

BROTHER(S) _____ SISTER(S) _____ OTHER _____
(include step & half brothers) (include step & half sisters)

Are any siblings under the age of 18? If so, please list sibling name and birthdate:

Sibling's DOB: _____ Sibling's DOB: _____

Sibling's DOB: _____ Sibling's DOB: _____

Sibling's DOB: _____ Sibling's DOB: _____

Total number of individuals in the child's household (include the child): _____

Are there any custody issues that the school should be aware of? Yes No If there is a court order regarding custody or visitation privileges for your child, a copy of the order must be provided.

Explain: _____

Yearly incomes: Mother _____ Father _____ Other _____
(Other income consists of child support, alimony, and workman's compensation, unemployment, retirement, or disability benefits)

If no income verification is available (i.e. did not work; full-time student; or failure to provide proper income verification), I certify (promise) that I have NO verifiable income.

Signature of Parent/Guardian

Date

Health Care Needs

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent and health care professional. Is there a medical action plan attached? Yes _____ No _____

Does your child have any known allergies? Yes No

Explain: _____

Does your child have any chronic health conditions? (circle all that apply)

Asthma Diabetes Sickle Cell Cancer Other _____

Is your child completely toilet trained? (i.e. no diapers or pull-ups) Yes No

List any other health care needs or concerns, or symptoms:

List any types of medication taken for health care needs:

List any particular fears or unique behavior characteristics the child has:

Please note additional medical information about your child that may be important:

BUS INFORMATION

My child will ride the bus. Yes No

INFORMATION About YOUR CHILD

Is your child currently enrolled in a childcare facility, preschool or an in-home center? Yes No

If yes, provide dates _____

Name of facility: _____ Address of facility: _____

Has your child ever been enrolled in a childcare facility, preschool or an in-home center? Yes No

If yes, provide dates _____

Name of facility: _____ Address of facility: _____

Does your family receive any childcare assistance vouchers? Yes No

Are you on a waiting list to receive childcare assistance vouchers? Yes No

Does your child have:

Limited English Proficiency (does not speak English)

Yes No

An Identified Chronic Health Condition

Yes No

Developmental/Educational Need

Yes No Don't Know

An Identified Disability

Yes No

Does your child have an active IEP (Individualized Education Plan)? Yes No

If yes, what is the disability area? _____

What service(s) is the child currently receiving?

Occupational Therapy Speech Therapy Special Education

Physical Therapy Other _____

Has your child been referred for medical, educational or speech testing? Yes No

Who initiated the referral? _____

Has an appointment been scheduled? Yes No

If yes, when? _____ Who will be performing the evaluation? _____

EMERGENCY CARE INFORMATION

Name of child's doctor: _____

Office Phone: _____

Address _____

Name of child's dentist: _____

Office Phone: _____

Address _____

Sentara Albemarle Hospital will be utilized in case of an emergency, unless otherwise specified.

As the parent/guardian, I agree that the appropriate school personnel may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian

Date

I, as the classroom teacher, do agree to secure transportation (following school procedures) to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the classroom. I will not administer any drug or any medication without specific instructions from the physician.

Signature of Classroom Teacher

Date

I certify (promise) that all information submitted in this application is true and accurate.

Signature of Parent/Guardian

Date

Pre-Kindergarten Emergency &/or Bus Contact Information

In order to ensure the safety of our students we are requesting the following contact information. In addition, to guarantee the safety of our students riding the bus, the following information will be provided for bus transportation.

Child's Name: _____

Address: _____ Home Telephone: _____

Mother's Name: _____

Mother's Cell: _____ Mother's Work Number: _____

Father's Name: _____

Father's Cell: _____ Father's Work Number: _____

- *In the event that we should need to contact you about your child, which number should we call first?* _____

Pick Up Site: _____ AM Bus #: _____

Drop Off Site: _____ PM Bus #: _____

The bus driver or school contact person will:

1. Report to the Pre-Kindergarten Staff if student is unattended (no adult present) at the bus stop.
2. Student will be transported back to school if an adult is not present to receive student from the bus stop and will make contact from the list below.

The following individuals are authorized to pick my child up from school: (You are required to submit at least two emergency contacts.)

Name:	Phone Number(s):	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Your child will only be released to persons listed above

If changes have been made, they must be updated on this application and in PowerSchool. Please contact the Pre-K Office at (252)335-4303 and send a note with your child or give information to the teacher.

Authorized Parent/Guardian Signature: _____

Date: _____

Due to the fact that the ECPPS Pre-K program receives funding from multiple sources, all application forms must be complete.

The Elizabeth City – Pasquotank Public School System conducts activities and procedures without regard to race, creed, color, national origin, gender or disability.

**Pre-Kindergarten Registration Checklist
Pre-K File Copy**

Date: _____

A screening appointment will be arranged when the application packet contains all of the following items and the application forms are complete. Your child's application is missing the following item(s):

- Incomplete Student Information Form _____
- Child's Social Security Card (original) _____
- Child's Birth Certificate _____ (child turns 4 on or before 08/31/2020)
- Child's Shot Record (must be up to date) _____
- Proof of Parent or Guardian Identification (valid NC driver's license, state or government issued identification card) _____
- Proof of Residency within Pasquotank County _____
(Examples: recent electric, water or home phone bill)
- Verification of Income (Examples: 2019 W-2's or 2019 1040 tax forms) or
Verification of College Enrollment if there was no source of reported income for 2019.
(Applicable if parent is a student enrolled in a college or university.) _____

The information is needed by **May 1, 2020**. **If the information is not received by this date, an appointment time may not be available for your child's developmental screening.**

Thank you for your cooperation,
ECPPS Pre-K Program

Parent's Signature

Date

**Pre-Kindergarten Registration Checklist
Parent's Copy**

A screening appointment will be arranged when the application packet contains all of the following items and the application forms are complete. Your child's application is missing the following item(s):

- Incomplete Student Information Form _____
- Child's Social Security Card (original) _____
- Child's Birth Certificate _____ (child turns 4 on or before 08/31/2020)
- Child's Shot Record (must be up to date) _____
- Proof of Parent or Guardian Identification (valid NC driver's license, state or government issued identification card) _____
- Proof of Residency within Pasquotank County _____
(Examples: recent electric, water or home phone bill)
- Verification of Income (Examples: 2019 W-2's or 2019 1040 tax forms) or
Verification of College Enrollment if there was no source of reported income for 2019.
(Applicable if parent is a student enrolled in a college or university.) _____

The information is needed by **May 1, 2020**. **If the information is not received by this date, an appointment time may not be available for your child's developmental screening.**

Thank you for your cooperation,
ECPPS Pre-K Program

Parent's Signature

Date

Elizabeth City - Pasquotank Public Schools

Pre-K Program

A child's world is made up of home, school and community. An important part of our Pre-K program is the partnership formed between home and school. If your child is accepted into the Pre-K program, the following components of our program are requirements of the Pre-K staff and families.

- The Pre-K staff will conduct a Parent Orientation at the beginning of the year. **Attendance at this meeting is a requirement.** This meeting will be informative and educational, focusing on the Pre-K program and parent involvement. Other parent education opportunities will be offered throughout the school year and participation is strongly encouraged.
- The Pre-K staff will conduct home visits prior to your child beginning school. The purpose of this visit is to allow the child to become familiar with the classroom teachers and for the family to ask any questions about the program that they may have. The Pre-K teacher will contact you to schedule this visit.
- The Pre-K families will be required to complete one take home or in class project per month. The Pre-K staff will plan the activities. Prior notice for the activity will be given and time will be allowed to complete these projects.
- A current health assessment will be required of children entering the Pre-K program and must be in place on the first day of attendance.
- All children registering for Pre-K **MUST** be completely toilet trained (i.e. no diapers or pull-ups) unless there is a documented medical condition to prevent otherwise.
- Regular attendance by every student is mandatory: the State of North Carolina requires that every child in the State between the ages of seven (or younger if enrolled) and sixteen years old attend school. Parents or legal guardians have the responsibility of ensuring that students arrive on time and remain in school the full day. Excessive absences **WILL** result in your child being dismissed from the Pre-K program.
- Parents will adhere to the Safe Arrival and Departure Procedures to ensure safety of their child as outlined in the Pre-K Handbook.

We promise to do our part to strengthen this partnership. We look forward to working closely with you in the coming year should your child become a part of our Pre-K family. Together, we can help create opportunities for our children to be successful!

Parent Signature

Date

Pre-K Director/Staff Signature

Date