



FOR OFFICE USE ONLY
DIAL Date: ___/___/2021
Date Entered: ___/___/2021
Assignment: _____

Ashe County NC Pre-Kindergarten Initial Application 2021-22
Aplicación Inicial Pre-Kinder del Condado de Ashe 2021-22

Program is for children who will be four years old on or before August 31, 2021
para niños que tengan cuatros años cumplidos en o antes del 31 agosto, 2021

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/Demoográficas 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)** _____ **Asian (Asiático)**
 _____ **Native Hawaiian/Pacific Islander (Nativo de Hawaii/Islands 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 (temporalmente 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 nino (a) a la escuela?

Parent/Guardian name/Nombre del padre/military:

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 militario del niño(a) miembro milita del servicio militario o fue esta persona herida gravemente o perdió la vida mientras estaba milita in el servicio militario?
 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 fisica 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) 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 2020 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
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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:** ____/____/2021