



Date received: \_\_\_\_\_  
Initials: \_\_\_\_\_



# ORANGE COUNTY SCHOOLS

FIRST CHOICE FOR FAMILIES

## Title 1 Blended Pre-Kindergarten Program Enrollment Application 2019-2020

### CHILD APPLICANT INFORMATION

Child's Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child's date of birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Check one:  Male  Female

Child's Race: \_\_\_\_\_

Languages spoken at home: Please place a "P" by the Primary language that is spoken in the home and an "S" by the Secondary language spoken in the home (if any):

American Sign Language  Arabic  Burmese  English  Karen

Spanish  Other, please specify \_\_\_\_\_

At what level does your child speak English?

Fluent  Some  None

If your child's primary language is something other than English, at what level does he/she speak his/her primary language?

Fluent  Some  None

With whom does the child live (for residence purposes only, check all that apply)

Mother  Father  Other, please specify \_\_\_\_\_

Child Applicant's Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Date received: \_\_\_\_\_

Initials: \_\_\_\_\_

**CHILD APPLICANT HEALTH**

Does the child applicant have medical insurance  Yes  No

Does the child applicant have a primary health care provider?  Yes  No

Does the child applicant have a primary dentist?  Yes  No

The child applicant has been diagnosed with learning barriers; check all that apply:

Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Behavior/emotional /social	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Other Health impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Hearing impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Orthopedically impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Speech/language impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Traumatic brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Pre-K developmental delayed	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Visual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	By whom:
Other:		When:	By whom:
Other:			

The child applicant receives some type of therapy (examples: occupational therapy, physical therapy, speech, psychological)  Yes  No

Please explain:

Other mental/physical health concerns:

**PARENT/GUARDIAN MUST SUBMIT DOCUMENTATION THAT INDICATES THE ABOVE LISTED HEALTH NEEDS. EVERY CHILD ACCEPTED INTO A PRE-K SLOT WILL NEED TO SUBMIT A CURRENT NC HEALTH ASSESSMENT TRANSMITTAL FORM, AND A CURRENT, UP TO DATE IMMUNIZATION REPORT, COMPLETED BY THE CHILD APPLICANT'S HEALTH CARE PROVIDER.**

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR,  
402 N. NASH STREET, HILLSBOROUGH, NC 27278



Date received: \_\_\_\_\_

3

Initials: \_\_\_\_\_

**CHILD APPLICANT CHILD CARE INFORMATION**

Check only one:

	Child applicant has <b>NEVER</b> attended any type of child care program.		
	Child applicant attended child care program previously; currently <b>NOT</b> attending.	Where?	Dates of attendance:
	Child applicant is receiving DSS subsidy and is currently attending child care program.	Where?	Dates of attendance:
	Child applicant is <b>NOT</b> receiving DSS subsidy and is currently attending a child care program.	Where?	Dates of attendance:
	Child applicant has/is attending Early Head Start/Head Start.	Where?	Dates of attendance:

**CHILD APPLICANT CUSTODY INFORMATION**

**CUSTODY DESCRIPTIONS**

**SOLE CUSTODY:** An arrangement whereby only one parent has **physical custody** (the right and obligation of the custodial parent to have his/her child live with him/her) and **legal custody** (the right and obligation of the custodial parent to make all the decisions about a child’s upbringing, including schooling and medical care) of a child. Often in a sole custody arrangement, the other parent has visitation rights. Sole custody is usually indicated either by a court order or by a birth certificate that has only one parent’s information on it.

**JOINT CUSTODY:** An arrangement by which parents who do not live together but share the upbringing of a child. Joint custody can be joint legal custody (in which both parents have a say in decisions affecting the child), joint physical custody (in which the child spends a significant amount of time with both parents) or both.

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR,  
402 N. NASH STREET, HILLSBOROUGH, NC 27278



Date received: \_\_\_\_\_  
Initials: \_\_\_\_\_

Please indicate below the custody status of your child. Please be mindful that this information is in reference to the child’s biological (birth)/adoptive parents.

Custody of \_\_\_\_\_ is held by (please check the most appropriate option):  
Child applicant’s full name

- Both parents.
- Jointly, but not in the same household. Child lives with Mother Father
- Mother has sole custody; legal documentation must be provided.
- Father has sole custody; legal documentation must be provided.
- Court-ordered legal guardian; legal documentation must be provided.
- Department of Social Services; legal documentation must be provided.
- Other; specify: \_\_\_\_\_; legal documentation must be provided.

**I certify that the above information is true and accurate, and that if any of the above information changes, I will contact the OCS Pre-K Program Facilitator immediately. I agree to submit all current legal documentation.**

***SIGN:***

□ \_\_\_\_\_  
Parent/Legal Guardian Date



Date received: \_\_\_\_\_

5

Initials: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Secondary/Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Primary Job: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work hours: \_\_\_\_\_ Secondary Work hours: \_\_\_\_\_

Is Parent/Guardian #1 a full time student?  Yes  No

**Parent/Guardian #2:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Secondary/Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Primary Job: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Secondary Work Hours: \_\_\_\_\_

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR,  
402 N. NASH STREET, HILLSBOROUGH, NC 27278



Date received: \_\_\_\_\_

6

Initials: \_\_\_\_\_

Is Parent/Guardian #2 a full time student: \_\_\_ Yes \_\_\_ No

**The parent/guardian must be a resident of Orange County, and supply proof of residence.**

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Name		
What languages do you speak?		
At what level do you speak English?	___ Fluent ___ Some ___ None	___ Fluent ___ Some ___ None
Marital Status	___ Divorced ___ Married ___ Separated ___ Single	___ Divorced ___ Married ___ Separated ___ Single
Highest grade level completed	___ 9th or less ___ 10th, 11th or 12th, but did not graduate ___ GED ___ High School Graduate ___ Associate Degree ___ Bachelor's Degree ___ Master's Degree ___ Doctorate Degree	___ 9th or less ___ 10th, 11th or 12th, but did not graduate ___ GED ___ High School Graduate ___ Associate Degree ___ Bachelor's Degree ___ Master's Degree ___ Doctorate Degree
Relationship to child applicant	___ Biological Mother ___ Biological Father ___ Step Parent ___ Adoptive Parent ___ Legal Guardian ___ Other	___ Biological Mother ___ Biological Father ___ Step Parent ___ Adoptive Parent ___ Legal Guardian ___ Other
Please check all that apply	___ Work full time ___ Work part time ___ Disabled ___ Homemaker ___ Retired ___ Unemployed ___ Attending school ___ Receiving job training ___ Seeking employment	___ Work full time ___ Work part time ___ Disabled ___ Homemaker ___ Retired ___ Unemployed ___ Attending school ___ Receiving job training ___ Seeking employment

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR,  
402 N. NASH STREET, HILLSBOROUGH, NC 27278



Date received: \_\_\_\_\_

7

Initials: \_\_\_\_\_

**DOCUMENTATION OF ALL FAMILY INCOME IS REQUIRED. INCOME VERIFICATION NOT OLDER THAN 2 MONTHS OF APPLICATION DATE MUST BE SUBMITTED (current W-2 or 2 consecutive pay stubs) . A SIGNED WRITTEN STATEMENT MUST BE SUBMITTED FOR FAMILIES WITH NO INCOME.**

**FAMILY INCOME: PARENT/GUARDIAN #1**

Income BEFORE Taxes	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Alimony	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Child Support	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Workers' Comp/Disability	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Unemployment	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
SS/SSI/TANF/Work First	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly

**FAMILY INCOME: PARENT/GUARDIAN #2**

Income BEFORE Taxes	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Alimony	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Child Support	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Workers' Comp/Disability	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
Unemployment	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly
SS/SSI/TANF/Work First	\$_____ This amount is __Yearly __Monthly __Twice monthly __Bi-weekly __Weekly

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR,  
402 N. NASH STREET, HILLSBOROUGH, NC 27278



Date received: \_\_\_\_\_

Initials: \_\_\_\_\_

Are either of the child applicant's parents or legal guardians an ACTIVE duty members of the armed forces?  Yes  No

Who? \_\_\_\_\_

**OTHER MEMBERS LIVING IN THE HOUSEHOLD (not including the child applicant and the parent/guardian)**

Name	Date of Birth	Gender	If in school, where?	Dual Language?	What grade?	Relationship to child applicant?
	/ /	_M_F				
	/ /	_M_F				
	/ /	_M_F				
	/ /	_M_F				
	/ /	_M_F				
	/ /	_M_F				
	/ /	_M_F				

Family size: What is the number of parent(s)/guardian(s) and the number of children, 18 years of age and less, for whom they have responsibility (include the child applicant in this number): \_\_\_\_\_

**FAMILY HOUSING INFORMATION**

Your family is/has been (within the last 12 months) homeless/living in a shelter/living at Project HomeStart  Yes  No

Your family is living in Public Housing/Section 8  Yes  No

Your family is living in a temporary housing situation  Yes  No

Your family has moved in the past 12 months due to extenuating circumstances/hardship (example: couldn't afford rent, infestation, fire, flood, break-ins  Yes  No

Your family is currently homeless/without a regular place to sleep at night  Yes  No

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR, 402 N. NASH STREET, HILLSBOROUGH, NC 27278





Date received: \_\_\_\_\_  
Initials: \_\_\_\_\_

**IF THE CHILD APPLICANT AND PARENT, LEGAL GUARDIAN OR LEGAL CUSTODIAN LIVE IN SOMEONE ELSE’S HOME/PROPERTY:** A SHARED HOUSING AFFIDAVIT, to be completed by the student’s parent, legal guardian or legal custodian, and A SHARED HOUSING AFFIDAVIT, to be completed by the owner or renter of property, must be **notarized** and submitted with this application.

-----

**PARENT/GUARDIAN SIGNATURE IS REQUIRED**

I certify that all the information I have provided on this application is accurate and complete to the best of my knowledge. I understand I am responsible for contacting the OCS Pre-K Program Facilitator, 919-732-9136, ext. 18003, with all changes in the information on this application. By my signature, and submission of requested documentation, I grant our funders and regulators, Orange County Schools, the Orange County Partnership for Young Children, Title 1 Pre-K, and the Orange County Department of Social Services, to exchange information regarding the enrolled child applicant, for the purpose of determining eligibility for state and federally funded Pre-K programs, and for the data collection by the North Carolina Office of Early Learning and the Division of Child Development and Early Education.

**SIGN:**

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date





Date received: \_\_\_\_\_  
Initials: \_\_\_\_\_

10

ALL APPLICATIONS MUST BE MAILED TO: ELLEN PERRY KAJI, PRE-K PROGRAM FACILITATOR,  
402 N. NASH STREET, HILLSBOROUGH, NC 27278