NORTH CAROLINA
NC Pre-K
Prekindergarten Program

FOR OFFICE USE ONLY
DIAL Date: ____/____/2023
Date Entered: ____/____/2023
Assignment: _____

Ashe County NC Pre-Kindergarten Initial Application 2023-2024

Aplicación Iniciál Pre-Kinder del Condado de Ashe 2023-2024

Program is for children who will be four years old on or before August 31, 2023
para niños que tengan cuatros años cumplidos en o antes del 31 agosto, 2023

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)* _____ **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 desemparada 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 nino (a) a la escuela?*

Parent/Guardian name/*Nombre del padre/2ilitary*:

_____

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 grávamente 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 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*

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 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 2022 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**

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: _____/_____/2023