



Pre-Kindergarten Services Information

Please keep this page for your information

What is Pre-Kindergarten?

Pre-Kindergarten is a fun and exciting learning opportunity for children. They develop many skills which make the transition to kindergarten easier. Pre-Kindergarten classrooms in our community operate at least six hours a day Monday through Friday from late August through June - and a few even start in July. The pre-kindergarten classes are located in public school, Head Start, and private child care programs. The program is free to qualifying families, except for minimal lunch fees when families do not qualify for free/reduced priced meals.

Should I apply?

If one or more of the following guidelines is true for you or your child, you may qualify for Pre-Kindergarten services:

- Child must turn four years of age on or before August 31, 2012 to be considered for the upcoming 2012-2013 school year;
- Child must reside in a low-income household or show a developmental educational need;
- Child of eligible military family;
- Child with an identified disability or developmental/educational need;
- Child/Family with limited English skills;
- Child living with a foster family, legal guardian, or relative;
- 3 year old children may qualify under Head Start program.

If you are interested in applying, please complete the attached application and return it to the address at the bottom of this page. Completing this application does not guarantee a spot in a classroom.

Additional Information:

- Some child care locations offer extended care before and after school hours for an additional fee. Arrangements must be made with the director of each facility.
- Funding for Pre-Kindergarten classes comes from Title I, Head Start, NC Pre-K, and Exceptional Children. Each funding source has different eligibility criteria. By submitting an application you will be considered for all possible placements.

We encourage all interested families to complete an application or call for more information.

Please return application with supporting documentation to one of the sites listed below:

Alamance Partnership for Children 2322 River Road Burlington, NC 27217 Phone 336-513-0063 Fax 336-226-1152	Alamance Burlington School System Ray Street Complex 609 Ray Street Graham, NC 27253 Phone 336-438-4210 Fax 336-570-6353	Head Start Junction 421 Alamance Road Burlington, NC 27215 Phone 336-436-0202 Fax 336-226-0933
---	--	---





Alamance County NC Pre-K Sites

Please keep this page for your information

- | | | | |
|--|--|---|--|
| 1) Alexander Wilson Elementary
2518 NC 54
Graham, NC 27253 | 7) Elon Elementary
510 E. Haggard Ave.
Elon, NC 27244 | 13) Head Start Junction
421 Alamance Road
Burlington, NC 27215 | 19) Pleasant Grove Elementary
2847 Pleasant Gr. Un. Sch. Rd.
Burlington, NC 27217 |
| 2) Andrews Elementary
2630 Buckingham Road
Burlington, NC 27217 | 8) EM Yoder Elementary
301 N. Charles St.
Mebane, NC 27302 | 14) Hillcrest Elementary
1714 West Davis Street
Burlington, NC 27215 | 20) South Graham Elementary
320 Ivey Road
Graham, NC 27253 |
| 3) Beginning Visions CDC***
145 Huffine Street
Gibsonville, NC 27249 | 9) Excel Christian Academy***
734 Apple Street
Burlington, NC 27217 | 15) JSS Head Start***
615 Gunn Street
Burlington, NC 27217 | 21) South Mebane Elementary
600 South Third Street
Mebane, NC 27302 |
| 4) Creative Childcare***
3216 NC Hwy 54 East
Graham, NC 27253 | 10) Grove Park Elementary
141 Trail One
Burlington, NC 27215 | 16) Lifespan Circle School***
919 Stokes Street
Burlington, NC 27215 | 22) Sylvan Elementary
7718 Sylvan Rd.
Snow Camp, NC 27349 |
| 5) Creative Childcare 2***
2257 NC 87S
Graham, NC 27253 | 11) Harvey Newlin Elementary
316 Carden St.
Burlington, NC 27215 | 17) Marvin B. Smith Elementary
2235 Delaney Dr.
Burlington, NC 27215 | 23) Graham Head Start
620 Ray Street
Graham, NC 27253 |
| 6) Eastlawn Elementary
502 N. Graham Hopedale Road
Burlington, NC 27217 | 12) Haw River Elementary
701 E. Main St.
Haw River, NC 27258 | 18) North Graham Elementary
1025 Trollinger Rd.
Graham, NC 27253 | |

***Sites that may offer before and after school care. Contact site for details.

***Some public school sites offer after school programs, Contact school for details.





Pre-Kindergarten Application 2012-2013

Do you have transportation for your child to attend pre-kindergarten? YES NO

Will child need afterschool care? YES NO

Please indicate which pre-kindergarten site you would like for your child to attend. Make 3 choices and label 1st, 2nd, 3rd.

***Please note: These sites are subject to change**

- Alexander Wilson Elementary
- Andrews Elementary
- Beginning Visions
- Creative Childcare (Hwy 54)
- Creative Childcare 2 (Hwy 87)
- Eastlawn Elementary
- Elon Elementary
- EM Yoder Elementary

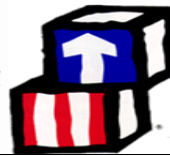
- Excel Christian Academy
- Graham Head Start
- Grove Park Elementary
- Harvey Newlin Elementary
- Haw River Elementary
- Head Start Junction
- Hillcrest Elementary
- JSS Head Start

- Lifespan Circle School
- Marvin B. Smith Elementary
- North Graham Elementary
- Pleasant Grove Elementary
- South Graham Elementary
- South Mebane Elementary
- Sylvan Elementary

Office Use Only:
Public School Zone: _____

Child's Name	First	Middle	Last
Date of Birth	month/day/year	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address of Child	Street Address	City	Zip Code
	Who does the child live with? <input type="checkbox"/> Mother and father <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Parent & step-parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster parent(s) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other _____		Please Indicate Ethnicity <u>AND</u> Race: Ethnicity: Is the child Hispanic or Latino? (Check "Yes" or "No") <input type="checkbox"/> Yes <input type="checkbox"/> No RACE: Please check at least one of the following: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other, please specify: _____





Mother's/Stepmother's/ Guardian's Name								
Mother's/Stepmother's/ Guardian's Phone	Home Phone Number	Cell Phone	Work Phone					
Mother's Place of Employment	If Mother is Unemployed, Check this Box <input type="checkbox"/> Employed By: _____							
Mother's Income **Documentation must be provided for All Income	Current 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
	Disability	\$ _____	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
	Workers' 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
	Other(Please Specify) _____	\$ _____	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's/Stepfather's/ Guardian's Name								
Father's/Stepfather's/ Guardian's Phone	Home Phone Number	Cell Phone	Work Phone					
Father's Place of Employment	If Father is Unemployed, Check this Box <input type="checkbox"/> Employed By: _____							
Father's Income **Documentation must be provided for All Income	Current 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
	Disability	\$ _____	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
	Workers' 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
	Other(Please Specify) _____	\$ _____	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





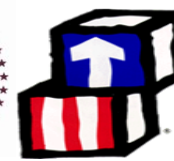
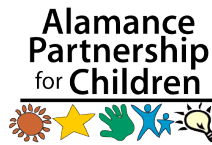
Family Information:

Please provide information about members of your household. Please list all the people that live in your household:

Name	Age	Relation to child (e.g. Sister, brother, grandparent, aunt, uncle, etc.)	Please include the name of the school where each child attends, if applicable

- 1) Is either parent/guardian an active duty member of the military? ___ YES ___ NO
- 2) Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? ___ YES ___ NO
- 3) Is child **currently** enrolled in a preschool, child care center, or home day care? ___ YES ___ NO
 ➤ If currently enrolled, what is the name of the program? _____
- 4) Are you currently receiving a DSS child care subsidy voucher to help pay for child care? ___ YES ___ NO
- 5) What is the child's primary language? _____ What is the primary language spoken at home? _____
- 6) Is your child receiving special education services (e.g. speech therapy, physical therapy, behavioral therapy, ect.)? ___ YES ___ No
 ➤ If yes, please list the type of service your child is receiving: _____
- 7) Does your child have an active Individualized Education Plan (IEP)? ___ YES ___ NO
 ➤ If yes, what agency is delivering these services to your child? _____
- 8) Does your child have a chronic health condition, including allergies or other special needs ___ YES ___ NO
 ➤ If yes, please describe _____





NON-INCOME VERIFICATION FORM

If you are currently unemployed, and are not receiving unemployment benefits or other source of regular income, please complete this form. *(Only use this form if you have no other documentation of income)*

Child Name: _____

I, _____ am not currently receiving income from employment or employment benefits. I am currently unemployed.

I do receive \$ _____ per week/month (circle one).

This is to verify that my children and I have had no income: From: _____ To: _____
Date Date

Name of person/source that provides support for this family: _____

Supporter's signature: _____

Address: _____

Phone Number: _____

I certify that this information is true. If any part is false, I understand that my child's participation in the program may be terminated.

Parent/Guardian Signature: _____ Date: _____

Notary Public: _____ Date Notarized: _____ Stamp

****There is a notary on site at The Alamance Partnership for Children, 2322 River Road Burlington, NC 27217***

