



Gaston County Pre-Kindergarten Program



2020-2021 Application

NC Pre-K is a free, high quality program to prepare children for success in school. Child must be four years old **on or before August 31st** of the program year. Completion of this application does not guarantee your child a placement in the program. For eligibility factors and other questions, please see <https://www.gaston.k12.nc.us/Domain/130>

Incomplete applications will not be processed. Applications are considered incomplete until we receive:

- This completed application Valid ID of person submitting application
- Child's certified birth certificate Proof of Residency (2) or Residence Affidavit
- Proof of Income* (Mom); Proof of Income* (Dad)

***Recent check stubs, W-2 or tax return from most recent year. If the following are received, please also submit: CHILD SUPPORT, ALIMONY, WORKMAN'S COMPENSATION, RETIREMENT/DISABILITY INCOME, SOCIAL SECURITY BENEFITS (SSA) OR SOCIAL SECURITY DISABILITY INSURANCE (SSDI). If paid cash, provide a signed statement from employer listing employee's name, hours worked and weekly income with business name, supervisor's contact name and phone number.**

A completed Health Assessment and Dental Screening form (found here: <https://www.gaston.k12.nc.us/Domain/130>) and up-to-date Immunization Record are required by the 30th day of school.

Student Information (Please print clearly)			
First Name:	Middle:	Last:	
Address: Street	City	Zip Code	County
Age:	Birthday: ___/___/___	Sex: ___ M ___ F	Language child usually speaks:
Race: (check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify) _____			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
Does this child have a parent who is actively serving in the military or who was injured or killed while on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (Military I.D. required)			
Child Lives With ___ Both parents ___ Mother ___ Father ___ Other ___ Foster Parent* ___ Legal Guardian or Custodian* (*Attach copies of legal documentation)			
Has the child ever been in childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child currently in childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where does the child attend?			
Does your child have a chronic health condition or significant health concern diagnosed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: (Documentation of this condition having the potential to interfere with a child's development or learning must be provided by a health professional.)			
Does your child have an active Individualized Education Plan (IEP) from Gaston County Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have a diagnosed developmental disability (including but not limited to cerebral palsy, sight or vision impairment, orthopedic impairment, or autism)? <input type="checkbox"/> Yes <input type="checkbox"/> No What developmental disability has your child been diagnosed with?			
Does your child receive support services for speech, a special need, or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No What services does the child receive?			
Do you have a concern about your child's development (learning, speech, hearing, or behavior)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:			

Family Information		
Mother/Stepmother/Female Guardian's Full Name (circle which):		
Home phone:	Work phone:	Cell phone:
Email address:	Employer:	Weekly Gross Income:
Check ALL that apply: <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending college <input type="checkbox"/> Other _____ <input type="checkbox"/> Stay at home parent <input type="checkbox"/> In high school/GED program <input type="checkbox"/> In job training Employed # hours per week _____		
Father/Stepfather/Male Guardian's Full Name (circle which):		
Father's Home phone:	Father's Work phone:	Father's Cell phone:
Father's Email address:	Father's Employer:	Father's Weekly Gross Income:
Check ALL that apply: <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending college <input type="checkbox"/> Other _____ <input type="checkbox"/> Stay at home parent <input type="checkbox"/> In high school/GED program <input type="checkbox"/> In job training Employed # hours per week _____		

Family size (include parents/step-parents, siblings/step-siblings age 18 and under living in the same household as child)

Please list all family members in household:

Name	Birthdate and age	Relationship to Child	School siblings attend

Is your family homeless (temporarily living with friends/family or in shelter/car/hotel)? Yes No

I have transportation and can drive my child to Pre-K if not placed in my home school Yes No

My home school is _____

I prefer placement in a private childcare site Yes No. Where? _____

If unemployed – my signature below certifies that I am unemployed and have no income of any kind. The person or source for our basic living expenses is _____. If this information is found to be false, I understand that my child's participation may be terminated.

My application packet is complete and income is reported correctly. I certify that I am the parent/legal guardian of the child whose name appears on this application. Deliberate misrepresentation may subject me to prosecution under applicable NC state laws. I understand that this application is for possible enrollment, and will be notified if my child is eligible. I agree that my child will attend NC Pre-K on time and on a regular basis.

Parent Signature (required): _____ Date: _____

Families will be notified June 15 about placement.