Thank you for your interest in our program. This is the first step in the process of determining your child’s eligibility for classroom placement in the New Hanover County Schools Early Childhood Education Program. Our program offers Public School Classrooms and Private Childcare Sites across the county. This variety of placement locations helps our parents make the most convenient choice for classroom placement during the school year.

To Apply:
1) Complete the application
2) Gather the items listed below
3) Bring the COMPLETED application and ALL materials listed below to 6410 Carolina Beach Road
4) Before first day of school, return COMPLETED Health Assessment and Dental Verification Forms to 6410 Carolina Beach Rd

PLEASE KNOW WE CANNOT ACCEPT INCOMPLETE APPLICATIONS!
ALL ITEMS MUST BE TURNED IN BEFORE YOUR CHILD WILL BE CONSIDERED FOR CLASSROOM PLACEMENT!

Please bring the following items and we will make photocopies:

For your child:
- Original CERTIFIED copy of the birth certificate
- Social Security Card
- Current Immunization Record
- Medicaid, Health Choice or Insurance Card, if applicable
- If applicable:
  - Individual Education Plan (IEP)
  - Individual Family Service Plan (IFSP)
  - Goals for Private Speech, Physical, Occupational Therapy, etc.

For the parent/guardian:
- Income Certification for the Year 2014
  - Tax Return, 1099, W2
  - Supplemental Security Income, Social Security Income
  - Printout of Work First Payments, TANF, Child Support payments
  - Year-to-Date paycheck stubs dated Dec 2014 or previous 12 months income
- Proof of New Hanover County Residency
  - Current property tax statement
  - Current, signed lease agreement
  - Signed closing statement or construction agreement with closing date within 120 days of enrollment of student
  - NOTE: proof of residence must be in the name of the parent or court-appointed guardian OR in the name of the friend/relative with whom you are living. (Residency/Registration Affidavit Form located online and at the school must be completed and NOTARIZED.)
- Photo ID (valid driver’s license, ID Card or passport)
- Guardianship Papers, if applicable

Thank you for your interest in our program! We look forward to working with your family!

New Hanover County Schools Early Childhood Education Program
New Hanover County Schools
Early Childhood Education Program
2015-2016 Application for Classroom Placement

Child’s Legal Name (as written on the birth certificate): ____________________________

Last          First          Middle

_________________________  ___________  _______________________
Name your child goes by:                                                          Sex: ___  Birth Date: ___/___/_______

Physical Address: ______________________________________________________________
City  Zip

Mailing Address (if different from physical address): ________________________________
City  Zip

Child’s Primary Language:_____________ Child’s Secondary Language:_____________ Was child born in the United States? ___Yes ___No

The U.S. Department of Education has developed new guidelines regarding the collection of race and ethnicity:
- Ethnicity (check): Hispanic ___Yes ___No
- Race (circle) White ■ Black ■ American Indian or Alaska Native ■ Asian ■ Native Hawaiian or other Pacific Islander

LEGAL PARENT/GUARDIAN
Name: _____________________________________________________________

Birth date: _____/_____/_______

Relationship: ______________________________________________________

Home # ___________________________________  Cell # ___________________

E-Mail Address: ____________________________________________________
Lives with student? ___Yes ___No
If No, List address: __________________________________________________

Language Spoken: ___ English ___ Spanish other: _______________________

Highest Level of Education
___No Diploma  ___GED  ___High School Grad  ___Some College/Associates Degree  ___Advanced Degree

Employment: Please check all that apply
___Full Time  ___Part Time  ___Active Duty job training
___Unemployed: are you seeking employment ___yes ___no
___High School/GED Program ___Post-secondary education ___Other:

Income (wages, unemployment, child support, SSI, Soc Sec. etc.)
$ ______________________________________________________________
Circle: hourly  weekly  bi-weekly  monthly  yearly

LEGAL PARENT/GUARDIAN
Name: _____________________________________________________________

Birth date: _____/_____/_______

Relationship: ______________________________________________________

Home # ___________________________________  Cell # ___________________

E-Mail Address: ____________________________________________________
Lives with student? ___Yes ___No
If No, List address: __________________________________________________

Language Spoken: ___ English ___ Spanish other: _______________________

Highest Level of Education
___No Diploma  ___GED  ___High School Grad  ___Some College/Associates Degree  ___Advanced Degree

Employment: Please check all that apply
___Full Time  ___Part Time  ___Active Duty job training
___Unemployed: are you seeking employment ___yes ___no
___High School/GED Program ___Post-secondary education ___Other:

Income (wages, unemployment, child support, SSI, Soc Sec. etc.)
$ ______________________________________________________________
Circle: hourly  weekly  bi-weekly  monthly  yearly

EMERGENCY CONTACTS
Please list three emergency contacts to whom your child may be released other than parent or guardian.

Name: ___________________________  Relationship: ___________________________
Number: ___________________________  Number: ___________________________

Name: ___________________________  Relationship: ___________________________
Number: ___________________________  Number: ___________________________

Name: ___________________________  Relationship: ___________________________
Number: ___________________________  Number: ___________________________

In case of an accident or illness, the school will try to contact me first. Should the school be unable to contact me, I authorize the school to make whatever arrangements deemed necessary.

Parent Signature: ___________________________  Date: __________________________

Staff Use only: Enrollment Date: ___________________________
New Hanover County Schools
Early Childhood Education Program
2015-2016 Application for Classroom Placement Page 2

Child’s Name: ____________________________ DOB: ___________________

**CHILDCARE INFORMATION**

Which one describes the care for your child on a routine basis (the most often)?

___ Stay-at-home parent  ___Relative  ___Neighbor/Friend  ___ Head Start Center
___ Licensed Child Care Center  ___ Licensed Family Child Care Center  ___ Church Child Care

For the past 12 months, how long has this been the care for your child: ___ less than 5 months  ___ more than 5 months

If currently in care other than at home: Name of Center & Location: ____________________________

- Have you applied for Child Care Subsidy Assistance through the Department of Social Services?  ___Yes  ___No
  
  If yes, are you currently receiving subsidy?  ___Yes  ___No  
  If no, are you on the waiting list for subsidy?  ___Yes  ___No

**Family Information**

Child lives with:   ___Mother   ___Father   ___Both parents   ___ Foster/ Guardian   ___ Other: ____________________________

Is one parent a “step” parent?  ___Yes (___ mother  ___ father)  ___No

Current Marital Status:   ___Single/Widow   ___Living Together   ___Married   ___Separated/Divorced   ___ Deployed Spouse

___ Other: explain: ________________________________________________________________

If Foster/ Guardian:  Who placed the child in your care?  (name of agency or person) ____________________________

If Foster/ Guardian:  Do you have paperwork indicating you as the Guardian/Foster Care for this child?  ___Yes  ___No

Note: NHCS MUST have documentation of foster care, guardianship care, DSS custody, etc. for establishing guardianship of the applicant before the child will be allowed to start school.

Do you receive money for the care of the child?  ___Yes  ___No

From whom? ____________________________

Total Number in Family:  (Family = Parent(s) in the home and children 18 years of age or younger.)   ___ Adults   ___ Children

Are there any family problems that may be affecting your child? (Parent in the military; incarceration of parent; recent divorce/separation)  ___Yes  ___No, please explain:

__________________________________________________________________________

**ADULTS IN THE HOME**

Please list first and last names of adults in the home. Adults are 18 years or older.

<table>
<thead>
<tr>
<th>ADULT 1</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship of Adult to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Mother/Father ___ Foster Parent ___ Sibling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Aunt/Uncle/Cousin ___ Grandparent ___ other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADULT 2</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship of Adult to applicant</th>
</tr>
</thead>
<tbody>
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<tr>
<th>ADULT 3</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship of Adult to applicant</th>
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<td>___ Mother/Father ___ Foster Parent ___ Sibling</td>
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<td>___ Aunt/Uncle/Cousin ___ Grandparent ___ other</td>
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<th>Date of Birth</th>
<th>Sex M/F</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>___ Aunt/Uncle/Cousin ___ Grandparent ___ other</td>
</tr>
</tbody>
</table>

**CHILDREN IN THE HOME**

Please list first and last names of children in the home. If more than 5 children are in the home, please list children under age 5 first.

<table>
<thead>
<tr>
<th>CHILD 1</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship of Child to Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Natural/Adopted ___ Foster Child</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>___ Grandchild ___ Niece/Nephew ___ other</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>CHILD 2</th>
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<td>___ Grandchild ___ Niece/Nephew ___ other</td>
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<th>Relationship of Child to Parent/Guardian</th>
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<td>___ Grandchild ___ Niece/Nephew ___ other</td>
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<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship of Child to Parent/Guardian</th>
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<td>___ Natural/Adopted ___ Foster Child</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>___ Grandchild ___ Niece/Nephew ___ other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD 5</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship of Child to Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Natural/Adopted ___ Foster Child</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Grandchild ___ Niece/Nephew ___ other</td>
</tr>
</tbody>
</table>
Child’s Name: __________________________________________ DOB: ____________________________________________

As it is written on the birth certificate

How did you hear about the Pre-K Program?

___Flyer in Community  ___Flyer in Elementary School  ___Another Child in the program  ___Someone told me about the program

___ Other: __________________________________________________________

SPECIAL SERVICES:

Does your family receive:  
WIC?  ___Yes  ___No  
Supplemental Security Income?  ___Yes  ___No  
Work First/TANF?  ___Yes  ___No  
Food Stamps/SNAP/EBT?  ___Yes  ___No  
Social Security Administration Income?  ___Yes  ___No

Has your child received services for social, emotional, behavioral issues?  ___Yes  ___No

Does your child have a disability or special needs?  ___Yes  ___No  ___Suspected  
If yes, please explain: ________________________________________________________

Has your child ever:  
been evaluated at the CDSA or a Public School System?  ___No  ___Yes, location: ______________________________________

Has your child ever received services from New Hanover County Schools Exceptional Children’s Department?  ___Yes  ___No

Does your child have a current Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)?  ___Yes  ___No

NOTE: We will need a copy of your child’s IEP/IFSP when you turn in the application.

If yes, what agency are you working with? __________________________________________________________________________

Was your child referred to this program?  ___Yes  ___No  If yes, by whom? ______________________________________________

ACKNOWLEDGEMENT OF EDUCATIONAL SCREENING

We are required by our funding sources to administer an educational screening. Our program uses the BRIGANCE Preschool Screen II to meet this requirement. If you would like a copy of this screening, you may request a copy from the screener __________________ (Initial)

CHILD’S MEDICAL INFORMATION:

My child has:  ___Medicaid  ___NC Health Choice  ___Private Insurance  ___No Insurance

Note: we will need a copy of the current insurance card for documentation purposes.

MEDICAL LOCATION:  (*Please designate a provider in the spaces below or indicate “no preference”)

*Hospital Preference: ___________________________________________________________________________________

*My Child’s Doctor: ___________________________ __________________________ City:__________________________

*My Child’s Dentist: ___________________________ __________________________ City: __________________________

*My Child’s Eye Doctor: ___________________________ __________________________ City: __________________________

Does your child have any known allergies?  ___no  ___yes, explain: __________________________________________________

Is your child being seen by a doctor/specialist for a chronic health concern (or have they in the past)?  ___No  ___Yes

(Note: Medical conditions which would limit your child’s participation in school programs require a note from the doctor.)

Please explain: __________________________________________________________________________________________

My child will require medication at school  ___Yes  ___No  ___Maybe  Please explain: ____________________________

________________________________________________________________________________________

I give consent for my child to receive Hearing/Vision/Height/Weight screenings. (Initial)  YES _______ NO _______
Child’s Name: ___________________________________________  DOB: ____________________________

**School Placement Information**

- Pre-Kindergarten Public School Classrooms operate during regular public school system hours of operation and do not offer before and after school care as part of the program.
- One public school site, Howe Pre-K, offers AFTER SCHOOL CARE ONLY for a FEE.
- All private childcare sites offer BEFORE and AFTER school care for a FEE.
- Please notice which sites offer before and after school care as you are making your choice.
- It is the parent’s responsibility to arrange before and after-school care and to ensure these services are set up with the site BEFORE your child starts school.
- Transfers are not offered between public and private sites.
- Parents are encouraged to visit the private childcare sites for more information about their programs.
- Public School Classrooms are assigned based on New Hanover County Schools District.
- Please remember transportation is not mandatory.
- Please remember transportation may have meeting spots (bus stops) to meet the federal mandates.
- Please read the list below and indicate your choice of PUBLIC SCHOOL or PRIVATE CHILDCARE SITE for classroom placement.

Please check one ‘To School’ and one ‘From School.’

**To School:** __Car Rider __Daycare Van __School Bus  **AND From School:** __Car Rider __Daycare Van __School Bus

---

**Early Childhood Education Classroom Locations**

<table>
<thead>
<tr>
<th>Public Classroom locations</th>
<th>Transportation Offered</th>
<th>After School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorothy B. Johnson Early Childhood Center at 1100 McRae Street, Wilmington</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Castle Hayne Elementary at 3925 Roger Haynes Drive, Castle Hayne</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Howe Pre-K, 1020 Meares Street, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Freeman Elementary School of Engineering, 2601 Princess Place Drive, Wilmington</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>College Road Early Childhood Center, 4905 S College Rd, Wilmington</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Wrightsboro Elementary, 2716 Castle Hayne Road, Wilmington</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Childcare Site</th>
<th>Transportation Offered</th>
<th>After School</th>
</tr>
</thead>
<tbody>
<tr>
<td>A CDC, 3802 at Princess Place Drive, Wilmington</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>B *CCN #82 at 4808 New Centre Drive, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C *CCN #83 at 1553 41st Street, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>D *CCN #127 at 19 Lennon Drive, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E *CCN #128 at 6640 Gordon Road, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F *CCN #158 at 2411 Flint Drive, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G CCN #159 at 4202 Wilshire Boulevard, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>H Kids &amp; Company Preschool Learning Center at 5222 S College Road, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I Kids &amp; Company Preschool Learning Center at 2619 Newkirk Avenue, Wilmington</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J SPEC #7 at 165 Vision Drive, Wilmington</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Choose ONLY ONE:**

___ PUBLIC SCHOOL   OR   ___ PRIVATE CHILDCARE: Indicate Choice A-J: _______

*Please provide any additional information/extenuating circumstances that may impact your child’s placement*

Parent Signature: ___________________________  Date: ___________________________

---

Staff Use Only: Staff Signature: ___________________________  Date: ___________________________
New Hanover County Schools
Early Childhood Education Program
MEDICAL ALERT FORM

Bus # _________ Teacher (Maestro) __________________________

STUDENT (Nombre del Estudiante): __________________________ D.O.B. (Fecha de nacimiento) __________

List Names & phone # of Parent(s) / Guardian(s) & emergency Contact(s)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

This includes permission to pick up your child from school (Esto incluye el permiso de recoger a su niño de la escuela)
Please Contact School Immediately With Any Changes (Por favor de ponerse en contacto inmediatamente con la escuela si ha cambios)

Parents are responsible for notifying and updating the School Nurse regarding any medical conditions. Please include information regarding any recent hospitalizations or surgeries. (Los Padres son responsables para notificar la enfermera de la escuela en lo que concierne a condiciones médicas de su hijo. Incluya información de visitas recientes al hospital o cirugías.)

☐ No Health Problems (No tiene problemas de salud) ☐ Diabetes (Diabetes)
☐ Seizures (Convulsiones) ☐ Cancer (Cancer)
☐ Blood Disorder (Problema la sangre) ☐ Nosebleeds, frequent (Sangre de nariz)
☐ Asthma/Respiratory (Asma/probl. respiratorios) ☐ Hearing Problems (Problemas de oídos)
☐ Heart Disorder (Problema del corazón) ☐ Bone/Muscle Disorder (Problemas de huesos/músculos)
☐ Severe Insect Allergy (requiring medication at school) ☐ HIV (VIH)
☐ (Alergia a insectos – requiere medicamento en la escuela) ☐ Other (explain) (Otra condición – explica)
☐ Severe Food Allergy (requiring medication at school) ☐ Medication Taken at Home – List (Escribe medicamentos tomados en casa)
☐ (Alergia a comida – requiere medicamento en la escuela) ☐ Requires Dr.’s Order
☐ Medication Taken at Home – List (Escribe medicamentos tomados en casa)
☐ Needs Medication, Specific procedure or Special medical assistance at School – Requires Dr.’s Order

Specific Symptoms/Comments: (Necesita medicamentos o cuidados especiales – requiere ordenes del médico/síntom/comentarios):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

** ANY MEDICATION TO BE ADMINISTERED MUST BE PROVIDED TO THE SCHOOL BY THE PARENT ALONG WITH A PHYSICIAN’S AUTHORIZATION FOR MEDICATION AT SCHOOL FORM.

(UNO DE LOS PADRES DEBE PROVEER CUALQUIER MEDICAMENTOS A LA ESCUELA)

SCHOOL NURSE USE ONLY
El cuadro debe ser llenado por la enfermera escolar.

Student has Medication: __________________________ Location: __________________________

Special Instructions: __________________________

Student’s Physician: (Doctor del estudiante) __________________________ #
NHCS Early Childhood Education Program/School Health Nurse has my permission to obtain further information regarding my child’s health needs at school from his/her above named Physician. (Programa De Educación Temprana de las Escuelas del Condado de New Hanover y la enfermera escolar tiene permiso de llamar el doctor de mi hijo para de obtener cualquier información a relación a la salud de mi hijo.)

(Parent/Guardian’s Signature) (Firma del padre/guardián) (Date) (Fecha)

**This information may be distributed to the child’s teachers, nurse, cafeteria, coach, cumulative folder, bus driver and school administration.

(**Esta información será provisto a los maestros, enfermera, cafetería, archivos y oficina de administración de la escuela.)