

**FOR OFFICE USE ONLY**

**DIAL Date: \_\_\_\_/\_\_\_\_/2025**

**Date Entered: \_\_\_\_/\_\_\_\_/2025**

**Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ashe County NC Pre-Kindergarten Application 2025-2026**

*Aplicación Pre-Kinder del Condado de Ashe 2025-2026*

**Program is for children who will be four years old on or before August 31, 2025**

*para niños que tengan cuatros años cumplidos en o antes del 31 agosto, 2025*

**Please note: Only complete application packages will be accepted. All others will be returned**

*Atención: Solamente los paquetes completos serán acceptado. 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/Latino

  **Please mark at least one/** *Por favor marque por lo menos uno:*

 **\_\_\_\_\_ White/European** *(Blanco/Europeo)* **\_\_\_\_\_ Black/African** *(Negro/Africano)*

**\_\_\_\_\_ Native Hawaiian/Pacific Islander** *(Nativo de Hawaii/Islas Pacificas)* **\_\_\_\_\_ Asian** (*Asiático)*

 **\_\_\_\_\_ 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*

**911 Address/***Dirección* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number/***Teléfono:* **Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address/***Correo electrónico:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

*Está desemparada su familia (temperalmente viviendo en un albergue, con amigos/familiares o en un hotel)?*

 **\_\_\_\_\_ Yes/***Sí*  **\_\_\_\_\_ No/***No*

**How will family make sure the child gets to school?** *¿Como va usted a trasportar o traer a su nino (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 ilitary del niño(a) miembro ilita del servicio ilitary o fue esta persona herida grávamente o perdió la vida mientras estaba ilita in el servicio ilitary?*

**\_\_\_\_\_\_ 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 your child receiving services related to disability? \_\_\_\_\_ Yes***/Si* **\_\_\_\_\_ No/***No*

 *¿Este niño recibe servicios relacionados con la discapacidad?*

 **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 associadas 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 associadas 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 fiscia 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/**

*¿Cúantos miembros en la familia? (incluya solo padres, y hermanos menorews 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* |
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**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* |
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**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 situacion de cuidado de los*

 *ninos durante 5 meses o menos en el ano de elegibilidad de edad del prgrama 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 nino(a) esta en la lista de esperade 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 or your tax return for the year 2024 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***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |  **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** |

**Do you get support or receive services from any of the following? (Check all that apply.)**

*Recibe soporte o recibe servicios de alguno de los siguientes? (Marque todo lo que corresponda).*

**\_\_\_\_\_ Food Stamps** *(Cupones de alimentos)* **\_\_\_\_\_ In Foster Care** *(En cuidado de crianza)*

**\_\_\_\_\_ Public Housing** *(Vivienda pública)* **\_\_\_\_\_ Food Stamps (***Cupones de alimentos)*

**\_\_\_\_\_ WIC** *(WIC)* **\_\_\_\_\_ SNAP** *(SNAP)*

**\_\_\_\_\_ Child Care Subsidy** *(Subsidio de cuidado infantil***)**

**\_\_\_\_\_ Medicaid** *(Seguro de enfermedad)* Must provide a copy of card.*(Deberá aportar copia de la tarjeta.)*

**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.**

**I understand that my child’s application will not be processed until all required documentation has been provided.**

**I understand that my child’s application is for an NC Pre-K funded slot in Ashe County – not to a particular site.**

**Parent/Guardian Signature (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_/2025**

***Certifico que toda la información proporcionada en esta solicitud es verdadera a mi leal saber y entender.***

***Entiendo que soy responsable de comunicarme con la oficina de Pre-K de Carolina del Norte del condado de Ashe (336-846-3221) con cualquier información que cambie (número de teléfono, dirección, situación laboral, ingresos, etc.).***

***Doy permiso para que toda la información proporcionada en esta solicitud se utilice para determiner la elegibilidad de mi hijo para el programa NC Pre-K.***

***Entiendo que la solicitud de mi hijo no se procesará hasta que se haya proporcionado toda la documentación requerida.***

***Entiendo que la solicitud de mi hijo es para una plaza financiada por NC Pre-K en el condado de Ashe, no para un sitio en particular.***

***Firma del padre/tutor (obligatoria) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha: \_\_\_\_\_/\_\_\_\_\_/2025***

**Should your child not qualify for a funded slot under current NC Pre-K guidelines, would you want your child to be considered for a private pay slot?**

 **\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_NO**