2016-2017 Watauga County NC Pre-Kindergarten Application

Parents/Families/Guardians must complete this application to apply for NC Pre-Kindergarten Program. You must use your child’s legal name that is on his/her birth certificate on this application. If you change your address or your phone number it is your responsibility to let us know. Please remember to sign this application!

ALL APPLICATIONS MUST BE RETURNED TO THE CHILDREN’S COUNCIL
ADDRESS: 225 Birch Street, Boone NC 28607  FAX: (828) 264-8008  PHONE: (828) 262-5425

To be eligible:
* Child must be four-years old on or before August 31st, 2016.
* Child is from a family whose gross income is at or below 75% of the State Median Income (SMI).
* Children of certain military families are also eligible without regard to income.
* 20% of age eligible children enrolled may have family incomes in excess of 75% SMI if they have documented risk factors in specific categories including:
  - Developmental Disability
  - Limited English Proficiency
  - Educational Need
  - Chronic Health Condition
  
  Although a child may meet one or more eligibility factors, placement is not guaranteed in an NC Pre-K classroom.

Documents you are required to have with you when you return your application:
* 2 proofs of residency (lease/utility bills/drivers’ license/cable bill/phone bill)
* Certified copy of the child’s birth certificate
* Proof of Gross Yearly Household Income including one or more of the following items:
  (Copy of 2015 tax form 1040 line #37 or 1040A line #21, Previous month’s pay stub(s), Award letters from Social Security Administration, Award letters from the Employment Security Commission, Employer statements, Business records for self-employed individuals, Signed statements when an individual claims to have no verifiable countable income)
* Medical information from a physician if your child has a chronic health condition

<table>
<thead>
<tr>
<th>Fees</th>
<th>None, if your child qualifies for NC Pre-K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification of Acceptance</td>
<td>Families will be notified by mail by early June, 2015 of their acceptance into the program (pending the approval of the North Carolina Budget)</td>
</tr>
<tr>
<td>Placement</td>
<td>Placements will be based on eligibility, priority of need(s), date that completed application was submitted and availability.</td>
</tr>
<tr>
<td>Health Assessment</td>
<td>Child’s Health Assessment is required before being enrolled or within 30 days after the child enters NC Pre-K Program</td>
</tr>
</tbody>
</table>

For more information:
Hunter Varipapa at The Children’s Council (828) 262-5424 or via email: hunter@thechildrencouncil.org
Watauga County NC Pre K Application 2016-2017

Full Legal Name of Child: ________________________________________________________________

Gender: Male____ Female____

Child’s Date of Birth: ______/_______/_______

Child’s Race/Ethnicity (Check all that apply):
Asian _____
Black or African American _____
Hispanic _____
Native Hawaiian or Other Pacific Islander _____
Native American Indian or Alaska Native _____
White/European American _____

Is the child a North Carolina Resident: Yes _____ No _____

Application Date: _____________

Email where parent/guardian can be reach: ______________________________

County of Residence: ______________

Family’s Mailing Address: _____________________________________________________________

Family’s Physical Mailing Address (if different) ________________________________

Primary Phone Number: ___________ Alternate Phone Number: ______________

With whom does the child reside:
Mother only _____
Father only _____
Both Parents _____
Legal Custodian _____
Legal Guardian _____
Other, Specify ________________________________________________________________

Does the child live with an adult blood relative or with a non-relative who has legal custody or guardianship:
Yes _____ No _____

Number of family members (siblings, parents/guardians) who live in your home _____

(continued on back)
Mother’s/Stepmother’s/Guardian’s Name: _________________________________

Mother’s Employment: (check all that apply)
Employed- Yes _____ No _____ Average Number of Hours Worked per Week- ________
Seeking employment- Yes _____ No _____
Attending secondary education- Yes _____ No _____
Attending high school/GED- Yes _____ No _____
Other employment: Yes _____ No _____ Explain: ___________________________

Enter all income for the mother:
Current Yearly Wages BEFORE Taxes: ________
Alimony Yearly: ___________
Child Support Yearly: ___________
Workers Compensation: ___________
Unemployment: ___________
SSI/TANF/Work$ First: ___________

Father’s/Stepfather’s/Guardian’s Name: _________________________________

Father’s Employment: (check all that apply)
Employed- Yes _____ No _____ Average Number of Hours Worked per Week- ________
Seeking employment- Yes _____ No _____
Attending secondary education- Yes _____ No _____
Attending high school/GED- Yes _____ No _____
Other employment: Yes _____ No _____ Explain: ___________________________

Enter all income for the father:
Current Yearly Wages BEFORE Taxes: ________
Alimony Yearly: ___________
Child Support Yearly: ___________
Workers Compensation: ___________
Unemployment: ___________
SSI/TANF/Work$ First: ___________

Does the child have Limited English Proficiency? Yes _____ No _____

What is the primary language spoken in your home? English_____ Other__________
What is the primary language spoken by your child? English_____ Other__________

Does your child have a chronic health condition? Yes _____ No _____
Explain:

If yes, please attach a physician’s note explaining the condition(s) and any prescribed treatments/medications. This must be returned with your application.

Does your child have a developmental or educational need? Yes _____ No _____ Not Sure _____
Explain:

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 _____
Prior Child Care Placement: (check all that apply)

_____ Child has never been served in any preschool child care setting
_____ Child is currently unserved (at home now but may have previously been in child care or some other preschool program)
_____ Child currently attends childcare (please list the name of the program below)
Name of Childcare Program: ________________________________
_____ Child is receiving subsidy and is in some kind of regulated child care or preschool.
_____ Child has an active IEP and is currently being served by an EC Service provider.

Date of Child’s Last Health Assessment: (month, day, year) __________________________

Has your child had a Developmental Screening? No ____ Yes ____
If yes, include month, day, year __________________________

Has your child ever been referred for evaluation or identified for services for a special need?
Yes ____ No ____
If yes, include month, day, year of referral date: __________________________
If yes, what was the decision from the disability evaluation for your child?
No Disability Identified ____
Evaluation Decision in Process ____
One or More Disabilities Identified ____
Do not know ____

Name(s) of identified disability/delay: ____________________________________________

Does your child have a current Individualized Education Plan (IEP)? Yes ____ No ____

Watauga County Schools serves identified Pre-K age students with disabilities by having service providers (i.e., teachers and therapists) come to the site where the student is attending a Pre-K class. Watauga County Schools will make every effort to place a student with a disability, that is eligible to enroll in one of our WCS NC Pre-K classrooms, at the WCS NC Pre-K site in or closest to their school attendance zone. Due to the child’s individual educational needs though, and in accordance with federal and state law, it may be necessary for the district to place the student in a different WCS NC Pre- K class outside of their attendance zone in order to provide a free, appropriate public education as required by that student’s Individualized Education Program (IEP). In this case, the child’s IEP team, of which the parent is a member, will convene to discuss this recommendation.

Has your child been referred for services related to disability? Yes ____ No ____

Is your child receiving services related to disability? Yes ____ No ____
If yes, please specify type of disability services __________________________________________

Do you have any concerns with your child’s development? Yes ____ No ____

If yes, please explain your concerns __________________________________________

If you have concerns with your child’s development, would you like for a representative from The Children’s Council to contact you about scheduling a free developmental screening for your child? Yes ____ No ____

(continued on the back)
2016-2017 Pre-Kindergarten Classroom Locations (subject to change)

*Transportation is only provided to students who attend a pre-k classroom in their school district:

Cove Creek Elementary School

Green Valley Elementary School

Hardin Park Elementary School

The Lucy Brock Collaborative Classroom at Parkway Elementary School

Valle Crucis Elementary School

Please list below your preferred pre-k site(s) in order of preference:

1-

2-

3-

4-

5-

I certify that all the information on this entire application is true to the best of my knowledge. I understand I am responsible for calling The Children's Council of Watauga County, 828-262-5424, with any changes to information on this application. I give my permission for the information on this application and any other documentation that I submit with this application to be viewed by The Children's Council of Watauga County's staff, Department of Child Development and Early Education, Department of Social Services, Watauga County School's staff and others as necessary to verify accuracy. I understand that knowingly providing inaccurate information will result in this application being rejected.

________________________________________  ________________________________
Signature of Parent/Guardian                      Date

To be completed by The Children's Council of Watauga County Staff Member:

Date of Submission of Completed Application: ______________________

Name of Staff Who Reviewed Application: ______________________

__________________________________________________________________________________

To be completed by The Children's Council of Watauga County Staff Member

Receipt of Completed Application (please keep for your records and proof of submission):

Parent/Guardian's Name(s) ______________________

Child's Name ______________________

Date of Submission of Completed Application: ______________________

Printed Name and Signature of Staff Who Reviewed Application: ______________________
# Watauga County Schools - Student Enrollment Information

**Name of School:**

**Date:**

Per the policy of Watauga County Board of Education, this form shall be completed by the parent or legal guardian upon a student being presented for admission to the Watauga County Schools. The parent or legal guardian shall personally present the student to the school system upon initial entry to the system.

## Student Information

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Preferred First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First initial</td>
<td>Last initial</td>
<td>First initial</td>
<td>Middle initial</td>
</tr>
<tr>
<td>Suffix</td>
<td>Grade</td>
<td>Sex: M / F</td>
<td>Birth Date: <strong>/</strong>/__</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>Proof of Age</td>
<td>( ) Certified Birth Certificate</td>
<td></td>
</tr>
</tbody>
</table>

### Contact Information

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Ethnicity</th>
<th>Race: American Indian/Alaskan Native</th>
<th>Asian</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlisted</td>
<td>Hispanic</td>
<td>White</td>
<td>Hawaiian/Pacific Islander</td>
<td></td>
</tr>
</tbody>
</table>

### Mailing Address

- Apt #: ___
- City: ___
- State: ___
- Zip: ___
- Check if same as 911 Address

### Previous School(s) Attended

- Years: ___
- Grades: ___
- Previous School Addresses

## Office Use

**Student ID#**

**Enrollment Code**

**Enrollment Date**

**Homeroom**

## Parent Information

**Child Resides With:**

- Both Parents
- Father
- Mother
- Grandparents
- Other:
- Mother & Stepfather
- Father & Stepmother

### Mother’s Information

<table>
<thead>
<tr>
<th>Name (First, M, Last)</th>
<th>Maiden Name</th>
<th>Place of Birth</th>
<th>DOB (<strong><strong>/</strong></strong>/____)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>City, ST, Zip</td>
<td>Address (If different from student)</td>
</tr>
</tbody>
</table>

### Father’s Information

<table>
<thead>
<tr>
<th>Name (First, M, Last)</th>
<th>Place of Birth</th>
<th>DOB (<strong><strong>/</strong></strong>/____)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City, ST, Zip</td>
<td>Address (If different from student)</td>
</tr>
</tbody>
</table>

### Employer Information

<table>
<thead>
<tr>
<th>Employer</th>
<th>Work Phone</th>
<th>Extension</th>
</tr>
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</table>

### Legal Guardian

If Guardian, are legal custody papers on file in the office of the principal?  ( ) Yes  ( ) No

### Name of Person With Legal Custody of Student

<table>
<thead>
<tr>
<th>Address</th>
<th>Employer</th>
<th>City, ST, Zip</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Emergency Contacts

### 1st Contact

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<tr>
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</table>

### 2nd Contact

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<td></td>
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</tbody>
</table>

### 3rd Contact

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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</table>

### Siblings

<table>
<thead>
<tr>
<th>Student #</th>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Grade</th>
<th>Gender (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>3</td>
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<td>4</td>
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</tbody>
</table>
**MILITARY CONNECTION**

In an effort to support our students who have family members in service to our country, please provide information about this student's family member who is, or has served:  
☐ No Military Connection

<table>
<thead>
<tr>
<th>Relationship to Student</th>
<th>Branch of Service</th>
<th>Status (choose one: Active Duty, Retired, Reserves, National Guard, Disabled Veteran, Civil Service)</th>
<th>Rank</th>
<th>Location of Service/Base</th>
<th>Unit/Squadron</th>
</tr>
</thead>
</table>

**HOME LANGUAGE SURVEY**

What language did your child learn when he or she first began to talk?  
English____ Other________________________

What language does your child speak most often at home?  
English____ Other________________________

What language do you most often speak to your child?  
English____ Other________________________

What language is most often used by the adults at home?  
English____ Other________________________

In what country was the student born? ________________________________

If the "other" line is used for any of the language survey questions above, please complete page 3 of the enrollment form.

**TRANSPORTATION INFORMATION**

Transportation to School  
( ) Bus#_________ ( ) Walk ( ) Car

*Transportation From School  
( ) Bus#_________ ( ) Walk ( ) Car with whom? ________________________________ ( ) Afterschool

*Transportation From School due to inclement weather  
( ) Bus#_______ ( ) Walk ( ) Car with whom? ________________________________

*Exceptions to the above means of transportation MUST be submitted in writing to the office prior to the close of school that day.

**HAS YOUR CHILD BEEN RETAINED?**

IN WHICH GRADE?

**SPECIAL PROGRAMS**

Please check if your child has been  
( ) Academically Gifted ( ) Learning Disabilities ( ) Hearing Impaired ( ) Speech/Language

served in any of these programs:  
( ) Title I Reading ( ) ESL ( ) 504 ( ) Other ____________________________

**MEDICAL INFORMATION**

Physician Name________________________ Address________________________ Phone________________________

Dentist Name________________________ Address________________________ Phone________________________

It is important that the school be aware of any special health problems that your child may have. Please list below conditions such as allergies, epilepsy, seizures, diabetes, orthopedic problems, hearing or visual impairments.

**Allergies (type)________________________ Life Threatening ( ) Yes ( ) No

Type of Allergy treatment________________________

Other conditions or medications routinely taken________________________

If my child needs to receive medications at school, I understand my doctor and I must complete a special form obtained from the school secretary.

**EMERGENCY AUTHORIZATION**

In cases of serious illness or accident, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed and to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary or transport my child to the hospital emergency room.  
( ) Yes ( ) No

Signature of parent or legal guardian:________________________ Date:________________________

If signed by guardian, please state relationship to child:________________________

Signature of Parent or Legal Guardian:________________________ Date:________________________

If signed by guardian, please state relationship to child:________________________
Choosing a Quality Medical Home

REMEMBER you can call 24 hours a day, 7 days a week.

WHAT IS A MEDICAL HOME?

A Medical Home is a doctor's office, clinic or health department where the staff knows you, your child and your child's health history. It is the one place you take your child for their health care:

- checkups
- sick visits
- accidents
- special health needs
- shots

Choosing a quality medical home is important! You want to take your child to someone you trust, someone who respects you as a full partner in your child's care. Here are some questions you may want to ask. You may think of others.

SOME QUESTIONS TO ASK:

1. Do you accept my child's health insurance?
2. If I cannot pay what I owe, can I set up a payment plan?
3. What are your regular office hours? What if my child needs care at night, on weekends or holidays? Do you have an advice line I can call?
4. If I have many concerns, may I schedule a longer appointment?
5. Will you regularly check my child's developmental progress?
6. How can we work together in planning my child's care?
7. Will you tell me about and help me contact health and community resources?
8. How familiar are you with my child's special health care needs?
9. I like talking with other families who have had similar experiences. How do you use families as resources to your practice?
Does your child need health insurance?

Your child may qualify for Health Check (Medicaid) or NC Health Choice – free or low-cost health insurance for children and teens under 19 years old (up to 21 for Medicaid).

Income guidelines: Effective April 1, 2013 through March 31, 2014.

<table>
<thead>
<tr>
<th>Family size</th>
<th>Monthly income before taxes*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,565</td>
</tr>
<tr>
<td>3</td>
<td>$3,255</td>
</tr>
<tr>
<td>4</td>
<td>$3,925</td>
</tr>
<tr>
<td>5</td>
<td>$4,595</td>
</tr>
<tr>
<td>6 or more</td>
<td>add $570 for each additional family member</td>
</tr>
</tbody>
</table>

*Your child may also qualify if you earn more but have child care, work-related or child support expenses.

Benefits include

- Well-child checkups
- Medicines
- Sick visits
- Dental care
- Immunizations (shots)
- Hospital care
- Lab tests
- Counseling
- Therapies
- Surgeries
- Medical equipment & supplies
- Vision & hearing care

For more information and referrals regarding human services in government, call the NC DHHS Customer Service Center at 1-800-682-7000.
8 a.m. – 5 p.m. Monday through Friday.

For an application or more information, go to:
https://epass.nc.gov or
www.ncdhhs.gov/dma/medicaid/application.htm

200,000 copies of this public document were printed at a cost of $____ or $____ per copy. (2013)
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Contact Number</th>
<th>Address Information</th>
<th>Website Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Ridge Pediatric and Adolescent Medicine</td>
<td>828-262-0100</td>
<td>579 Greenway Road #200 Boone, NC 28607</td>
<td><a href="http://www.blueridgepeds.com">www.blueridgepeds.com</a></td>
</tr>
<tr>
<td>Appalachian Regional Adult and Family Medicine</td>
<td>828-268-1187</td>
<td>400 Shadowline Drive, Suite 104 Boone, NC 28607</td>
<td><a href="https://www.apprhs.org/appalachian-regional-adult-a-family-medicine">https://www.apprhs.org/appalachian-regional-adult-a-family-medicine</a></td>
</tr>
<tr>
<td>Appalachian Family Practice</td>
<td>828-262-1011</td>
<td>1879 Old Highway 421 South Boone, NC 28607</td>
<td></td>
</tr>
<tr>
<td>Waldrep Family Dentistry</td>
<td>828-278-9921</td>
<td>450 New Market Blvd., Suite 4 Boone, NC 28607</td>
<td><a href="http://www.waldrepfamilydentistry.net/">http://www.waldrepfamilydentistry.net/</a></td>
</tr>
<tr>
<td>Blue Ridge Dentistry</td>
<td>828-264-3333</td>
<td>870 State Farm Road Boone, NC 28607</td>
<td><a href="http://brgd.com/pediatric-dentistry/">http://brgd.com/pediatric-dentistry/</a></td>
</tr>
<tr>
<td>Adam Hill General Dentistry</td>
<td>828-295-9603</td>
<td>123 Little Spring Road Blowing Rock, NC 28605</td>
<td><a href="http://www.adamhildds.com/">http://www.adamhildds.com/</a></td>
</tr>
<tr>
<td>Community Care Clinic</td>
<td>828-265-8591</td>
<td>141 Health Center Drive, Suite B, Boone, NC 28607</td>
<td><a href="http://www.ccclinic.org/">http://www.ccclinic.org/</a></td>
</tr>
</tbody>
</table>