



**Onslow County Preschool Application 2017-2018**

This application serves as a universal application for Onslow County Schools Preschool and Onslow County Partnership for Children

**CHILD INFORMATION**

**Child's Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Child's Preferred Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age: (As of 8/31/2017)** 3 4 **Gender:** Male Female

**Physical Address:** \_\_\_\_\_, NC \_\_\_\_\_  
*Street City Zip code County*

**Mailing Address:** \_\_\_\_\_, NC \_\_\_\_\_  
*\*if different from above Street/PO Box City Zip code County*

**Race:** Black White Multi-Racial Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander  
Other: \_\_\_\_\_

**Hispanic:** Yes No **English Proficiency:** None Little Moderate Proficient

**Other Language:** \_\_\_\_\_ **Other Language Proficiency:** None Little Moderate Proficient

**Primary Health Coverage:** Medicaid NC Health Choice Private Insurance Other \_\_\_\_\_ No Insurance

**Who does the child reside with?** Both Parents/Step-Parent Mother Father Legal Guardian/Foster Parent(s)  
Grandparent(s) Other: (Explain) \_\_\_\_\_

**CHILD CARE/PRESCHOOL INFORMATION**

**Is your child currently enrolled in child care?** Yes No  
 If yes, name of child care and location: \_\_\_\_\_

**Are you currently receiving Child Care Subsidy for assistance with cost of child care?** Yes No

**Has your child attended child care or preschool before?** Yes No  
 If yes, last day of enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ and name of child care and location: \_\_\_\_\_

**Has your child participated in Early Head Start?** Yes No Location: \_\_\_\_\_

**Has your child participated in Three School?** Yes No Location: \_\_\_\_\_

**Has your child participated in Head Start?** Yes No Location: \_\_\_\_\_

**PARENT/GUARDIAN PRIMARY**

**Parent /Guardian Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male Female

**Physical Address:** \_\_\_\_\_, NC \_\_\_\_\_  
*\*if different from child Street City Zip code County*

**Mailing Address:** \_\_\_\_\_, NC \_\_\_\_\_  
*\*if different from above Street/PO Box City Zip code County*

**Phone number #1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_** **Phone number #2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**  
Cell Home Work Other: \_\_\_\_\_ Cell Home Work Other: \_\_\_\_\_

**Opt in for text messages:** Yes No **Email:** \_\_\_\_\_

**Marital Status:** Single Married Separated Divorced Widowed **Custody:** Yes No

**Race:** Black White Multi-Racial Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander  
Other: \_\_\_\_\_

**Hispanic:** Yes No **English Proficiency:** None Little Moderate Proficient

**Other Language:** \_\_\_\_\_ **Other Language Proficiency:** None Little Moderate Proficient

**Highest Grade Completed:**  < 9  10  11  GED  HS Graduate  College or Advanced Training  
 Associate's  Bachelor's  Master's  Doctorate's  
 Enrolled in High School or GED Program  Enrolled in Job Training  Enrolled in college

**Employment Status:**  Full Time  Part Time  Seasonal  Self-Employed  Unemployed  Training or School  
 Seeking employment  Retired  Disabled If unemployed or retired (effective date) \_\_\_\_\_/\_\_\_\_\_

**Health Coverage:**  Yes  No **Provider:** \_\_\_\_\_

**PARENT/GUARDIAN SECONDARY**

**Parent /Guardian Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male Female

**Physical Address:** \_\_\_\_\_, NC \_\_\_\_\_  
*\*if different from child* Street City Zip code County

**Mailing Address:** \_\_\_\_\_, NC \_\_\_\_\_  
*\*if different from above* Street/PO Box City Zip code County

**Phone number #1:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Phone number #2:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell  Home  Work  Other: \_\_\_\_\_  Cell  Home  Work  Other: \_\_\_\_\_

**Opt in for text messages:**  Yes  No **Email:** \_\_\_\_\_

**Marital Status:**  Single  Married  Separated  Divorced  Widowed **Custody:**  Yes  No

**Race:**  Black  White  Multi-Racial  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  
 Other: \_\_\_\_\_

**Hispanic:**  Yes  No **English Proficiency:**  None  Little  Moderate  Proficient

**Other Language:** \_\_\_\_\_ **Other Language Proficiency:**  None  Little  Moderate  Proficient

**Highest Grade Completed:**  < 9  10  11  GED  HS Graduate  College or Advanced Training  
 Associate's  Bachelor's  Master's  Doctorate's  
 Enrolled in High School or GED Program  Enrolled in Job Training  Enrolled in college

**Employment Status:**  Full Time  Part Time  Seasonal  Self-Employed  Unemployed  Training or School  
 Seeking employment  Retired  Disabled If unemployed or retired (effective date) \_\_\_\_\_/\_\_\_\_\_

**Health Coverage:**  Yes  No **Provider:** \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

First	Last	Relationship to Child	Date of Birth	Gender (circle)
				Female / Male
				Female / Male
				Female / Male
				Female/ Male
				Female/ Male
				Female/ Male
				Female/ Male

**EMERGENCY CONTACTS**

**Emergency Contacts: (Other than Parents)**

<b>Name:</b> _____	<b>Name:</b> _____
Relationship to Child: _____	Relationship to Child: _____
Phone number: (____) _____ - _____	Phone number: (____) _____ - _____
<b>Name:</b> _____	<b>Name:</b> _____
Relationship to Child: _____	Relationship to Child: _____
Phone number: (____) _____ - _____	Phone number: (____) _____ - _____

**FAMILY STATUS**

- Parental Status:**  One Parent household  Two Parent household
- Primary Language at home:**  English  Spanish  Other: \_\_\_\_\_
- Check all that apply:**  Homeless Family  Referred by Child/Welfare Agency  Receiving Food Stamps (SNAP)  WIC

**MILITARY STATUS**

Is at least one parent or legal guardian of the applicant an active duty member of the Armed Forces of the US, NC National Guard or other state military force who has served in the last 18 months or expected to be ordered in the next 18 months? Was at least one parent or legal guardian of the applicant killed or seriously injured while serving in the Armed Forces of the US?

- Yes, Active Duty  Yes, Seriously Injured or Killed  No  Military Veteran
- Branch: \_\_\_\_\_ Dates of Active Duty: \_\_\_\_/\_\_\_\_/\_\_\_\_ Separated or Retired and Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAMILY/CHILD RISK FACTORS**

If there are any risk factors below that you are experiencing in your family; please submit documentation along with your application.

**Mark all that apply**

- Abuse/Neglect  Substance Addiction/Abuse  Physical/Mental Disability  Mental Illness/PTSD  Terminal/Chronic Illness  Child/Family Trauma (due to deployment, family tragedy, other family issues, or displaced due to political turmoil or natural disaster)  Teen Parent 19 or under  Guardian 62 or over  Incarcerated Parent  Death of a Parent/Guardian
- Other traumatic injuries (please explain) \_\_\_\_\_
- Family lacks a fixed regular and adequate nighttime residence

*This may include sharing the housing of other persons due to loss of housing, economic hardship or similar reason; living in hotels, motels or camping grounds; living in emergency or transitional shelters; or awaiting foster care placement.*

**CHILD SPECIAL NEEDS**

Does your child have any documented special needs: (i.e.) speech, blindness, orthopedic, hearing, chronic illness, social, emotional, or behavior issues?  Yes  No

If yes, type(s) of special needs: \_\_\_\_\_

Does your child have any known allergies?  Yes  No

Explain: \_\_\_\_\_

Will your child require medication at school?  Yes  No

Explain: \_\_\_\_\_

Does your child have a current IFSP (Individual Family Service Plan)?  Yes  No

Does your child receive services through the Children's Developmental Services Agency (CDSA)?  Yes  No

Does your child have a current IEP (Individualized Education Program)?  Yes  No (provide documentation)

Does your child currently receive services through the Onslow County Exceptional Children's Program?  Yes  No

If yes, how is your child served?  walk-in services  classroom services  play-based services  other \_\_\_\_\_

Does your child currently receive services from any community based provider for his/her disability, social, emotional, or behavior issues?  Yes  No

If yes, name of agency: \_\_\_\_\_

Address: \_\_\_\_\_, NC \_\_\_\_\_

Street

City

Zip Code

**FAMILY INCOME**

**NOTE: Documentation of all sources for 12 months of family's income is required when applying.**

<b>Primary Parent/Guardian's Name:</b>	
<b>Pay Stubs/LES</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>Alimony</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>Child Support (amount per child)</b> <i>OR (Documentation of none received)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Workers' Compensation</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>Unemployment</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>SSI/TANF/Work First</b> <i>(Certification Letter/Award Letter)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Pell Grant/GI Bill/Scholarship</b> <i>(Award Letter &amp; Military Tuition Assistance)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Social Security</b> <i>(Award Letter)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Veteran Affairs Benefits</b> <i>(Award Letter)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>2016 Income Tax Documents</b> <i>(1040 Tax document, W2, 1099G, 1099R, etc.)</i>	<input type="checkbox"/> N/A \$ _____ yearly amount
<b>No Source of Income</b>	<b><i>If you do not have any income; documentation is needed of how you provide for your family.</i></b>

<b>Secondary Parent/Guardian's Name:</b>	
<b>Pay Stubs/LES</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>Alimony</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>Child Support (amount per child)</b> <i>OR (Documentation of none received)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Workers' Compensation</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>Unemployment</b>	<input type="checkbox"/> N/A \$ _____ 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
<b>SSI/TANF/Work First</b> <i>(Certification Letter/Award Letter)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Pell Grant/GI Bill/Scholarship</b> <i>(Award Letter &amp; Military Tuition Assistance)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Social Security</b> <i>(Award Letter)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>Veteran Affairs Benefits</b> <i>(Award Letter)</i>	<input type="checkbox"/> N/A \$ _____ 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
<b>2016 Income Tax Documents</b> <i>(1040 Tax document, W2, 1099G, 1099R, etc.)</i>	<input type="checkbox"/> N/A \$ _____ yearly amount
<b>No Source of Income</b>	<b><i>If you do not have any income; documentation is needed of how you provide for your family.</i></b>

<b>Foster Parent/Kinship Placement Name:</b>	
<b>Foster Parent/Kinship</b>	<i>Letter from Department of Social Services and/or Legal/Court Documentation.</i>

**PROGRAM PREFERENCE**

**Onslow County Schools Head Start, Title I, and NC Pre-K**

*\*Onslow County Schools offers transportation to and from home, school, or child care provider within the home school district.*

*\*Onslow County Schools Preschool does not offer before and after school care for children ages 3-5.*

If selected for participation, will your child need transportation services?  Yes  No

If yes, will your child be picked up or dropped off somewhere other than home?  Yes  No

If yes, my child will be picked up or dropped off at:  Child Care Center  Family Child Care Home  Other: \_\_\_\_\_

Child Care Facility/Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_, NC \_\_\_\_\_  
Street City Zip Code

Onslow County Elementary Schools listed below. Elementary district lines determine Preschool Placement.

Onslow County Elementary Schools	OCS Preschool Sites
Bell Fork Elementary School district	Thompson Early Childhood Center
Blue Creek Elementary School district	Thompson Early Childhood Center
Carolina Forest Elementary School district	Summersill Elementary or Thompson Early Childhood Center
Clyde Erwin School district	Thompson Early Childhood Center
Dixon Elementary School district	Dixon Elementary School
Hunters Creek Elementary School district	Hunters Creek Elementary School
Jacksonville Commons Elementary district	Thompson Early Childhood Center
Meadowview Elementary School district	Southwest Elementary School
Morton Elementary School district	Morton Elementary School
Northwoods Elementary School district	Thompson Early Childhood Center
Parkwood Elementary School district	Thompson Early Childhood Center
Queens Creek Elementary School district	Queens Creek Elementary School
Richlands Primary School district	Richlands Primary School
Sandridge Elementary district	Queens Creek Elementary School
Silverdale Elementary School district	Morton Elementary or Hunters Creek Elementary or Queens Creek Elementary School
Southwest Elementary School district	Southwest Elementary School
Stateside Elementary School district	Summersill Elementary School
Summersill Elementary School district	Summersill Elementary School
Swansboro Elementary School district	Queens Creek Elementary School

Visit OCS Website: [onslowcounty.schoolsinsites.com](http://onslowcounty.schoolsinsites.com) (Click Transportation; Click Street Listings for school district)

**Child Care Centers Approved for NC Pre-K**

*\*Private child care sites do offer fee for service before and after school care. Site can be contacted for specific information.*

If selected for participation, will your child need before and/or after school care?  Yes  No

Child Care Center Approved for NC Pre-K		Rank in order of preference # 1-4
Abundance of Love and Learning	1510 Gum Branch Road, Jacksonville, NC 28540	
Child Care Network 79B	1111 Mt. Pleasant Road, Swansboro, NC 28584	
Child Care Network 80	312 Brynn Marr Road, Jacksonville, NC 28546	
Child Care Network 81	928 Henderson Drive, Jacksonville, NC 28540	
Children's Castle I	301 Yaupon Drive, Jacksonville, NC 28546	
Children's Castle School Age	851 Dennis Road, Suite D, Jacksonville, NC 28546	
Excel 8	1 Office Park Drive, Jacksonville, NC 28546	
Excel 10	188 Northwest Corridor Blvd., Jacksonville, NC 28540	
Excel 11	168 Queen's Creek Road, Swansboro, NC 28584	
Excel 12	2965 Henderson Extension, Jacksonville, NC 28584	
New Beginnings I	174 Kinston Hwy., Richlands, NC 28574	
New Beginnings II	113 Forbes Estate Drive, Jacksonville, NC 28540	
New Beginnings III	120 Terry Lee Lanier Drive, Jacksonville, NC 28546	
Precious Resources	117 W. Hargett Street, Richlands, NC 28574	

**No Preference** I will accept placement at either Onslow County Schools Preschool or a child care center approved for NC Pre-K.

**FAMILY RESPONSIBILITIES**

*Please read carefully and initial each box.*

<p>I authorize Onslow County Schools Preschool and Onslow County Partnership for Children to use the information in this application for the purpose of determining eligibility, data collection and program evaluation for the following state and/or federally funded programs: Head Start, Title One, NC Pre-Kindergarten, and Three-School. I understand the exchange of information regarding my child and family will be held in confidence.</p>	<p>(Initials)</p>
<p>I give permission for my child to receive educational screenings, Speech-Language screening, Hearing, Vision, Dental, and Health screenings and classroom observations.</p> <ul style="list-style-type: none"> <li>A referral may be made for more in-depth evaluations which could result in consideration for additional services. You will be notified for permission before any additional testing or evaluations are administered.</li> </ul> <p>All screening, testing, and evaluations will be reviewed with you following your child's selection or enrollment in a preschool program or speech therapy.</p>	<p>(Initials)</p>
<p>I understand that if my child is enrolled, family involvement is expected. My family will cooperate to submit necessary documentation, and participate in home visits, conferences, and family engagement opportunities to meet the program requirements. (The number of home visits and conferences varies based on funding source.)</p>	<p>(Initials)</p>
<p>I understand that Onslow County Schools offers transportation to and from home/school if my child is enrolled in Head Start or Title One in my (home) school district or to and from a before/aftercare program within my (home) school district of participation.</p>	<p>(Initials)</p>
<p>I understand that I am completing this application to determine eligibility for possible placement in:</p> <ul style="list-style-type: none"> <li>Head Start, Title One, NC Pre-Kindergarten, and Three-School.</li> </ul>	<p>(Initials)</p>
<p>I understand that an application submitted is not a guaranteed acceptance into the preschool program. My child will be placed in the preschool database along with all other applicants. Selections are made based on each child(s) and/or family's need. I understand I will be contacted by Onslow County Schools or Onslow County Partnership for Children if additional information is needed, for waitlist status, and/or acceptance status.</p>	<p>(Initials)</p>

**PARENT/GUARDIAN SIGNATURE**

**Please Read carefully: I certify that all information provided is true, correct and complete and that all income has been reported. I understand that the information provided is used to document program eligibility. Program staff may verify information on this application. If at any time my family situation changes, I understand that it is my responsibility to update my application. If any part is false, my participation in this program may be terminated and I may be subject to legal action.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office use only:**

Pickup/drop off checked different  Yes  No Disability documentation to EC Office:  Yes  No \_\_\_\_\_

ChildPlus ID: \_\_\_\_\_ Family ID: \_\_\_\_\_ Home school: \_\_\_\_\_ Preschool : \_\_\_\_\_

**Required Documentation Provided:**

Proof of Age  Yes  No Proof of Domicile  Yes  No Immunization Record  Yes  No Income Verification  Yes  No

**Additional Documentation Provided (if applicable):**

IFSP  IEP  Therapy Goals  Chronic Health/Medical Documents  Physical  Legal Documentation  Military Service  
 Enrollment in Education or Job Training

Complete Application Received by: Staff Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application to be processed by Onslow County Schools or  
 Application to be processed by Onslow County Partnership for Children

Application Processed by: Staff Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_