

# Universal Application Intake Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Application Information

- Thank you for your interest in the preschool programs in Onslow County. Programs are designed to serve at-risk children in North Carolina. The programs are contingent upon, and subject to appropriation, allocation, and availability of funding from the NC State Legislature, the North Carolina Partnership for Children, and the NC Division of Child Development and Early Education.
- Completing an application **does not** ensure your child will be enrolled. Placement is subject to program eligibility and space availability.
- If your child is determined to be eligible and a space is not immediately available, he or she will be placed on a waiting list until placement is available.
- A **health assessment** is required and must be **completed and submitted to the site within 30 calendar days of enrollment**. The assessment must be completed by a physician or nurse practitioner and must include: **physical examination, vision screening, hearing screening, and dental screening**.
- **Updated immunizations** must be turned in to the site on or before the first day of attendance.
- Programs follow a 10 month school calendar where students attend 6.5 hours per day. If before and/or after school care is needed, it is the family's responsibility to coordinate directly with the site following placement. Before and/or after school care is not provided on-site at Onslow County Schools.
- If at any time the information provided on the application changes, we will need to be notified within **five days** of the change. Updated information includes, but is not limited to, change of address, telephone number, email address, enrollment or changes in child care, and medical/behavioral health information.

Documentation Required for Application to be Processed		
Preschool Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth Certificate or Other Documentation of Age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Income from all sources Ex: 1040, W2, LES, <b>One month</b> of paystubs, Child Support, Alimony, Workman's Compensation, Social Security Income Benefits Retirement Benefits, Educational Benefits, Pell Grant, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Residency:(Example: Utility bill or rental agreement )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Documentation to Determine Eligibility: Check all that apply		
<input type="checkbox"/> Proof of military dependent <input type="checkbox"/> Evidence of injury or death while serving on active duty <input type="checkbox"/> Chronic Health Documentation <input type="checkbox"/> Legal Guardianship	<input type="checkbox"/> IEP or <input type="checkbox"/> IFSP <input type="checkbox"/> Proof of enrollment in education or job training <input type="checkbox"/> Disability (if applicable) <input type="checkbox"/> Other _____	
For Office Use Only		
<input type="checkbox"/> 3K <input type="checkbox"/> CE w/o Referral <input type="checkbox"/> 4K <input type="checkbox"/> CE w/Referral <input type="checkbox"/> NAC ID: _____		
<input type="checkbox"/> Incomplete Application   Staff Member: _____   Date Returned to Client: _____		
<input type="checkbox"/> Complete Application   Staff Member: _____   Date Submitted: _____		

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