



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

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

For more information:

Hunter Varipapa at The Children's Council (828) 262-5424 or via email: hunter@thechildrenscouncil.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

Legal Last Name		Legal First Name		Legal Middle Name		Preferred First Name	
Last Name (if different)	Suffix	Grade	SEX <small>CIRCLE</small> M F	Birth Date _/_/____	Place of Birth	Proof of Age () Certified Birth Certificate	
Home Phone <input type="checkbox"/> Unlisted		Ethnicity Hispanic Non-Hispanic		Race: American Indian/Alaskan Native ___ Asian ___ Black White ___ Hawaiian/Pacific Islander			
911 Address				Apt #	City	State	Zip
Mailing Address <input type="checkbox"/> check if same as 911 Address				Apt #	City	State	Zip
Previous School(s) Attended		Years	Grades	Previous School Addresses			

OFFICE USE ONLY	Student ID#	Enrollment Code () E1 () E2 () R1 () R2 () R3 () R5 () R6	Enrollment Date	Homeroom
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PARENT INFORMATION

CHILD RESIDES WITH: _____ Please indicate relationship below.
 () Both Parents () Father () Mother () Guardian () Grandparents () Mother & Stepfather () Father & Stepmother () Other: _____

MOTHER'S INFORMATION	FATHER'S INFORMATION
Name (First, M, Last) _____	Name (First, M, Last) _____
Maiden Name _____ Place of Birth _____ DOB(____/____/____)	Place of Birth _____ DOB(____/____/____)
Address (if different from student) _____	Address (if different from student) _____
City _____ ST _____ Zip _____	City _____ ST _____ Zip _____
Employer _____	Employer _____
Work Phone _____ Extension _____	Work Phone _____ Extension _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
E-mail Address _____	E-mail Address _____
If not living, date of death _____	If not living, date of death _____

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 _____

ADDRESS _____ EMPLOYER _____

CITY _____ ST _____ ZIP _____ WORK PHONE _____ EXTENSION _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

EMERGENCY CONTACTS (Parent will be notified first - emergency contact used only if parents unavailable)

Name of 1st contact _____ Relationship _____

Best Day # _____ Home Phone # _____ Work Phone _____ Cell Phone _____

Name of 2nd contact _____ Relationship _____

Best Day # _____ Home Phone # _____ Work Phone _____ Cell Phone _____

Name of 3rd contact _____ Relationship _____

Best Day # _____ Home Phone # _____ Work Phone _____ Cell Phone _____

SIBLINGS

Student #	1 _____	2 _____	3 _____	4 _____
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	(M/F)	(M/F)	(M/F)	(M/F)

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

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

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 served in any of these programs: () Academically Gifted () Learning Disabilities () Hearing Impaired () Speech/Language () Title 1 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

The Right Call Every Time.

Your 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?



North Carolina
Public Health



The Right Call
Every Time.
Your Medical Home.



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.

Family size	Monthly income before taxes*
2	\$2,585
3	\$3,255
4	\$3,925
5	\$4,595
6 or more	add \$670 for each additional family member

* 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 1-800-662-7030. 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



Local Family Services, Pediatric and Dental Providers

Blue Ridge Pediatric and Adolescent Medicine	828-262-0100	579 Greenway Road #200 Boone, NC 28607	www.blueridgepeds.com
Appalachian Regional Adult and Family Medicine	828-268-1187	400 Shadowline Drive, Suite 104 Boone, NC 28607	https://www.apprfs.org/appalachian-regional-adult-a-family-medicine
Watauga County Health Department	Clinic: 828-264-6635 District Office: 828-264-4995 Dental Office: 866-257-5542	126 Poplar Grove Connector Boone NC 28607	http://www.apphealth.com/locations/watauga/
Appalachian Family Practice	828-262-1011	1879 Old Highway 421 South Boone, NC 28607	
OP Smiles: Orthodontics and Pediatric Dentists	828-264-0110	373 Boone Heights Drive Boone, NC 28607	http://www.opsmiles.com/
Waldrep Family Dentistry	828-278-9921	450 New Market Blvd., Suite 4 Boone, NC 28607	http://www.waldrepfamilydentistry.net/
Blue Ridge Dentistry	828-264-3333	870 State Farm Road Boone, NC 28607	http://brgd.com/pediatric-dentistry/
Adam Hill General Dentistry	828-295-9603	123 Little Spring Road Blowing Rock, NC 28605	http://www.adamhilldds.com/
Community Care Clinic	828-265-8591	141 Health Center Drive, Suite B, Boone, NC 28607	http://www.ccclinic.org/