

Child's Name: _____

Date: _____



Pre-K Application

2024-2025

1. Please drop off your completed application at any school or WCS Central Office to the attention of Brenshonda Batts at 117 Tarboro St. N.E. Wilson, NC 27894. For Title I Pre-K application, apply on or before April 26, 2024. Families may continue to apply after April 26, 2024 but they will be in the second round of placements.
2. Applications **MUST** have the following to be complete:
 - Certified Birth Certificate
 - 2 Proofs of Residency
(Current Water, Gas, Electric bill, or Lease agreement or Statement from homeowner)
 - Immunization Records
 - If applicable, documentation of chronic health and/or developmental or educational needs and/or IEP.
3. This application is for children who will be 4 years old by August 31, 2024.
4. This is an application for services offered and **DOES NOT** constitute enrollment into the program. Eligibility for the Pre-K program is based on educational need.
5. Parent/Guardian must be able to provide transportation.
6. Your child must have a current, updated health assessment within the first 30 days of attendance.

Please contact Jennifer Lewis or Brenshonda Batts at 252-399-7779 with any Pre-K questions.

Child's Name: _____

Date: _____



*Child's Information: * Your child must be 4 years old on or before August 31, 2024. Eligibility is based on educational need. Pre-K is available to students residing within Wilson County. Classrooms are located at Jones Elementary School, Hearne Elementary School, and Lucama Elementary School.*

Child's Name: _____

Date of Birth: _____(MM/DD/YYYY)

Child's Address: _____

Street

City

State

Zip

County

Mailing Address: _____
(If different from above)

Email address: _____

Ethnicity/Race:

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

Gender:

- Male
- Female

Preferred Site:

Please use number 1 for your first choice, number 2 for your second choice, 3 for your third choice. There is no guarantee your child will be placed at your first choice.

_____ Hearne

_____ Jones

_____ Lucama

Child's Name: _____

Date: _____

Family Information:

Who does your child live with? Documentation is required if a child does not reside with parents.

- Mother and Father
- Single Mother
- Single Father
- Parent & Step Parent
- Grandparent(s)
- Foster parent(s)
- Legal Guardian
- 50/50 Custody

Mother/Stepmother/Guardian

Name: _____

Resides with child: YES or NO

Home Phone: _____

Cell Phone _____

Work Phone: _____

Father/Stepfather/Guardian

Name: _____

Resides with child: YES or NO

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Child's Name: _____

Date: _____

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

Please list the names of <u>parents/guardians and siblings</u> that live in the household.	Relationship to Pre-K Child	Age	Do the siblings attend WCS? If so, what school?

Language:

What is the language spoken with the child at home? _____

In what language would you like your child to be screened? _____

Health:

Does your child have a chronic health condition identified by a medical professional?

- Yes
- No

If Yes, what is the health condition? _____

***Documentation of chronic condition**

(Official documentation from a medical provider indicating a child's chronic condition is required.)

Child's Name: _____

Date: _____

Developmental and /or Educational Need

Has your child been diagnosed with a developmental or educational need by a medical professional?

- Yes
- No

If yes, please explain _____

Has this child been referred for evaluation or identified with a disability by a medical professional?

- Yes
- No

Is date of referral known: YES or NO

Date of referral for evaluation of disability(ies): _____

What was the decision from the disability evaluation for this child?

Does this child have an active Individualized Education Plan (IEP)?

- Yes
- No

Is this child receiving services related to disability?

- Yes
- No

If yes, please specify type of disability services:

***Documentation indicating developmental or educational need is required, if applicable.**

***Please provide a copy of the child's IEP, if applicable.**

Child's Name: _____

Date: _____

Type of identified disabilities for this child (Check all that apply)

- None
- Autism
- Deaf Blind
- Behaviorally/Emotionally Disabled
- Educable Mentally Disabled
- Preschool Development Delayed
- Specific Learned Disabled
- Orthopedically Impaired
- Speech Language Impaired
- Severe Profound Mentally Disabled
- Visual Impaired
- Hearing Impaired
- Traumatic Brain Injured
- Other (**please define**) : _____

Child's Name: _____

Date: _____

Parent/Guardian Responsibility and Participation (Please initial for each statement)

_____ I understand this is an application for services offered and DOES NOT constitute enrollment into any program.

_____ I understand this information is being given for receipt of federal funding. Program staff may verify information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and or state laws.

_____ I give permission for my child to receive developmental hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with Wilson County Schools.

_____ I understand that if my child is selected to participate in the Wilson County Schools Pre-K 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 Wilson County Schools Pre-K is designed to serve 4 year old children and that every effort shall be made by me to maintain my child's enrollment and participation.

_____ I understand that I will need to provide transportation for my child.

_____ I understand that my child will need a current, updated health assessment and immunizations before he/she attends a program.

Parent/Guardian

Signature: _____ **Date:** _____

Relationship to Child: _____

**If guardian signs, please attach documentation of guardianship.*

Child's Name: _____ Date: _____

PLEASE DROP THIS APPLICATION OFF AT ANY SCHOOL OR WCS CENTRAL OFFICE:

**117 Tarboro St. N.E.
Wilson, NC 27894**

****FAXED applications will not be accepted.**

******WCS Instructional Services Office Use Only******

**Received by:
Date Received:
Date Processed:**

Child's Name: _____

Date: _____

**Release of Information
Consent Form**

I _____, parent/guardian of
(Parent/Guardian First and Last Name)

(Child's First and Last Name)

consent to the release of my child's contact information, demographic information, assessment scores, parent survey information, enrollment and attendance information, and which school your child attends after Pre-K to Wilson County Schools. The release of this information requires your consent. If you agree to the release of this information, please sign and return this form.

Parent's Signature (Consent): _____

Date: _____

Which school does your child plan to attend after Pre-K?
