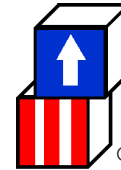


**PARENTS: Please remove this sheet and keep for your information!**



## 2010-2011 Catawba County Pre-Kindergarten Application



Eastern Catawba  
Cooperative  
Christian Ministry  
(ECCCM)  
**Head Start  
Program**

You must complete this application to apply for the Head Start Program or the *More at Four* Program. Birth date verification (**birth certificate**) and **income verification** must be attached for the application to be considered. You must use your child's legal name that corresponds with the birth certificate on this application. If you change your address or your phone number it is **your responsibility** to let us know so that we have a way to contact you. Please remember to **sign** this application!

You must turn in this completed and signed application and all required copies of documentation to one of the following locations by **Wednesday, May 26, 2010**:

- **If your first choice is *More at Four***, send application to the Catawba County Partnership for Children, P.O. Box 3123, Hickory, NC 28603 or deliver to Sweetwater Early Childhood Education Center at 2110 Main Avenue SW in Hickory (Phone: 828-695-6506)
- **If your first choice is Head Start**, send application to ECCCM Head Start, P.O. Box 1435, Newton, NC 28658, or deliver to 301 South Ervin Avenue in Newton (Phone: 828-464-8875)

### How do Head Start and *More at Four* compare?

	Head Start	<i>More at Four</i>
<b>Age Requirements</b>	Must turn 3 by 8/31/2010	Must turn 4 by 8/31/2010
<b>Eligibility Requirements</b>	Based on income, other factors considered such as identified special needs, child and family health needs, etc.	Based on income; priority given to those who haven't been in a child care program before and other factors such as English proficiency, special needs, health needs, etc.
<b>Transportation Provided?</b>	Yes, in some areas	No, transportation is not provided
<b>Hours</b>	8:15 a.m. – 2:15 p.m.	Same as school hours
<b>Calendar</b>	Similar to school calendar	Same as school calendar
<b>Fees</b>	None	None
<b>Classroom Structure</b>	Classrooms will have all Head Start children including special needs children. All classrooms use <i>The Creative Curriculum® for Preschool</i> .	Generally classrooms will have a combination of <i>More at Four</i> children, special needs children, and fee paying children. All classrooms use <i>The Creative Curriculum® for Preschool</i> .
<b>Required Documentation</b>	Birth date verification (birth certificate) and income verification	Birth date verification (birth certificate) and income verification
<b>Selection Process</b>	Selection committee meets in early June	Selection committee meets in early to mid-June
<b>Before and After-School?</b>	Not provided, but transportation is provided to and from area child care centers that offer before and after-school	Provided at some locations
<b>Family Involvement Expectations</b>	Opportunities are offered for parent training, participation on policy council, and parent committee	Must attend at least one series of "Active Parenting Now" or "Positive Discipline" during the school year through the Catawba County Parenting Network

### Where are Head Start and *More at Four* classrooms located?

<b><u>Head Start Locations:</u></b>	Balls Creek (#18000047)	Fairgrove (#18000242)	Sweetwater (#1800452)	Newton (#1855052)
<b><u>More at Four Locations:</u></b>	Balls Creek Elementary	Catawba Elementary	Claremont Elementary	
Conover School	Hickory High Child Development Ctr.	Jenkins Elementary	Longview Elementary	
Mountain View Elementary	Oakwood Elementary	Oxford Elementary	Shuford Elementary	
South Newton Elementary	Southwest Elementary	Startown Elementary	Sweetwater Preschool	
Thornton Elementary	Viewmont Elementary	Tyndall Center at Sipe's Orchard Home		



# 2010-2011 Catawba County Pre-Kindergarten Application



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

Child's Birth Date: \_\_\_\_\_  Male  Female County: \_\_\_\_\_  
*Month - Day - Year*

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Apt. # City State Zip Code*

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

If you don't have a phone, can you provide another number for us to reach you? \_\_\_\_\_

Child's Race/Ethnicity:  White  African-American  Hispanic  Asian  Other: \_\_\_\_\_

Is English spoken in the home?  We speak fluent English  Some English  No English

What other language(s) does your child speak at home? \_\_\_\_\_

### LOCATION INFORMATION

Please write your **top 3** location choices, with a **1** for 1<sup>st</sup> choice, a **2** for 2<sup>nd</sup> choice, and a **3** for your 3<sup>rd</sup> choice:

- |  |  |
|--|--|
| _____ Head Start – Balls Creek                             | _____ Head Start – Fairgrove                         |
| _____ Head Start – Sweetwater                              | _____ Head Start – Newton                            |
| _____ <i>More at Four</i> – Balls Creek Elementary         | _____ <i>More at Four</i> – Catawba Elementary       |
| _____ <i>More at Four</i> – Claremont Elementary           | _____ <i>More at Four</i> – Conover School           |
| _____ <i>More at Four</i> – Hickory High Child Dev. Center | _____ <i>More at Four</i> – Jenkins Elementary       |
| _____ <i>More at Four</i> – Longview Elementary            | _____ <i>More at Four</i> – Mountain View Elementary |
| _____ <i>More at Four</i> – Oakwood Elementary             | _____ <i>More at Four</i> – Oxford Elementary        |
| _____ <i>More at Four</i> – Shuford Elementary             | _____ <i>More at Four</i> – South Newton Elementary  |
| _____ <i>More at Four</i> – Southwest Elementary           | _____ <i>More at Four</i> – Startown Elementary      |
| _____ <i>More at Four</i> – Sweetwater Preschool           | _____ <i>More at Four</i> – Thornton Elementary      |
| _____ <i>More at Four</i> – Tyndall Center at Sipe's Orch. | _____ <i>More at Four</i> – Viewmont Elementary      |

**(We cannot guarantee your top choices, but we will make every effort to accommodate your preferences!)**

Has anyone in your family ever attended a Head Start or a *More at Four* classroom?  Yes  No

If you checked yes, who? \_\_\_\_\_

Which program did they attend?  Head Start  *More at Four*

Please provide brief directions to your home: \_\_\_\_\_

When did you move to your current address? \_\_\_\_\_ (month/year)

Has your family ever been homeless?  Yes  No

What elementary school will your child attend? \_\_\_\_\_  I don't know

# 2010-2011 Catawba County Pre-Kindergarten Application

★ *More at Four* ★ Head Start ★

## FAMILY INFORMATION

Child lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Marital Status of Parents:  Single  Married  Separated  Divorced

Are either of the child's parents or legal guardians an active duty member of the armed forces?  Yes  No

**Mother or Guardian:** Mother/Guardian's Date of Birth: \_\_\_\_\_

Please choose which of these apply:  Unemployed  Employed full-time  Employed part-time  
 In school full-time  In school part-time

Place of Employment (if applicable): \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Mother's Education Level:  Mother has not completed high school  Mother has GED  Mother has high school diploma  
 Mother has attended some college  Mother has graduated from college

**Father or Guardian:** Father/Guardian's Date of Birth: \_\_\_\_\_

Please choose which of these apply:  Unemployed  Employed full-time  Employed part-time  
 In school full-time  In school part-time

Place of Employment (if applicable): \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Father's Education Level:  Father has not completed high school  Father has GED  Father has high school diploma  
 Father has attended some college  Father has graduated from college

List all other **adults** living in the household:

<u>Name</u>	<u>Relationship to Child (who is applying)</u>
_____	_____
_____	_____
_____	_____
_____	_____

List all **other children** in your household:

<u>Name</u>	<u>Gender</u>	<u>Birth Date</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# 2010-2011 Catawba County Pre-Kindergarten Application

★ *More at Four* ★ Head Start ★

Emergency Contact Person: \_\_\_\_\_  
(other than parent or guardian)

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special developmental needs or disabilities?  Yes  No

If so, has your child been referred for full testing and been diagnosed with a delay?  Yes  No

Who (agency or private provider) evaluated your child? \_\_\_\_\_

When was the disability identified? \_\_\_\_\_

Does your child have an IEP or an IFSP?  Yes  No

Does your child receive any kind of specialized services? (Please check all that apply.)

Speech Therapy  Physical Therapy  Occupational Therapy

Home Visits from Early Interventionist  Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does anyone else in your immediate family have any special needs, disabilities, or chronic health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child currently enrolled in a preschool or child care program?  Yes  No

If yes, which one? \_\_\_\_\_

Have you applied for child care subsidy/scholarships through the Department of Social Services?  Yes  No

If so, please check one:

We currently receive subsidy  We are on the subsidy waiting list  We don't qualify for subsidy

If not currently enrolled in child care, has your child ever been enrolled in a child care program?  Yes  No

When did your child attend? \_\_\_\_\_

Where did your child attend? \_\_\_\_\_

Who currently takes care of your child during the day? \_\_\_\_\_

# 2010-2011 Catawba County Pre-Kindergarten Application

★ *More at Four* ★ Head Start ★

## FINANCIAL INFORMATION

Do you get support from any of the following services? (You must check all that apply.)

- Food Stamps                       Medicaid/Medicare/Health Choice
- WIC                                       Public Housing Assistance
- Child Care Subsidy               Child Support Payments – amount received: \$ \_\_\_\_\_
- AFDC/Work First – amount received: \$ \_\_\_\_\_
- Social Security – amount received: \$ \_\_\_\_\_
- Unemployment – amount received: \$ \_\_\_\_\_
- Other: \_\_\_\_\_ – amount received: \$ \_\_\_\_\_

**Income information is required.**  
You must include a copy of your most recent check stub, the front page of form 1040, or W-2 form.

Your **TOTAL** household income is: \$ \_\_\_\_\_  Weekly    Monthly    Yearly  
(including **all** sources listed above)

Do any children in your household qualify for (please check):  **Free Lunch** at school    **Reduced Lunch** at school

## OTHER INFORMATION

- Do you have any concerns about nutrition for your family?                       Yes    No
- Do you have any concerns about nutrition problems in your community?    Yes    No
- Do you have a family doctor?     Yes    No
- Do you have a dentist?     Yes    No
- Has your family ever (currently or in the past) received support from Child Protective Services?    Yes    No
- Who referred you to Head Start and/or the *More at Four* Program?               FamilyNet                       CDSA
- Parents As Teachers               Mental Health               Public Health / Child Service Coordination
- Social Services               Schools               Other \_\_\_\_\_
- Is there any other information you would like to share with us? \_\_\_\_\_

### **\* PARENT/GUARDIAN SIGNATURE IS REQUIRED \***

I certify that all of the information on both sides of this application is true to the best of my knowledge. I understand I'm responsible for **calling the *More at Four* office (828-695-6506)** and/or the **Head Start office (828-464-8875)** with any information on this application that changes (phone number, address, work status, income, etc.). I give my permission for the information on this application and any other documentation that I submit with this application to be released to the selection committees, the classroom staff, the Office of School Readiness, and others as necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **For Office Use Only:**

Date Received: \_\_\_\_\_ Family Size: \_\_\_\_\_ Income: \$ \_\_\_\_\_ Age as of 8/31: \_\_\_\_\_

Over Income: \_\_\_\_\_ Under Income: \_\_\_\_\_

Verification of Income Documentation: \_\_\_\_\_ Date: \_\_\_\_\_