

MECK Pre-K Application 2019/2020 Required Documentation



1. Completed Application

Answer all questions and be sure to sign and date application.

2. Birth Certificate For Your Child

Children must be four years old by August 31, 2019.

3. Proof of Residency

Do you own a home?

Provide copy of Deed, a Mortgage Statement or HUD Closing Statement

Do you rent?

Provide copy of Rental Agreement

Do you live in someone else's home?

Provide Notarized Residency Affidavit AND their mortgage statement, deed or lease

ONE of the following items is also required:

- A gas, water, electric, telephone, OR cable utility bill
- A work order dated within the past 30 days for a utility
- Valid North Carolina Driver's License
- Valid North Carolina Identification Card
- Pay Stub, Bank Statement OR Credit Card Statement dated within past 30 days
- Current Vehicle Registration
- Vehicle Tax Bill, Property Tax Bill, W-2 OR Medicaid Card dated within past year

4. Proof of Household Income

ONE of the following items is required:

- Most recent check stubs or if paid cash, a statement from current employer with employee name, hours worked, and weekly gross income. Include business name and supervisor's signature.
- If self-employed, submit bank statements that indicate your monthly income (draw), 1099 or tax records.
- Award letters from the Social Security Administration.
- Award letters from the Employment Security Commission
- If child receives WIC, Food Stamps (SNAP), or Medicaid please provide documentation.
- W-2 /Tax Returns for 2018 are accepted if employment situation has not changed.

IMPORTANT

Immunization Records and a Recent Physical (within one year) are due on the first day of school.

OR Copy of one of the following items:

- Letter from approved agency
- Refugee resettlement letter
- Copy of Charlotte Housin Authority lease
- Letter/ Statement from hotel or motel if possible.

Send or bring in application and required documentation to:

MECK Pre-K

601 E. 5th Street, Suite 200
Charlotte, NC 28202
info@meckprek.org
FAX: 704-377-1824
PHONE: 704-943-9585

**Please keep this page
for future reference**



2019-2020 MECK Pre-K Application Form

All required documentation must be provided. Incomplete applications will not be processed.

Child's Information *Please print clearly*

First Name:	Middle	Last
Child is called:		

Complete Address: Street	City	State	Zip Code
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Age: _____ <small>Child must be 4 by August 31, 2019</small>	Child's Birthday ____/____/____ <small>Month Day Year</small>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Does this child have a parent who is actively serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes Branch of military _____
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Child Lives With: *provide copies of legal documents

Both parents
 Mother
 Father
 Legal Guardian*
 Foster Parent *

Race: (check ALL that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other(specify): _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
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Family Information *Complete each line*

Mother/Stepmother/Female Guardian's Full Name (circle which)	Email – <i>print clearly</i>
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Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child	Allowed to pick up from school <input type="checkbox"/> Yes <input type="checkbox"/> No (provide legal documentation)
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Home Phone:	Cell Phone:	Work Phone:
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Education Completed

<input type="checkbox"/> In high school or GED Program	<input type="checkbox"/> In post- secondary education/vocational training	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Completed high school or GED	<input type="checkbox"/> Completed/post- secondary education/vocational training	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctoral Degree

Income

<input type="checkbox"/> In Job Training	<input type="checkbox"/> Unemployed /Seeking Employment	Last month of employment in 2019	Avg. Gross to date (provide latest check stubs/bank statements) \$
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<input type="checkbox"/> Employed # hours per week? _____ Employer	Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly \$
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<input type="checkbox"/> Self employed Name of business & type of service	Avg. Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly \$
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<input type="checkbox"/> Alimony	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Child Support (for applicant only)	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Food Nutrition Services or WIC	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Unemployment/Workman's Compensation	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Disability	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Rent Subsidy/Utility Allowance	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Family Support	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly

If unemployed –I certify that the person named above is unemployed and provides no income of any kind. The person or source for the family's basic living expenses is:

If this information is found to be false, I understand that my child's participation may be terminated. _____

INITIAL HERE

Father/Stepfather/Male Guardian's Full Name (circle which):		Email – <i>print clearly</i>
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Allowed to pick up from school <input type="checkbox"/> Yes <input type="checkbox"/> No (provide legal documentation)
Home Phone:	Cell Phone:	Work Phone:

Education Completed			
<input type="checkbox"/> In high school or GED Program	<input type="checkbox"/> In post- secondary education/vocational training	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Completed high school or GED	<input type="checkbox"/> Completed/post- secondary education/vocational training	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctoral Degree

Income			
<input type="checkbox"/> In Job Training	<input type="checkbox"/> Unemployed /Seeking Employment	Last month of employment in 2019	Avg. Gross to date (provide latest check stubs/bank statements) \$

<input type="checkbox"/> Employed # hours per week? _____	Employer	Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly \$
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<input type="checkbox"/> Self employed	Name of business & type of service	Avg. Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly \$
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<input type="checkbox"/> Alimony	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
<input type="checkbox"/> Child Support (for applicant only)	\$_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
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If this information is found to be false, I understand that my child's participation may be terminated. _____

INITIAL HERE

Emergency Contact Information- Please provide information for contacts, other than parents/legal guardians		
<hr/>		
Name	Relationship	Phone
<hr/>		
Name	Relationship	Phone
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Name of other siblings in home (18 years of age and younger)	Date of Birth	Relationship to the applicant	Participates in Free Lunch Program and/or Medicaid
1.		<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Does your child have a chronic health condition, or a significant health concern diagnosed by a doctor? No Yes explain

Does your child have an active Individual Education Plan (IEP)? No Yes (include a copy of medical support plan or IEP with application)

Does your child receive support services for speech, a special need or disability? No Yes

SERVICE

NAME OF PROVIDER/ LOCATION

- Speech _____
- Occupational Therapy (OT) _____
- Physical Therapy (PT) _____
- Other _____

Do you have a concern about your child's development (learning, speech, hearing, behavior or physical development)? No Yes Please

Describe:

Has the child moved more than twice in the past 12 months? No Yes

Does child participate in Medicaid and/or free lunch program? No Yes

Does the child have a history of being abused or exposed to domestic or neighborhood violence? No Yes

How often do you read to your child? Daily A few times a week Rarely Never

Do any of these descriptions/feelings apply to you (parent)? Distressed Sad Lonely Angry Depressed Helpless Numb
 Lacking Self Esteem Substance Abusing Anxiety (feeling pressured, stressed, or can't relax)

Home Language Survey

What primary language does the child speak? _____ Second language? _____ Most often?*

What is the primary language of the **Mother/Female Guardian**? _____ Second language? _____

What is the primary language of the **Father/Male Guardian**? _____ Second language? _____

Childcare and Transportation Information

Who cares for this child during the day **now**? (babysitter, grandparent, childcare center (write name), parent)

Has this child attended licensed childcare in the last 12 months? Yes No

If your child is attending a licensed childcare center, is your child enrolled full or part time? Full time Part time

- I need after school care **
- I need childcare during school breaks**
- I currently receive childcare subsidy/voucher
- I have reliable transportation
- I am interested in transportation services**

**** MECK Pre-K is a free public pre-kindergarten program for income eligible families. MECK Pre-K is a 6 ½ hour day program with classes ending no later than 2:30pm. If you need childcare before or after the MECK Pre-K program, you are strongly encouraged to coordinate with your MECK Pre-K provider and to contact CCRI to explore options for afterschool and care during school breaks. Working parents may apply for childcare subsidy (voucher) to help plan for after school care or coverage during school breaks call CCRI at 704-376-6697.**

MECK Pre-K does not provide transportation. Some MECK Pre-K sites offer limited transportation services for a fee. Transportation is not guaranteed, therefore parents are expected to provide transportation for their child to ensure they attend school regularly and on time daily.

How did you hear about MECK Pre-K?

- Billboard
- Facebook/Twitter/Instagram
- Magazine/Child Directory
- News/Radio
- Newspaper
- Church
- Child Care Center
- Word of Mouth
- Door Hanger
- Direct Mailing/Letter
- Child Care Resources Inc. (CCRI)
- DSS/Health Department/Social Worker
- CMS Referral
- Other _____

SIGNATURES AND AUTHORIZATION

Initial below

_____ I authorize partnering Pre-K agencies (Charlotte-Mecklenburg Public Schools, Smart Start of Mecklenburg County and Bethlehem Center of Charlotte) to exchange information regarding my child for the purpose of determining eligibility for state and federally funded Pre-k Programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education.

_____ I give my permission for Meck Pre-K and Meck Pre-K teachers and/or classroom support staff to share documents, discuss my child's progress and needs for classroom or outside support.

_____ I understand that this application is for possible enrollment, I will be notified if my child is eligible and placement is not guaranteed.

_____ I give permission for my child to be photographed and/or videotaped for display, scrapbook, newspaper articles, and television broadcast and/or posting to social media pages or websites.

_____ I agree that my child will attend Meck Pre-K on time and on a regular basis.

_____ I will work as a team with my child's site and teachers to help prepare my child for future **success**.

Deliberate misrepresentation may subject me to prosecution under applicable NC state laws. My application packet is complete, and income is reported correctly. I certify that I am the parent/legal guardian of the child whose name appears on this application

Parent/Legal Guardian Signature _____ Date _____



Complete application packets may be mailed or returned to:

**MECK Pre-K Program
 Child and Family Services Building
 601 E. Fifth Street, Suite 200
 Charlotte NC 28202**

**Phone: 704-943-9585
 FAX: 704-377-1824
 EMAIL: info@MeckPreK.org**