



PRE-KINDERGARTEN SERVICES INFORMATION 2020-21

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-June. Year-round school sites begin in July. Pre-kindergarten classes are located in the Alamance Burlington School System, Head Start, and private child care centers. The program is free to qualifying families, except for minimal breakfast/lunch fees when families do not qualify for free/reduced priced meals. 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. Space is limited and some children may be placed on a wait list.

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, 2020** to be considered for the upcoming 2020-2021 school year;
- Child must reside in a low-income household;
- 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;
- Three-year-old children may qualify under Head Start program.

If you are interested in applying, please return application and supporting documents to one of the sites listed at the bottom of the page. Completing this application does not guarantee participation in the Pre-Kindergarten program.

No application will be considered complete until the following information has been received.

- Completed Application
 - Proof of Birth (Birth Certificate, Medical Records, or Immunization Records)
 - Proof of income (1040, W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, Military pay or 3 consecutive paystubs).
- Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family. (See box on second page of application).**
- Proof of Residency (current utility bill or rental agreement)

Once a child is accepted in the program the following will need to be submitted:

- Child's Immunization Record
- Individualized Education Plan (IEP) **if applicable**
- Health Assessment including dental, vision and hearing completed by physician within 30 days of enrollment
- Proof of Medicaid (**Head Start sites only**) if applicable

Alamance Partnership for Children
2322 River Road
Burlington, NC 27217
Phone: 336 513-0063
Fax: 336 226-1152
kcoffer@alamancechildren.org
4-year-old applications only

Alamance Burlington School System
Ray Street Complex
609 Ray Street, Graham, NC 27253
Phone: 336-438-4212
Fax: 336-570-6353
anita_slaughter@abss.k12.nc.us
4-year-old applications only

Head Start Junction
421 Alamance Road
Burlington, NC 27215
Phone: 336-436-0202
Fax: 336-226-0933
Accepts 3 & 4-year-old applications



ALAMANCE COUNTY NC PRE-K SITES

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

Additional Information:

*****Child Care**-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 site.

Transportation-ABSS does not provide transportation. Private child care sites may provide transportation. Check with individual sites for availability.

Indicate which site you would like for your child to attend on the application page. List 1st, 2nd & 3rd choices. Please only list choices that you will be willing to accept.

- | | | |
|---|--|---|
| 1) Alexander Wilson Elementary
2518 NC 54
Graham, NC 27253 | 9) EM Yoder Elementary
301 N. Charles Street
Mebane, NC 27302 | 17) JSS Head Start***
615 Gunn Street
Burlington, NC 27217 |
| 2) Andrews Elementary
2630 Buckingham Road
Burlington, NC 27217 | 10) Excel Christian Academy***
825 Apple Street
Burlington, NC 27217 | 18) Lifespan Circle School***
919 Stokes Street
Burlington, NC 27215 |
| 3) Audrey Garrett Elementary
3224 Old Hillsborough Road
Mebane, NC 27302 | 11) Graham Head Start
620 Ray Street
Graham, NC 27253 | 19) Marvin B. Smith Elementary
2235 Delaney Drive
Burlington, NC 27215 |
| 4) Beginning Visions CDC***
145 Huffine Street
Gibsonville, NC 27249 | 12) Grove Park Elementary
141 Trail One
Burlington, NC 27215 | 20) North Graham Elementary
1025 Trollinger Road
Graham, NC 27253
YEAR-ROUND SCHOOL |
| 5) Child Care Network #78***
827 S. Sellars Mill Road
Burlington, NC 27217 | 13) Harvey Newlin Elementary
316 Carden Street
Burlington, NC 27215 | 21) South Graham Elementary
320 Ivey Road
Graham, NC 27253
YEAR-ROUND SCHOOL |
| 6) Creative Child Care***
3216 NC Hwy 54 East
Graham, NC 27253 | 14) Haw River Elementary
701 E. Main Street
Haw River, NC 27258 | 22) Sylvan Elementary
7718 Sylvan Road
Sylvan, NC 27349 |
| 7) Creative Child Care 2***
2257 NC 87 South
Graham, NC 27253 | 15) Head Start Junction
421 Alamance Road
Burlington, NC 27215 | |
| 8) Eastlawn Elementary
502 N. Graham-Hopedale Road
Burlington, NC 27217
YEAR-ROUND SCHOOL | 16) Hillcrest Elementary
1714 West Davis Street
Burlington, NC 27215 | |



2020-2021 NC Pre-K application for Alamance County

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Date: _____

CHILD'S INFORMATION

Child's name _____ Date of Birth _____
First Middle Last

Age: _____ If child is not 4, will your child be 4 on or before August 31st? YES NO

Child's Address _____
Street City State Zip County

Mailing Address _____
If different from above Street City State Zip

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Hispanic/Latino White or European American

Gender Male Female Child's Primary Language _____ In what language would you like for child to be screened? _____

FAMILY INFORMATION

Who does the child live with?
 Mother and Father Single Mother Single Father Parent & Step parent 50/50 Joint Custody
 Grandparent(s) Foster parent(s) Legal Guardian Other _____

Does your family currently have a stable living arrangement?
 Yes No Prefer not to answer (please explain) _____

Mother/Stepmother/Guardian Name _____ Resides w/ child YES NO

Home Phone Number _____ Cell Phone _____ Work Phone _____

Father/Stepfather/Guardian Name _____ Resides w/ child YES NO

Home Phone Number _____ Cell Phone _____ Work Phone _____

Email address: _____

What is the child's family size? _____ Total Number (including the NC Pre-K Child)

Please list the names of ALL family members that live in the household.	Relationship to the NC Pre-K Child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent)	Date of Birth	Where do siblings attend school?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Are the parents in this family employed or enrolled in school? Please check.

Mother/Guardian: Working YES NO Employer name: _____ F/T P/T
Seeking Employment YES NO
In School YES NO School name: _____

Father/Guardian: Working YES NO Employer name: _____ F/T P/T
Seeking Employment YES NO
In School YES NO School name: _____

Please circle the highest level of education completed:

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher HS Diploma GED AA BA/BS or higher

Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 higher HS Diploma GED AA BA/BS or higher

Mother/Stepmother/Guardian's Income- LIST ALL SOURCES OF INCOME

Earned Income	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Public Assistance/Work First	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Social Security/SSA/SSI	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Child Support/Alimony	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Other _____	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>

Father/Stepfather/Guardian's Income

Earned Income	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Public Assistance/Work First	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Social Security/SSA/SSI	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Unemployment Benefits/Worker's Comp	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Child Support/Alimony	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>
Other _____	\$ _____	weekly <input type="checkbox"/>	every two weeks <input type="checkbox"/>	twice a month <input type="checkbox"/>	monthly <input type="checkbox"/>	annually <input type="checkbox"/>

***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 provided \$ _____ week/month**

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

Parent/Guardian Signature _____ Date _____

OTHER INFORMATION

- Is parent/legal guardian of this child an active member of the military, or was a parent or legal guardian of this child injured or killed while on active duty? (Verification of military documentation required) YES NO
 - Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? YES NO
 - 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? _____
 - Is your child receiving subsidy for child care? YES NO If no, on the subsidy wait list? YES NO
 - Does your child have a chronic health condition? (Documentation from physician required) YES NO
If yes, what is the health condition? _____
 - Does your child need assistance with potty training? YES NO
 - Has your child been diagnosed with a Special Need? YES NO
 - If yes, does child have Individualized Education Plan (IEP) with the Alamance Burlington School System? YES NO
 - Is your child currently receiving services for a special need or disability? YES NO
 - If yes, please specify (check all that apply and list the service provider)
- Speech _____ Physical Therapy _____ Educational Services _____
- Mental Health _____ Identified disability-Please specify _____

PARENT RESPONSIBILITY AND PARTICIPATION

- I understand this is an application for services offered and does not constitute enrollment into any program.
- I certify that the information given on this application is true and accurate and all income has been reported.
- I understand this information is being given for receipt of federal and/or state funds. Officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.
- The information on this form may be used only in the determination of eligibility for the Head Start, Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for either program. The designated agencies may share and/or verify any and all information regarding my child.
- I understand that if my child is selected to participate in the NCPK program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.
- I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment and participation.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's school.
- I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results to be shared with partnering Pre-K programs (Head Start, Title I and NC Pre-K).

Parent/Guardian Signature _____ Date _____