



(704)878-9980.

MORE AT FOUR PRE-KINDERGARTEN PROGRAM 2010-2011



Applications are available on line at
www.iredellsmartstart.org

Attention Families of Preschool Children turning 4-years-old on or before August 31, 2010

Please complete the attached *More at Four* application. You will need to include the following information before your child can be considered for the *More at Four* pre-kindergarten program. If you have any questions or need assistance in completing the form, call the *More at Four* office.

- ____ Child's Birth Certificate
- ____ Child's Medicaid Card, if applicable
- ____ Child's Immunization Record
- ____ Parent's/legal guardian's address verification (such as an electric bill)
- ____ Parent's income verification (check stubs, W-2 form, and/or enclosed Wage form)
- ____ Child's Medical Form to be completed by doctor or clinic. This needs to be in place when child enters school on the first day. These forms can be picked up from the Partnership offices or printed from our website.

Return the completed application with copies of the items listed above to:

**Joyce Capps or Marilyn Hobson
Iredell County Partnership for Young Children
132 East Broad Street, Statesville, NC 28677
Call 704-878-9980**

***More at Four* APPLICATION**

CHILD INFORMATION

_____ **Date of Application**

Child's Name	First	Middle	Last
Sex/Gender Male ___ Female ___			
Date of Birth <small>CHILDREN MUST BE FOUR (4) by <u>AUG. 31, 2010</u></small>	Month	Day	Year
Child's Address	Street	City	Zip code Parent's Phone #
Child's Ethnicity/Race <small>(Please check all that apply)</small>	Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino Race: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian/Other Pacific Islander ___ White		
Is the child living with a parent, relative, or legal guardian? Yes ___ No ___	Specify who the child lives with and relationship to the child: (e.g. mother, father, both parents, mother and stepfather, father and stepmother, grandparent(s), etc.) _____		
What is the child's primary language?	___ English	___ Spanish	___ Other (Please specify)
We are unable to provide transportation. Are you able/willing to take your child to a classroom in:	___ Statesville	___ Troutman	___ Mooresville ___ Harmony

Is the child a United States citizen? Yes ___ No ___

Is the child a North Carolina resident? Yes ___ No ___

Is a parent/guardian of this child an active duty member of the military or was a parent/guardian of this child seriously injured or killed while on active duty? Yes ___ No ___

Emergency Contact Information

**Sometimes phone numbers and addresses change during the months before school starts.
Please provide other contacts to help us get in touch with you if necessary.**

Be sure to let us know if your phone number or address changes by calling 704 878-9980

Person to contact if parent cannot be reached	Relation:	Home Phone:	Work Phone:	Pager/Cell phone
Person to contact if parent cannot be reached	Relation:	Home Phone:	Work Phone:	Pager/Cell phone
Person to contact if parent cannot be reached	Relation:	Home Phone:	Work Phone:	Pager/Cell phone

Child's Insurance Information

Insurance Provider's Name	ID or policy number	Group #	Expiration Date
Local Hospital Preference	Address	Phone Number	

TELL US ABOUT YOUR CHILD

- 1. Is your child **currently** enrolled in a childcare center, preschool, or family childcare home? yes no
If yes, please provide the **name of the center, preschool or family childcare home** that your child is currently attending:

_____ **Childcare program name**

If no, has your child ever been enrolled in a childcare center, preschool, or family childcare home? yes no

How long has your child been in a childcare setting? _____ (Please include all previous childcare experience)

If your child is currently attending a childcare program, do you have a subsidy voucher from DSS? yes no

- 2. Does your child have any chronic or significant health concerns? yes no If yes, please use the space below to tell us about your child's needs.

_____ Does your child have any known allergies? yes no Explain: _____

Is your child toilet trained? yes no If no, please explain _____

- 3. Does your child have any identified special needs (e.g. developmental delay, speech/language, etc.)? yes no
Is your child currently receiving services? yes no If yes, describe _____

_____ Does your child have an Individualized Education Plan (IEP) through the ISS or Mooresville Graded School District Exceptional Children's Department? yes no (If yes, please provide a copy with your application.)

- 4. Please tell us any other information in the space below you would like us to know about your child (Optional).

***More at Four* Consent Form**

(Please circle yes or no beside each item and sign at bottom)

I give my permission for photographs or video recording of my child to be used for the exclusive purposes of the *More at Four* program and *Iredell County Partnership for Young Children* for publicity purposes. I understand that the photos or video may appear in printed materials and/or multi-media presentations for no fee to my child or me.

Photo/Video Consent: YES or NO

I give my permission for information (verbal and/or written) regarding my child to be shared between Iredell County Partnership for Young Children and Mooresville Graded Schools and/or Iredell Statesville Schools. I understand that unless otherwise indicated, this information is necessary for and will be used only for educational purposes such as assessments, curriculum programming and coordination of services and that the agency/school receiving this information will be responsible for the confidentiality of the information.

Consent for the release and exchange of information: YES or NO

As part of the *More at Four* program, during the first 90 days of school, your child will be screened using the Dial 3 Assessment of Learning. The Dial 3 assessment reviews 3 areas of learning: motor language and concepts. You will receive a follow-up report once the screenings are complete.

Developmental Assessment: YES or NO

Child's Name: _____

Parent / Guardian Name: _____

Date: _____

MOTHER/STEP MOTHER or LEGAL GUARDIAN INFORMATION

Mother's Name	First	Middle	Last			
Date of Birth	Month	Day	Year			
Mother's Address	Street Address	Apartment #	City	Zip Code		
Mother's Phone Numbers	Home	Cell Phone	Work Phone			
			Email Address:			
Mother's Place of Employment			If Mother Is Unemployed, <u>Initial</u> This Box			
Mother's Income From Employment	Number of Hours Per Week	Hourly Wage	Total Monthly Income From Employment			
Mother's Income from Other Sources (If Applicable)	Child Support (Monthly)	TANF (Monthly)	Social Security-Child (Monthly)	Other	Other	
What is the Mother's language? (Check all that apply)	English		Spanish	Other (Please specify)		
Mother's Highest Education Level	Grade Level Completed	GED	High School Diploma	Some College	College Degree	
Does This Child Live With You?	Yes	No				

Submitting false information in order to qualify for the *More at Four* program constitutes fraud.

I certify that all of the information on this application, and attached verification is true and correct:

Mother's or Legal Guardian Signature _____ Date _____

FATHER/STEP FATHER or LEGAL GUARDIAN INFORMATION

Father's Name	First	Middle	Last			
Date of Birth	Month	Day	Year			
Father's Address	Street Address	Apartment #	City	Zip Code		
Father's Phone Numbers	Home	Cell Phone	Work Phone			
			Email Address:			
Father's Place of Employment			If Father Is Unemployed, <u>Initial</u> This Box			
Father's Income From Employment	Number of Hours Per Week	Hourly Wage	Total Monthly Income From Employment			
Father's Income from Other Sources (If Applicable)	Child Support (Monthly)	TANF (Monthly)	Social Security-Child (Monthly)	Other	Other	
What is the Father's language? (Check all that apply)	English		Spanish	Other (Please specify)		
Father's Highest Education Level	Grade Level Completed	GED	High School Diploma	Some College	College Degree	
Does This Child Live With You?	Yes	No				

Submitting false information in order to qualify for *More at Four* program constitutes fraud.

I certify that all of the information on this application, and attached verification is true and correct:

Father's or Legal Guardian Signature _____ Date _____

NON-INCOME VERIFICATION FORM

Return Completed form to:

More at Four
Iredell County Partnership for Young Children
132 E. Broad Street
Statesville, NC 28677

For: _____
(Parent/Guardian's Name) (Child's Name)

Is the parent/guardian employed? _____ No _____ Yes

Date of unemployment _____

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. I also understand that this information will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone # _____

Child's Name: _____

FAMILY INFORMATION

• **Hours of Operation**

The *More at Four* program sites have different hours of operation and **children must be dropped off and picked up on time each day. I understand it is a 6- 6 1/2 hour program, and children should be in attendance regularly and for the full day.** _____yes _____no

• **Transportation**

I understand I am responsible for providing transportation for my child. _____yes _____no

• **Before/After School Care**

Some of the *More at Four* sites offer before and after school care and extended care when the class is not in session. This is not available at all sites, and I understand **fees are charged for this service (where available).** _____yes _____no

Parents or guardians of the children enrolled in the *More at Four* classes are *strongly encouraged* to participate in the program. This can be accomplished in several ways:

- 1) Reading with your child regularly
- 2) Attending parent meetings
- 3) Attending parent-teacher conferences
- 4) Participating in a home visit with the teacher and/or parent
- 5) Volunteering in the classroom or on field trips
- 6) Other parent-child activities as suggested by the teacher or parent educator
- 7) Parenting classes offered in the community
- 8) Kindergarten transition activities (e.g. kindergarten screening and registration, attending open house, etc.)

Talk to your child's teacher or the *More at Four* office so that we can help you find meaningful ways to participate in and be a part of your child's *More at Four* experience.

I have read the information regarding hours of operation, extended care, transportation, and family involvement.

Parent's Signature

Date