

Perquimans County Schools NC Pre-K Application

Perquimans Central School NC Pre-K
 PO Box 129/181 Winfall Boulevard, Winfall, NC 27985
 Phone: (252)426-5332 Fax: (252)426-5480

Please return completed application and required documentation to Perquimans Central School or Perquimans County Schools Central Office. This application is not complete without proper proof of the child's birthdate, proof of residency, and all sources of family income. You must also submit as current health assessment, dental screening, and immunization records. Contact Melissa Fields for questions at 252-426-5741 or mfields@pqschools.org.

Child's Information

Child's First Name:	Last Name:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (Please check all that apply): <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White		
<input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/Hawaiian		
Is the child a US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No/Do not know		
Is child a North Carolina resident?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County of Residence:		Application Date:

Family Information

Legal Custodian (if not parent):			
Family Address:	City:	State:	Zip:
Primary Phone Number:		Alternate Phone Number:	
Email where parent/custodian can be reached:			
With whom does the child reside? <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Legal Custodian			
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other, please specify: _____			
Does the child live with an adult blood relative or with a non-relative who has legal custody or guardianship?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the child live with an adult who has legal custody or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the child lives with an adult who has legal custody, is the adult a relative or non-relative who has legal custody or guardianship? <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Non-relative <input type="checkbox"/> Unknown			
Housing status: <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Hotel/Motel			
<input type="checkbox"/> Battered Women and Children Shelter <input type="checkbox"/> Hospital for 30 days or under			
<input type="checkbox"/> Lack of permanent nighttime address <input type="checkbox"/> Other: _____			

Family Size (List all family members in the household.)

Name	Relationship to Child	Date of Birth	Provide details if the family member has special needs.

Total number of adults in the house: _____ Total number of children under the age of 18 in the house: _____
 Total number of family members in house: _____

Income Documentation: Please submit check stubs for each employed parent for two consecutive pay periods, child support, retirement, worker's compensation, statement from supervisor, IRS 1040, unemployment/social security benefits letters or copies of all W-2s.

Mother/Stepmother/Guardian Information: (only if living in the home)

Name:

Phone Number Home:

Cell:

Work:

Check all that apply: Employed Number of hours worked per week: _____
Attending secondary education Attending high school/GED Attending job training
Seeking Employment Other Employment/Explain:

Wages Before Taxes	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Alimony	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Child Support	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Worker's Comp	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Unemployment	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
SSI/TANF/Work First	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Overtime	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly

Father/Stepfather/Guardian Information: (only if living in the home)

Name:

Phone Number Home:

Cell:

Work:

Check all that apply: Employed Number of hours worked per week: _____
Attending secondary education Attending high school/GED Attending job training
Seeking Employment Other Employment/Explain:

Wages Before Taxes	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Alimony	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Child Support	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Worker's Comp	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
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SSI/TANF/Work First	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Overtime	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly

Home Language Survey

Is your child Limited English Proficient: Yes No

What is the primary language spoken in the home?

In what language would you like for your child to be screened?

Military Involvement

Is at least one parent or legal guardian on this child an active duty member of the military? Yes No

Was a parent or legal guardian of this child seriously injured or killed while on active duty? Yes No

Additional Health and Developmental Factors

Does your child have a chronic health condition?
 Yes *(Please indicate areas of concern with check below.)* No
 If yes, include appropriate documentation or sign below to release records to the child care agency.

Seizures	Allergies	Anemia
Weight	Behavior/Emotional	Asthma
Diabetes	High Lead Level	Hyperactivity
Other:		

Has your child been diagnosed with a disability and have an active IEP?
 Yes *(Please indicate area of disabilities with check below.)* No
 If yes, include appropriate documentation or sign below to release records to the child care agency.

Autistic	Deaf/Blind	Hearing Impaired
Multi-handicapped	Other Health Impaired	Developmental Delay
Orthopedically Impaired	Speech/Language Impaired	Visually Impaired
Traumatic Brain Injury Other:		

I give permission for _____ to provide a copy of the IEP, developmental
(Doctor's Name / Facility / Testing Location)
 screening, or other information pertaining to chronic health conditions, disabilities, or IEP to the
 Perquimans Central School NC Pre-K screening staff.

Parent signature: _____ Date: _____

Child's Prior Placement at the time of enrollment

<input type="checkbox"/>	Child has never been served in any preschool or child care setting
<input type="checkbox"/>	Child is currently unserved (at home now but may previously have been in child care or some other preschool program)
<input type="checkbox"/>	Child is currently enrolled in Headstart
<input type="checkbox"/>	Child is in unregulated child care
<input type="checkbox"/>	Child is in a one or two-star facility
<input type="checkbox"/>	Child is not receiving subsidy but is in some kind of regulated child care or preschool program
<input type="checkbox"/>	Child is receiving subsidy and is in some kind of regulated child care or preschool program.

Yes No Was the child previously served by Perquimans Central School as a three year old?
 If yes, in what capacity?

Parent/Guardian Signature

I certify that all information provided is true, correct, and complete. I understand that demographic, medical, and financial information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may void the application and subject me to prosecution under applicable state laws.

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____
*(*If guardian signs, attach documentation of guardianship.)*

Initial next to each statement:

_____ I understand that if my child is selected for participation, family involvement is expected. My family will cooperate with programs to submit necessary documentation and applications for services.

_____ I understand that transportation may be provided by a public school bus that will consist of students from Pre-K through second grade. I also understand that riding a bus is a privilege, not a right. Bus referrals or other incidents may result in a bus suspension.

_____ I understand that if there is a change in my child's address, phone number, or attendance it is my responsibility to notify the Pre-K Staff and inform them of changes.

_____ I understand that my child will need a current, updated health assessment before she/he attends a program, along with a current copy of immunization record.

_____ I understand that due to program guidelines and funding my child may be placed on a waiting list.

_____ I understand that the program follows Child Care Center guidelines as provided by the NC Division of Child Development and Early Education and through the Perquimans County Schools policies and procedures student/parent handbook.

_____ I understand that it is important that my child attend every day that he/she is able to attend.

_____ I have received and read the NC Child Care Laws and Rules Summary.

_____ I have received and read the Discipline and Behavior Management Policy.

_____ I have received and read the Policy for Prevention of Shaken Baby Syndrome and Abusive Head Trauma.

_____ My child has permission to play outside the fenced in play area with adult supervision. (Child care rule: #1322)

_____ Date

Parent / Guardian Signature

Will your child need to ride the bus, if available? Yes _____ No _____

Address for bus pick up and drop off:

Completed applications must be returned to Perquimans Central School or Perquimans County Schools Central Office by March 20, 2020.

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

CHILD INFORMATION: Date of Birth: _____

Full Name: _____
 Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION: Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has. _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____