

2019-2020 FORSYTH COUNTY PRE-K APPLICATION

Application Instructions

Parents Please Keep This Page for Your Reference

Children must be four years of age on or before August 31, 2019 to be considered for Pre-K programs in Forsyth County.

Complete the application

A 2019-20 Pre-K Application must be completed. **Applications with missing information will not be processed until all information and documentation is included.**

Documentation required to complete the application:

- Child's Birth Certificate, ('**Mother's Verification of Facts' form is NOT ACCEPTABLE**)
- Proof of Forsyth County residence (most current utility bill or lease under parent's name).
- Income documentation for parents living in the household who are working: last 4 check stubs, or other income documentation (Tax Return, W-2's are acceptable). Also, proof of SSI benefits, and/or proof of child support, if applicable. Parents do not have to be employed for the child to be eligible.
- If you are a *court-ordered* legal guardian of the child, please provide a copy of the court order.

Complete the Site Preference Form

The Site Preference Form is part of the application (page 10). Your selections do not guarantee placement at any site, but allows you to indicate location(s) you are able to provide transportation for your child and you are able to access before and after school care if needed.

Turn in application Return completed applications in person or by mail to: Smart Start of Forsyth County or Head Start. Addresses and phone numbers are shown on the following page (page 1)

Eligibility Criteria

NC Pre-K: All sources of family income cannot exceed 75% of the North Carolina median income

Head Start: All sources of family income cannot exceed 100% of the federal poverty level

Title I: Children are rank ordered by developmental assessment screening score and the child with the greatest demonstrated Educational need is offered placement first until placements are filled. ****A Developmental Screening is required prior to enrollment.**

Other: Other risk factors may be considered for eligibility (including, but not limited to, developmental need, as indicated by a developmental screening, homelessness as defined by the McKinney-Vento Act, separation from parent due to incarceration, and foster care placement) to determine eligibility if a family exceeds the income limits.

Developmental Screening Appointments

Parents who complete and submit applications between February 1 and March 31, and indicate a preference for a school site must have their child screened to be considered for placement in a Title I class in an elementary school. After we have reviewed your application with the required documentation, a staff member will be in touch to schedule a screening appointment. Children who apply beginning April 1st will be considered for pre-k placements in public schools, Head Start, and NC Pre-K classes in designated private childcare sites based on the criteria stated above. Children enrolled in the pre-k program who have not been screened will have a screening conducted by their classroom teacher after enrollment.

Placement Status Notification

Please be sure to fill out the **Site Preference Form** that is attached to the application, we ask that you rank your 3 preferred sites. The placement process occurs over a period of several weeks. **Placement Letters will be mailed out between June 1st and July 31st.**

Waiting Lists for Pre-K

Space is limited and some children will be placed on a wait list. For applications received **before August 1st**, **waitlist letters will go out during the month of August.** Applications received **after August 1st** **will automatically be placed on a waitlist.** You will be notified if a space becomes available at any time during the school year.

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2019-2020 FORSYTH COUNTY PRE-K APPLICATION

Children must be four (4) years old by August 31, 2019

Please Note: Complete ALL QUESTIONS on this application and attach the requested documents.

Only complete application packets will be processed. All documentation listed in the instruction page above must be included.

Smart Start of Forsyth County will not be responsible for applications turned in at locations not listed below. You will be given or mailed a receipt that is dated and signed by the person who accepted your application at these locations. Please keep your receipt and the cover page that provides additional information about Pre-K programs and the enrollment process.

Return completed application with documentation to one of the agencies listed below.

SMART START OF FORSYTH COUNTY	7820 North Point Blvd, Winston-Salem 27106	336-725-6011
HEAD START AT SARAH Y. AUSTIN	2050 Big House Gaines Blvd., Winston-Salem, 27101	336-727-0617
HEAD START AT WSSU	601 S. Martin Luther King Dr., Winston-Salem, 27101	336-750-2472 or 336-750-8813

****Funding for Pre-K programs is provided by state and federal sources. Eligibility criteria for a particular site depends upon the funding requirements.****

Smart Start of Forsyth County, Inc., Winston-Salem/Forsyth County Schools, and Head Start/Family Services, Inc., will share application information. This will allow your child to be considered for all Pre K programs in the county for which your child is determined eligible.

Children are offered a placement based on financial need or educational need determined by a screening assessment. Although the screening assessment is necessary to determine eligibility for most public school sites, it will not disqualify the child for other sites in the community.

In compliance with federal and state laws, Smart Start of Forsyth County, Family Services of Forsyth County and WS/FCS administer all programs and admissions /selections for Pre-K programs without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law.

Date Stamp:

Child's Information:

Child's Name

First	
Middle	
Last	

Child's Gender - Please check one: *Boy* *Girl*

Child's Date of Birth: *Month* _____ *Day* _____ *Year* _____

Demographics/Ethnicity:

Please mark only one:

Hispanic/Latino *Not Hispanic/Latino*

Child's Race please check all that apply:

Asian *Black/African* *Native American/Alaskan* *White/European* *Native Hawaiian/Pacific Islander*

Email where parent/guardian can be reached:

If you would like to receive text messages regarding changes to your child's status please provide a mobile phone number:

Primary Parent or Legal Guardian Name (the person who will be the primary contact for this child):

Guardian, please attach documentation of guardianship.

Child's complete address:

Street Address	
City	
State	
Zip Code	

Is your family homeless (temporarily living with friends/family or in shelter/car/hotel)?

Yes **No** or don't know If your family is currently living in a temporary shelter, please provide a physical address or an email address where you can be reached:

Child's Name _____ Date of Birth _____

Phone numbers:

Father/Legal Guardian: Name: _____	Home Phone: 	Cell: 	Work:
Mother/Legal Guardian: Name: _____	Home Phone: 	Cell: 	Work:
Other Parent/Guardian: Name: _____	Home Phone: 	Cell: 	Work:
Alternative contact if parent cannot be reached Name: _____	Home Phone: 	Cell: 	Work:

With whom does the child reside:

Mother Only
 Father Only
 Both Parents
 Legal Guardian
 Other, Please Specify _____

Please provide information about the members of your household:

Name	Relation to Child (e.g. grandparent, sister, brother, aunt, uncle, etc.)	Date Of Birth	Please include the name of the school where each child attends, if applicable:

Family Size _____

Legal guardians are counted in the family size **only if** both biological parents are deceased *or* their parental rights have been terminated by the court. Foster parents are not counted in the family size, although they should be listed above as the guardians of the child.

I certify that all the information stated above is true.

Parent/Guardian signature

Date

Child's Name _____ Date of Birth _____

Legal guardians are counted in the family size and their income is counted, *only* if both biological parents are deceased or parental rights have been terminated by the court for both parents. Foster parents are not required to provide income information.

Mother/Stepmother/Legal Guardian Name:

Mother Employed Yes No
 Mother Seeking Employment Yes No
 Mother Attending Secondary Education Yes No
 Mother Attending High School/GED Yes No
 Mother Attending Job Training Yes No
 Other Employment Yes No

Explain: _____

Highest Level of Education Completed _____

Enter all income for this parent or guardian:

***If you work more than one job, please include payments from each job in the box according to how often you get paid**

Type of Income	Payment Schedule (Write the dollar amount (\$) in the box below according to how often you get paid)					
If your check varies each week, we will use an average for the most current month.						
Hourly Rate: _____ Average # of hours per week _____						
	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	# Weeks/Year
Current Wages before Taxes						
Alimony						
Court-Ordered Child Support						
Workman's Comp						
Social Security Paid to Child(ren) in the home						
Retirement Income						
Disability Benefit Income						

Please provide documentation for all of the above that apply to your household.

One month of check stubs, or other income documentation (Tax Return, W-2's are acceptable). Also, proof of court-ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable.

Social Security *paid to the child(ren)* in the home is included as income, but should only be listed once.

Parents do not have to be employed for the child to be eligible.

***If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family:** _____

Amount per Month _____

I certify that all the information stated above is true.

Parent/Guardian signature _____ Date _____

Child's Name _____ Date of Birth _____

Legal guardians are counted in the family size and their income is counted, *only* if both biological parents are deceased or parental rights have been terminated by the court for both parents. Foster parents are not required to provide income information.

Father/Stepfather/Legal Guardian Name:

Father Employed _____ Yes _____ No
 Father Seeking Employment _____ Yes _____ No
 Father Attending Secondary Education _____ Yes _____ No
 Father Attending High School/GED _____ Yes _____ No
 Father Attending Job Training _____ Yes _____ No
 Other Employment _____ Yes _____ No

Explain: _____

Highest Level of Education Completed _____

Enter all income for this parent or guardian:

***If you work more than one job, please include payments from each job in the box according to how often you get paid**

Type of Income	Payment Schedule (Write the dollar amount (\$) in the box below according to how often you get paid)					
If your check varies each week, we will use an average for the most current month.						
Hourly Rate: _____ Average # of hours per week _____						
	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	# Weeks/Year
Current Wages before Taxes						
Alimony						
Court-Ordered Child Support						
Workman's Comp						
Social Security Paid to Child(ren) in the home						
Retirement Income						
Disability Benefit Income						

Please provide documentation for all of the above that apply to your household.

One month of check stubs, or other income documentation (Tax Return, W-2's are acceptable). Also, proof of court-ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable.

Social Security *paid to the child(ren)* in the home is included as income, but should only be listed once.

Parents do not have to be employed for the child to be eligible.

***If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income please list the person or source that provides support for this family:** _____

Amount per Month _____

I certify that all the information stated above is true.

Parent/Guardian signature _____ **Date** _____

Child's Name _____ Date of Birth _____

What is the primary language spoken in your home? _____

What language does your child most frequently use to communicate? _____

Health Information

Does your child have a physical challenge or chronic illness? (ex. Asthma, diabetes, obesity, anemia, etc.)

Documentation indicating child's chronic illness is required.

___ yes Please specify _____

___ no, don't know

What type of medical insurance does your child have? (Check below)

___ Medicaid/NC CHIPS ___ Marketplace ___ Military

___ Private Insurance (e.g. through parent's work, etc.) ___ Other ___ My child does not have health insurance

Medical

Does your child have a primary care physician? ___ Yes ___ No

Who provides healthcare for your child? _____

Has your child had a Health Assessment in the past 12 months? If so, when _____

Dental

Does your child have a dentist? ___ yes ___ no

Has your child had a dental exam in the past 12 months? ___ yes ___ no

Military Status:

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?

Documentation of parent's status in the military is required.

___ yes Please specify: _____

___ no, don't know

Prior Placement:

Has your child ever been enrolled in a child care program or family child care home - even if they are not currently enrolled? ___ Yes ___ No

Was your child previously served in an early learning program as a three year old? ___ Yes ___ No

Was your child previously served in Head Start as a three year old? ___ Yes ___ No

Who currently provides cares for your child during the day? (Check below)

<input type="checkbox"/> Home with family	<input type="checkbox"/> Licensed Family Child Care Home
<input type="checkbox"/> Babysitter/Relative	<input type="checkbox"/> Public School
<input type="checkbox"/> Family Services Head Start	<input type="checkbox"/> Child Care Center

Name of Program your child is attending:

When did your child begin attending this program? Month: _____ Year: _____

Is child currently receiving subsidy to attend a childcare program?

___ yes Please specify: ___ Smart Start Voucher ___ DSS Voucher

___ no, don't know

If you have a voucher, please contact your case manager to discuss your needs.

Smart Start vouchers do not cover before and after school care.

Child's Name _____ Date of Birth _____

The following information is optional; you are not required to disclose this information. However, it may help us to prioritize your application and may be used to better serve the needs of your child, if he/she is enrolled in a pre k program.

Does your child have a Developmental or Educational Need?

yes Please specify _____
 no, don't know

Has your child been referred for evaluation for or identified with a disability?

Yes No If Yes, date of evaluation: _____

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
- Not Applicable

Type of identified disabilities for this child: Check all that apply.

- Autistic
- Deaf Blind
- Behaviorally/Emotionally Disabled
- Educable Mentally Disabled
- Hearing Impaired
- Specific Learning Disabled
- Multi-handicapped
- Other Health Impaired
- Orthopedically Impaired
- Speech/Language Impaired
- Severe/Profound Mentally Disabled
- Trainable Mentally Impaired
- Visual Impaired
- Traumatic Brain Injured
- Preschool Development Delayed
- N/A

Does your child have an active IEP (INDIVIDUALIZED EDUCATION PROGRAM)?

Yes No

Has your child been referred for services related to disability?

Yes No

Is your child receiving services related to disability?

Yes No

Is your child currently enrolled in an Exceptional Children classroom in Forsyth County?

Yes No If yes, please specify the school your child is attending _____

Child's Name _____ Date of Birth _____

I authorize Smart Start of Forsyth County and its partnering agencies (WS/FCS, NC Pre-K and Family Services Head Start) to use the information in this application for the purpose of determining eligibility for state and federally funded Pre-K Programs and for data collection and program evaluation by NC Division of Child Development and Early Education.

I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (WS/FCS, NC Pre-K and Family Services Head Start).

I understand that family involvement is expected if my child is selected for participation.

I understand that my child will need a current health assessment and immunization record within 30 days of enrolling in the program. I understand that my child may not attend the program if the health assessment is not submitted to the pre-k site after the 30th day of enrollment.

I understand that transportation to and from Pre-K programs will be the family's responsibility. This program does not provide transportation.

I understand that If there is a change in my child's address, phone number, or if there is change in family income, it is my responsibility to notify Smart Start of Forsyth County and inform them of any changes.

I understand that my child may be placed on a waiting list.

Please read carefully and sign at the bottom



Signature

Date

2019-20 Forsyth County Pre-K Site Preference Form

Child's Name _____ **Date of Birth** _____

Please indicate sites that will work for your family. Helpful information about each site is included on the following pages. Different eligibility requirements apply to sites and your child may not be determined eligible for the site you select; therefore you may want to select more than one site.

Please indicate your top three choices (1 st , 2 nd , 3 rd)	
Pre-K Classes in Public Schools Public school sites usually require a screening for eligibility Refer to eligibility criteria on page 1 of the application	Pre-K Classes in Private Childcare Centers
Ashley Elementary	Bethlehem Child Development
Bolton Elementary	Childcare Network, Kernersville
Caleb's Creek, Kernersville	Childcare Network, Lewisville
Cook Elementary	Church Childcare, Walkertown
Diggs-Latham Elementary	Maxx Kinder Kollege
Easton Elementary	North Point Academy
Forest Park Elementary	TLC Learning Academy
Gibson Elementary	
Griffith Elementary	
Hall-Woodward Elementary	Pre-K Classes in Head Start
Ibrahim Elementary	Kernersville Elementary Head Start
Kimberley Park Elementary	Mineral Springs Head Start
Kimmel Farm Elementary	Sarah Y Austin Head Start
Konnoak Elementary	WSSU Child Development
Middle Fork Elementary	Griffith Elementary
North Hills Elementary	Pre-K Classes in Charter Schools
Old Town Elementary	Quality Education Institute
Petree Elementary	
Rural Hall Elementary	
Smith Farm Elementary	
South Fork Elementary	
Speas Elementary	
Union Cross Elementary, Kernersville	
Walkertown Elementary, Walkertown	

Reason(s) for your first (#1) preference:

Please check all that apply, this will help us better accommodate your family's needs (feel free to add any comments or additional information you would like us to consider)

near my or relative's job
 I can arrange transportation
 Sibling attends this site/school

walking distance
 before and after school care is offered

Other (Please Specify) _____

Pre-K Classes in Public Schools Site Information

Location	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Phone #
Ashley	1647 Ashley School Cir., Winston-Salem, NC 27105	No	7:50 AM	2:50 PM	No	336-703-4203
Bolton Elementary	1250 Bolton St., Winston Salem, 27103	No	8:45 AM	2:30 PM	No	336-703-4247
Caleb's Creek	1109 Salem Crossing Rd., Kernersville, NC 27284	No	7:50 AM	2:50 AM	No	336-703-6757
Cook	920 11th St., NW Winston-Salem, NC 27105	Yes	8:15 AM	3:15 PM	No	336-703-4201
Diggs-Latham	986 Hutton St., Winston-Salem, NC 27101	No	8:00 AM	2:30 PM	No	336-703-4102
Easton	734 E. Clemmons Cir., Winston-Salem, NC 27107	No	8:00 AM	2:30PM	No	336-748-4063
Forest Park	2019 Milford St., Winston-Salem, NC 27107	Yes	7:50 AM	2:20 PM	No	336-703-4291
Gibson	2020 Walker Rd., Winston-Salem, NC 27106	No	8:20 AM	2:50 PM	No	336-703-4212
Griffith	1385 W. Clemmons Rd., Winston-Salem, NC 27127	Yes	8:05 AM	2:35 PM	No	336-703-4245
Hall-Woodward	125 Nicholson Rd., Winston-Salem, NC 27107	No	8:45 AM	3:15 PM	No	336-703-4238
Ibrahim	5036 Old Walkertown Rd., Winston-Salem, NC 27105	No	8:45 AM	3:15 PM	No	336-703-6771
Kimberley Park	1701 N. Cherry St., Winston-Salem, NC 27105	No	7:55 AM	2:25 PM	Contact School for Information	336-703-6731
Kimmel Farm	4672 Ebert Rd., Winston-Salem, NC 27127	No	8:20 AM	2:50 PM	No	336-703-6760
Konnoak	3200 Renon Rd., Winston-Salem, NC 27127	No	8:20 AM	2:50 PM	Contact School for Information	336-703-4163
Middle Fork	3125 Williston Rd., Walkertown, NC 27051	No	8:00 AM	2:30 PM	No	336-748-4090
North Hills	340 Alspaugh Dr., Winston-Salem, NC 27105	Yes	8:20 AM	2:50 PM	No	336-703-4176
Old Town	3930 Reynolda Rd., Winston-Salem, NC 27106	Yes	7:30 AM	2:00 PM	No	336-703-4283
Petree	3815 Old Greensboro Rd., Winston-Salem, NC 27101	Yes	8:30 AM	3:00 PM	No	336-703-4141
Rural Hall	275 College St., Rural Hall, 27045	No	7:55 AM	2:25 PM	No	336-703-6789
Smith Farm	4250 Johnny Knoll Ln., Winston-Salem, NC 27107	No	7:45 AM	2:25 PM	No	336-703-4188
South Fork	4332 Country Club Rd., Winston-Salem, NC 27104	No	8:20 AM	2:50 PM	No	336-703-4231
Speas	2000 W. Polo Rd., Winston-Salem, NC 27106	Yes	8:10 AM	2:00 PM	No	336-703-4135
Union Cross	4300 High Point Rd., Kernersville 27284	No	8:10 AM	2:40 PM	Contact School for Information	336-703-4233
Walkertown	2971 Main St., Walkertown, NC 27051	No	8:00 AM	2:30 PM	No	336-703-4252

Head Start Sites	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Phone #
Kernersville Elementary	512 W Mountain St, Kernersville, NC 27284	No	8:00 AM	2:30 PM	No	336-703-4100
Mineral Springs	4527 Ogburn Ave, Winston Salem, NC 27105	No	8:00 AM	2:30 PM	No	336-750-2360
Sarah Y. Austin	2050 Big House Gaines Blvd, Winston Salem 27101	No	8:00 AM	2:30 PM	Yes-- Contact Head Start for Cost	336-727-0617
WSSU	601 MLK Jr. Dr, Winston Salem, NC 27101	No	8:00 AM	2:30 PM	Yes-- Contact Head Start for Cost	336-750-2472 336-750-8813
Private Childcare Centers	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Phone #
Bethlehem Community Center	520 Cleveland Ave. Winston Salem, 27101	No	8:00 AM	2:30 PM	Contact Center	336-722-6264
Childcare Network Kernersville	820 Salisbury St. Kernersville 27284	No	8:15 AM	2:45 PM	Contact Center	336-996-3776 Ext 3
Childcare Network Lewisville	5038 Styers Ferry Rd. Lewisville 27023	No	8:30 AM	2:30 PM	Contact Center	336-766-3233
Church Childcare Center	4400 Poindexter St. Walkertown 27051	No	8:00 AM	2:30 PM	Contact Center	336-595-4451
Maxx Kinder Kollege	2411 Waughtown St., Winston Salem 27107	No	8:00 AM	2:30 PM	Contact Center	336-788-8599
North Point Academy	4950 Indiana Ave. Winston Salem 27105	No	8:00 AM	2:30 PM	Contact Center	336-744-7678
Quality Education Institute	5012-C Lansing Dr. Winston Salem 27105	No	8:00 AM	3:00 PM	Contact Center	336-744-7138
TLC Academy	2832 S. Main St. Winston Salem 27127	No	8:00 AM	2:30 PM	Contact Center	336-650-9652