



2021-2022 PRE-K APPLICATION

Application Instructions

Parents Please Keep This Page for Your Reference

Children must be four years of age on or before August 31, 2021 to apply for a Pre-K program.

There is no cost to parents for the 6-1/2 hour school day. However, if before and/or after school care is needed, parents are responsible for the cost of that service if available. Please see specific Site Information on the back of this page for more information.

Three Year Olds: Children who turn 4 after August 31st 2021 may be served by Head Start. Head Start accepts 3 and 4 year olds.

Complete the application. A Pre-K Application must be completed to determine if your child is eligible for a Pre-K program.

Applications with missing information will not be processed until all information and documentation is included.

Documentation required to complete the application:

- Child's Birth Certificate, or immunization record, or medical record with the child's date of birth
- Two (2) proofs of Alamance County residence (most current utility bill or lease under parent's name, driver's license, or other government document with the family's current address). If a family is living with friends or relatives an Affidavit of Shared Housing must be completed. This may be obtained on the ABSS website <https://www.abss.k12.nc.us/Page/2286>
- One month of check stubs, or other income documentation (Tax Return, W-2, or 1099 are all acceptable). Also, proof of court-ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable. If you are receiving social security income for yourself and/or your child, please include the award letter from the Social Security Administration. Foster parents are not required to report income. Parents do not have to be employed for the child to be eligible.
- If you are a *court-ordered* legal guardian of the child, please provide a copy of the court order.

Complete the Site Preference Form

The Site Preference Form is part of the application. Please be sure to fill out the **Site Preference Form** and rank your top 3 preferred sites. Your selections do not guarantee placement at any site but allows you to indicate location(s) you are able to provide transportation for your child and you are able to access before and after school care if needed.

Please copy your site preferences here so you will have a record of your preference(s) at the time of your application:

1st _____ 2nd _____ 3rd _____

Developmental Screening Appointments

Parents who complete and submit applications and indicate a preference for a school site must have their child screened to be considered for placement in a Pre-K class in an elementary school. After we have reviewed your application with the required documentation, a staff member will be in touch to schedule a screening appointment. Children who are placed in a Pre-K program in private childcare NC PreK sites or Head Start who have not been screened will have a screening conducted by their classroom teacher after enrollment.

Placement Status Notification

For applications received on or before June 15th, we plan to have all placements completed and placement letters mailed out no later than August 1st. Applications are accepted throughout the year and eligible children who may be placed on a waitlist will be contacted as soon as a space becomes available. **If you have an address change**, please be sure to notify us so that your letter will be sent to the correct address. Be sure to include a new proof of address if you need to make a change.

Return completed application with documentation to one of the agencies listed below.

Alamance Partnership for Children 2322 River Rd. Burlington, NC 27217 Phone: 336-513-0063 ext. 105 Fax: 226-226-1152 jwhitley@alamancechildren.org Accepts 4 year old applications only	Alamance-Burlington School System 609 Ray Street, Graham NC 27253 Phone: 336-438-4212 Fax: 336-570-6353 anita_slaughter@abss.k12.nc.us Accepts 4 year old applications only	Head Start Junction 421 Alamance Road Burlington, NC 27215 Phone: 336-436-0202 Fax: 336-226-0933 scampos@regionalcs.org Accepts 3 and 4 year old applications
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Pre-K Site Information Public Schools, Private Childcare, and Head Start

Location	Address	School Uniforms	Arrival	Dismissal	Before/After Care
Alexander Wilson Elementary	2518 NC 54 Graham, NC 27253	NO	7:50	2:30	NO
Audrey Garrett Elementary	3224 Old Hillsborough Road Mebane, NC 27302	NO	7:30	2:15	NO
Andrews Elementary	2630 Buckingham Road Burlington, NC 27217	NO	7:35	2:20	NO
Eastlawn Elementary	502 N. Graham-Hopedale Rd Burlington, NC 27217	NO	7:50	2:20	NO
EM Yoder Elementary	301 N. Charles Street Mebane, NC 27302	NO	7:30	2:30	NO
Grove Park Elementary	141 Trail One Burlington, NC 27215	NO	7:45	2:20	NO
Haw River Elementary	701 E. Main Street Haw River, NC 27258	NO	7:20	2:30	NO
Hillcrest Elementary	1714 West Davis Street Burlington, NC 27215	NO	7:30	2:30	NO
Newlin Elementary	316 Carden Street Burlington, NC 27215	NO	7:30	2:30	NO
North Graham Elementary	1025 Trollinger Road Graham, NC 27253	NO	7:50	2:35	NO
Smith Elementary	2235 Delaney Drive Burlington, NC 27215	NO	7:30	2:30	NO
South Graham Elementary	320 Ivey Road Graham, NC 27253	NO	7:30 - 7:50	2:20	NO
Sylvan Elementary	7718 Sylvan Road Snow Camp, NC 27349	NO	7:20 - 7:50	2:30	NO
Beginning Visions CDC	145 Huffine St. Gibsonville, NC 27249	NO	7:45	2:45	Yes, before and after school care is offered \$84/week
Childcare Network 78B	827 Sellars Mill Rd. Burlington, NC 27217	NO	7:45	2:45	Yes, before and after school care is offered \$80/week
Creative Childcare	3216 NC Hwy 54 East Graham, NC 27253	NO	7:45	2:30	Yes, before and after school care is offered \$80/week
Creative Childcare 2	2257 NC 87 South Graham, NC 27253	NO	7:45	2:30	Yes, before and after school care is offered \$80/week
Excel Christian Academy	825 Apple St. Burlington, NC 27217	YES	8:30	3:00	Yes, before and after school care is offered. \$85/week
Lifespan Circle School	919 Stokes St. Burlington, NC 27215	NO	8:00	2:30	Before School only \$35/week After School only \$60/week Before and After School \$95/week
JSS Head Start Accepts 3 and 4 year old children	615 Gunn St. Burlington, NC 27217	NO	8:00	2:30	Before and After care is available. Must have a DSS subsidy voucher for payment
Head Start Junction Accepts 3 and 4 year old children	421 Alamance Rd. Burlington, NC 27215	NO	8:00	2:30	NO
Graham Head Start Accepts 3 and 4 year old children	600 Ray St. Graham, NC 27253	NO	8:00	2:30	NO

Child Information Please be sure to complete the back side of this page 

Child's Name:	First	
	Middle	
	Last	

Child's Date of Birth: Month _____ Day _____ Year _____ **Child's Gender Please check one:** ___ Male ___ Female

Demographic Information. *In compliance with federal and state laws, The Alamance Partnership for Children, ABSS, and Head Start administer all programs and admissions selections for Pre-K programs without discrimination because of race, religion, national or ethnic origin, color, military service, disability, or gender, except where exemption is appropriate and allowed by law.*

Please indicate ethnicity *and* also check race below:

Ethnicity: ___ Hispanic/Latino ___ Not Hispanic/Latino

Child's Race please check all that apply:

___ Asian ___ Black/African ___ Native American/Alaskan ___ White/European ___ Native Hawaiian/Pacific Islander

Another race not listed above please specify: _____

Child's complete address:

Street Address	
Apt or Lot #	
City	
Zip Code	

Family Information:

With whom does the child reside:

___ Mother Only ___ Father Only ___ Both Parents ___ Legal Guardian ___ Other Relative ___ Other Non-Relative
Other, Please Specify _____

Family Size _____ (How many people in your family? Only parent(s)/stepparent/guardian and children under 18 living in the home are included)

Is your current address a temporary living arrangement? Yes No

This may include an emergency shelter, hotel/motel, living in a vehicle or other non-residential dwelling, living with relative or non-relative, etc. If yes, please tell us how we may best contact you in the space below.

Military Status:

Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? Yes No

Documentation of parent's status in the military is required for priority placement.

Primary Parent or Legal Guardian Contact (Who will be the primary contact for this child? Write Name Below)

Contact Information

Mother/Guardian Name:	Home #	Cell #	Email:
Father/Guardian Name:	Home #	Cell #	Email:

MEMBERS OF YOUR HOUSEHOLD *You do not need to include the Pre-K Child in this table

Name	Relation to Child (e.g. grandparent, sister, brother, aunt, uncle, etc.)	Date of Birth	Please include the name of the school where each child attends, if applicable:

TELL US ABOUT YOUR CHILD

Language

What is the primary language spoken in your home? _____

What language does your child speak most often? _____

Health Information

Does your child have a chronic illness? (ex. Asthma, diabetes, obesity, anemia, etc.)

Yes No Please specify _____

What type of medical insurance does your child have? (Check below)

My child does not have health insurance

Medicaid/NC Health Choice Marketplace Military Private Insurance (e.g. through parent’s work, etc.)

Medical *All children will be required to provide a health assessment form signed by a physician within the first 30 days of enrollment

Does your child have a primary care physician? Yes No

Who provides healthcare for your child? _____

Has your child seen a doctor for a well checkup visit in the past 12 months? If so, date: _____

Dental *Dental screenings may be offered at each site. Your child’s teacher will provide more information.

Does your child have a dentist? Yes No

Has your child had a dental exam in the past 12 months? Yes No

Prior Early Education Experience:

Since birth, has your child ever been enrolled in a preschool, child care center or family child care home? Yes No

Are you receiving a childcare subsidy from DSS? Yes No

Is your child currently enrolled in a child care or preschool program? Yes No

Was your child previously enrolled in Head Start as a three year old? Yes No

Developmental Needs and Support Services:

Does your child have a Developmental or Educational Need? Yes No Don’t Know

Please specify _____

Has your child been referred for an evaluation for or identified with a developmental and/or physical need? Yes No

If Yes, date of evaluation: _____

Individual Service Plans to Support Children with Identified Developmental Needs

Does your child have an active IFSP-Individual Family Support Plan with CDSA or an ISP--Individual Support Plan with a private agency (speech, OT, etc.)? Yes No

Does your child have an active IEP—Individual Education Plan with the ABSS school district? Yes No

Has your child been referred for services related to diagnosed developmental or physical needs? Yes No

Is your child currently receiving therapeutic or educational services related to a developmental or physical need?

Check all that apply: Speech Physical Therapy Occupational Therapy Educational Services Mental Health

Family Income Information

Child's Name _____ **Date of Birth** _____

Parents do not have to be employed for the child to be eligible. Legal guardians are counted in the family size and their income is counted, only if both biological parents are deceased or parental rights have been terminated by the court for both parents. If one parent is not living in the home, but provides child support, you may only list the child support received by the parent that the child lives with. You do not need to provide additional income information for the parent who is not in the home.

Foster parents are not required to provide income information.

I am a Foster Parent Yes No

Mother/Stepmother/Legal Guardian Name: _____

- Employed Yes No
- Stay at Home Parent/Guardian Yes No
- Seeking Employment Yes No
- Attending Secondary Education Yes No
- Attending High School/GED Yes No
- Attending Job Training Yes No
- Other Employment Yes No

Explain: _____

Highest Level of Education Completed _____

If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family:

_____ Amount per Month _____


***If you work more than one job, please include payments from each job in the box according to how often you get paid**

Payment Schedule						
Write the dollar amount (\$) (gross amount before taxes) in the box below according to how often you get paid						
If your check varies each week, we will use an average for the most current month.						
Hourly Rate: _____ Average # of hours per week _____						
Type of Income	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	# Weeks/Year
Current Wages before Taxes						
Alimony						
Court-Ordered Child Support						
Workman's Comp						
Social Security Paid to Child(ren) in the home*						
Retirement Income						
Disability Benefit Income						

Please provide documentation for all of the above that apply to your household.

One month of check stubs, or other income documentation (Tax Return, W-2, or 1099 are all acceptable). Also, proof of court-ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable. If you are receiving social security income for yourself and/or your child, please include the award letter from the Social Security Administration.

*Social Security paid to the child(ren) in the home is included as income but should only be listed once on the application.

Father/Stepfather/Legal Guardian Income Information on the back side of this page 

Foster parents are not required to provide income information.

I am a Foster Parent Yes No

Father/Stepfather/Legal Guardian Name: _____

- Employed Yes No
- Stay at Home Parent/Guardian Yes No
- Seeking Employment Yes No
- Attending Secondary Education Yes No
- Attending High School/GED Yes No
- Attending Job Training Yes No
- Other Employment Yes No

Explain: _____

Highest Level of Education Completed _____

If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family:

_____ Amount per Month _____

***If you work more than one job, please include payments from each job in the box according to how often you get paid**

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*Social Security paid to the child(ren) in the home is included as income but should only be listed once on the application.

Child's Name _____ Date of Birth _____

Pre-K Site Preference

Please indicate sites that will work for your family. Helpful information about each site is included on the back side of the Application Instructions page.

Please indicate your top three choices (1 st , 2 nd , 3 rd)			
Pre-K Classes in Public Schools *Public school sites require a developmental screening for eligibility. A screening appointment will be scheduled for your child if one of your preferences is a public school site below		Pre-K Classes in Private Childcare Centers	
	Alexander Wilson Elementary		Beginning Visions Child Development Center
	Audrey Garrett Elementary		Childcare Network 78B
	Andrews Elementary		Creative Childcare Hwy 54
	Eastlawn Elementary		Creative Childcare 2 Hwy 87
	EM Yoder Elementary		Excel Christian Academy
	Grove Park Elementary		Lifespan Circle School
	Haw River Elementary	Pre-K Classes in Head Start	
	Hillcrest Elementary	Head Start enrolls 3 and 4 year olds	
	Newlin Elementary North Graham Elementary		Head Start Junction
	North Graham		JSS Head Start
	Smith Elementary		Graham Head Start
	South Graham Elementary		
	Sylvan Elementary		

Optional--Reason(s) for your first (#1) preference: Please check all that apply, this will help us to understand your family's needs (feel free to add any comments or additional information you would like us to consider on the back of this page).

near my or relative's job I can arrange transportation Sibling attends this site/school
 walking distance before and after school care is offered

Parent Agreement

Please read carefully and check (v) or initial each box and sign at the bottom

- I authorize the Alamance Partnership for Children, Alamance-Burlington School System (ABSS), and Head Start at Head Start Junction and JSS Head Start to use the information in this application for the purpose of determining eligibility for state, and federally funded Pre-K programs and for data collection and program evaluation by the NC Division of Child Development and Early Education (DCDEE).
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K programs administered by Alamance Partnership for Children, ABSS, or Head Start.
- I understand that family involvement is expected if my child is selected for participation.
- I understand that my child will need a current health assessment and immunization record within 30 days of enrollment. I understand that my child may not attend the program if the health assessment is not submitted to the Pre-K site after the 30th day of enrollment.
- I understand that transportation to and from Pre-K programs will be the family's responsibility. This program does not provide transportation.
- I understand and agree that I will ensure that my child attends the program as scheduled and is dropped off and picked up on time each day. I understand that excessive or prolonged unexcused absence may result in termination of my child's enrollment. *Please talk to your child's teacher if you are experiencing difficulty in managing regular attendance for your child.*
- I understand that if there is a change in my child's address or phone number, it is my responsibility to notify my child's teacher and/or the Alamance Partnership for Children, or ABSS at the Ray St. Academy, or Head Start to keep my contact information updated.

I certify that the information given on this application is true and accurate and all income has been reported. I understand this information is being given for the receipt of services provided by state and federal funding. Officials may verify the information on this application. Deliberate misrepresentation may result in the removal of my child from the program.



Parent/Guardian Signature _____

Date _____