _____ Sí _____ No

_____ I give permission for ACPSS (Ashe County Public School System) to provide a copy of the IEP to NC Pre-K partnering agencies./Le doy mi permiso a ACPSS para dar una copic del IEP a otras agencias asociadas de NC Pre-K.

_____ I do not give permission for ACPSS to provide a copy of the IEP to NC Pre-K partnering agencies/No le doy mi permiso al ACPSS para dar una copia del IEP a otras agencias asociadas de NC Pre-K.

****Signature/Firma** _____

Does your child have a physical challenge or chronic illness? _____ Yes/Sí _____ No/No

¿Tiene su niño(a) alguna discapacidad fisia o una enfermedad crónica?

Please list/Por favor escribe: _____

Family size - include only parents and siblings under age 18 living in the same household as child/

¿Cuántos miembros en la familia? (incluya solo padres, y hermanos menores de 18 años que viven en la casa con el niño (a))

Parents in Household

Padres en el hogar

Name/ Nombre	Relationship to child/Relación con el niño Father, Mother/Padre, Madre

Siblings under 18 years of age in Household

Hermanos and hermanas menores de 18 años en el hogar

Name/ Nombre	Date of Birth Fecha de nacimiento	Brother/Sister Hermano/Hermana

Total Family Size/Total Tamaño de la familia: _____

Childcare Information/Información de cuidado de niños

Check all that apply/Marque todo lo que corresponda

- _____ **Child has never attended any preschool, Head Start or child care program/**
Su niño(a) nunca ha asistido a ningún programa preescolar, Head Start o de cuidado infantil
- _____ **Child is not currently attending (is at home now - but may have attended in the past)/**
Su niño(a) no asiste actualmente (está en casa ahora, o puede haber asistido en el pasado)
- _____ **Child was identified during recruitment efforts and has been served in a child care situation for 5 months or less in the year prior to NC Pre-K age eligibility /**
Su niño(a) fue identificado durante esfuerzos de reclutamiento y ha sido servido en una situación de cuidado de los niños durante 5 meses o menos en el año de elegibilidad de edad del programa NC Pre-K.
- _____ **Child is currently attending a child care program, family child care home, preschool Head Start Program for more than 10 hours per week/ Asiste su niño(a) a cuidado de niños, jardín infantil o programa de Head Start, 10 o mas horas semanales.**
Name of Program/El nombre del programa: _____
- _____ **Child has subsidy voucher/su niño(a) tiene un comprobante de subsidio.**
- _____ **Child is on Ashe County Child Care Subsidy waiting list/**
Su niño(a) está en la lista de espera de subsidio de Servicios Humanos del Condado de Ashe

Financial Information/*Información financiera*

Your child's application for a funded NC Pre-K slot cannot be processed without the completion of this form and documentation of income. A copy of your tax return for the year 2023 is preferred. If that is not available, copies of the 4 most recent check stubs (showing gross income) for each parent/guardian is required.

Documentation of each applicable source of family income is required.

Mother's/Stepmother's/Guardian's Name/*Nombre de la madre / madrastra / tutor:* _____

Employed?/¿Empleado? Yes/Si No/No

Hours per week/*Horas por semana:* _____

Place of Employment/*Lugar de trabajo:* _____

		Please circle all that apply
Current Wages BEFORE taxes	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Alimony (Received)	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Child Support (Received)	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Workers' Comp	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Unemployment	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
SSI/TANF/Work First	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Other:	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly

Father's/Stepfather's/Guardian's Name/*Nombre del padre / padrastro / tutor:* _____

Employed?/¿Empleado? Yes/Si No/No

Hours per week/*Horas por semana:* _____

Place of Employment/*Lugar de trabajo:* _____

		Please circle all that apply
Current Wages BEFORE taxes	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Alimony (Received)	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Child Support (Received)	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Workers' Comp	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Unemployment	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
SSI/TANF/Work First	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly
Other:	\$	This amount is: Yearly Monthly 2x Monthly B-Weekly Weekly

Total Household Income	\$	This amount is: Yearly Monthly Twice Monthly Bi-Weekly Weekly
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Do you get support from any of the following services? (Check all that apply)

_____ Food Stamps _____ WIC _____ Child Care Subsidy _____ Public Housing Assistance _____ Other

I certify that all of the information provided in this application is true to the best of my knowledge. I understand I am responsible for contacting the Ashe County NC Pre-K office (336-846-3221) with any information that changes (phone number, address, work status, income, etc...). I give permission for all information provided on this application to be used to determine my child's eligibility for the NC Pre-K Program.

Parent/Guardian Signature (Required) _____ Date: ____/____/2024