



<b>FOR OFFICE USE ONLY</b>
DIAL Date: ___/___/2022
Date Entered: ___/___/2022
Assignment: _____

**Ashe County NC Pre-Kindergarten Initial Application 2022-23**  
*Aplicación Inicial Pre-Kinder del Condado de Ashe 2022-23*

**Program is for children who will be four years old on or before August 31, 2022**  
*para niños que tengan cuatros años cumplidos en o antes del 31 agosto, 2022*

**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 military del niño(a) miembro milita del servicio military o fue esta persona herida gravemente o perdió la vida mientras estaba milita in el servicio military?  
 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 2021 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
<b>Current Wages BEFORE taxes</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>Alimony (Received)</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>Child Support (Received)</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>Workers' Comp</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>Unemployment</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>SSI/TANF/Work First</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>Other:</b>	\$	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
<b>Current Wages BEFORE taxes</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
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<b>SSI/TANF/Work First</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly
<b>Other:</b>	\$	This amount is: Yearly   Monthly   2x Monthly   B-Weekly   Weekly

<b>Total Household Income</b>	\$	<b>This amount is: Yearly   Monthly   Twice Monthly   Bi-Weekly   Weekly</b>
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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:** \_\_\_\_/\_\_\_\_/2022