

MECK Pre-K Application 2020/2021 Required Documentation



1. Completed Application

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

2. Proof of Child's Date of Birth and Legal Name

Children must be four years old on or before August 31.

3. Parent ID

We need one copy of a photo ID from the parent or guardian who is applying. It can be any form of official government ID from any country as long as it has your picture and name on it.

4. 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.

OR

Copy of one of the following items:

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

5. Proof of Household Income

Due to COVID-19, Mecklenburg County has lifted the income restrictions for the 2020-2021 school year. Proof of household income is still required.

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 2019 are accepted if employment situation has not changed.

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



2020-2021 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

Age:

Child must be 4 by August 31, 2020

Child's Birthday

____/____/____
Month Day Year

Sex: ☐ M ☐ F

Does this child have a parent who is actively serving in the military? ☐ No ☐ Yes

Branch of military _____

Race: (check ALL that apply):

☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander ☐ Other(specify): _____

Ethnicity:

☐ Hispanic/Latino
☐ Non-Hispanic/Latino

Family Information

Complete each line

Child Lives With: *provide copies of legal documents

☐ Both parents ☐ Mother ☐ Father ☐ Legal Guardian* ☐ Foster Parent *

Mother/Stepmother/Female Guardian's Full Name (select which):

Email – print clearly

Home Phone:

Cell Phone:

Work Phone:

Father/Stepfather/Male Guardian's Full Name (select which):

Email – print clearly

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact Information- Please provide information for 3 contacts, other than parents/legal guardians

Provide legal documentation if allowed to pick up from school

☐ Yes ☐ No

Name Relationship to Child Phone/email

Provide legal documentation if allowed to pick up from school

☐ Yes ☐ No

Name Relationship to Child Phone/email

Provide legal documentation if allowed to pick up from school

☐ Yes ☐ No

Name Relationship to Child Phone /email

Name of other siblings in home (18 years of age and younger)	Date of Birth	Relationship to Child	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

Parent/Guardian information				
Mother /Stepmother /Female Guardian's Full Name (select which)				
Education Completed				
<input type="checkbox"/> Less than high school or GED		<input type="checkbox"/> In high school/getting GED/in vocational training		<input type="checkbox"/> Associates 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"/> Master's Degree
				<input type="checkbox"/> Doctoral Degree
Income				
<input type="checkbox"/> In Job Training	<input type="checkbox"/> Unemployed /Seeking Employment	Last Month/Year of employment		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 \$
<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 \$
<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. _____ <div style="text-align: right;">INITIAL HERE</div>
Father /Stepfather /Male Guardian's Full Name (select which):				
Education Completed				
<input type="checkbox"/> Less than high school or GED		<input type="checkbox"/> In high School/getting GED/in vocational training		<input type="checkbox"/> Associates 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"/> Master's Degree
				<input type="checkbox"/> Doctoral Degree
Income				
<input type="checkbox"/> In Job Training	<input type="checkbox"/> Unemployed /Seeking Employment	Last Month/Year of employment		Avg. Gross to date (provide latest check stubs/bank statements) \$
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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 \$
<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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<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
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<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. _____ <div style="text-align: right;">INITIAL HERE</div>

Additional Information

Does your child have a chronic health condition, or a significant health concern diagnosed by a doctor? ☐ No ☐ Yes. Please 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 hours 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?

- | | |
|---|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Word of Mouth from Friend or Family Member |
| <input type="checkbox"/> Facebook/Twitter/Instagram | <input type="checkbox"/> Valerie C. Woodard Center/Community Resource Center
At Freedom Drive |
| <input type="checkbox"/> Magazine/Child Directory | <input type="checkbox"/> Direct Mailing/Letter |
| <input type="checkbox"/> Local News Coverage | <input type="checkbox"/> Child Care Resources Inc. (CCRI) |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> DSS/Health Department/Social Worker |
| <input type="checkbox"/> Church | <input type="checkbox"/> CMS Referral |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> MECK Pre-K Information table at Community Events |
| <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radio Advertisement | |

SIGNATURES AND AUTHORIZATION

Initial below

_____ I authorize partnering Pre-K agencies (Charlotte-Mecklenburg Public Schools, Smart Start of Mecklenburg County, Bethlehem Center of Charlotte, Mecklenburg County/Department of Social Service (DSS), and Child Care Resources Inc. (CCRI)) 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 all scheduled school days.

_____ 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



Child's Name (Nombre del niño): _____

Date (Fecha): _____



2020-2021 Site Locations

Ubicaciones de los sitios para el 2020-2021

Please select 3 locations from front and back and rank them from 1-3 in preference (1 being the highest)

Favor de seleccionar del 1 al 3 sus locales preferidos del frente y detrás de la página (con el 1 siendo el más deseable)

ZIP CODE CÓDIGO POSTAL	SCHOOL ESCUELA
28078	Cadence Academy - Eastfield 12330 Eastfield Road Charlotte, NC 28078 704-948-4290
	Cadence Academy - Kenton 16420 Sedgebrook Lane Huntersville, NC 28078 704-655-7336
	University Child Development Center - Northcross 16701 Northcross Drive Huntersville, NC 28078 704-896-8942
28105	Child Care Network #96 210 Pineville Matthews Road Matthews, NC 28105 704-845-9019
	Smart Kids Child Development Center #7 1208 Sam Newell Road Matthews, NC 28105 980-339-5387
28203	Bethlehem Center Head Start - Southside 2617 Baltimore Avenue Charlotte, NC 28203 704-371-6470
28204	Smarty Pants Full Day Preschool 1409 East 7th Street Charlotte, NC 28204 704-503-9869
28205	Child care Network #95 5026 Monroe Road Charlotte, NC 28205 704-405-1601
	Little Sprouts Day Academy 1304 Eastway Drive Charlotte, NC 28205 704-537-8740
28206	Bethlehem Center Head Start - Brightwalk 1240 Badger Court Charlotte, NC 28206 980-237-0020
	Bethlehem Center Head Start - Oaklawn 1920 Stroud Park Court Charlotte, NC 28206 704-334-1974

ZIP CODE CÓDIGO POSTAL	SCHOOL ESCUELA
28208	Absolute Child Care 4111 Freedom Drive Charlotte, NC 28208 704-393-0432
	Bright Future Learning Center 2815 Greenland Avenue Charlotte, NC 28208 704-393-8001
	Dixon Academy of Charlotte 2608 West Blvd Charlotte, NC 28208 704-391-9875
28209	Child Care Network #97 651 Woodlawn Road Charlotte, NC 28209 704-523-9295
28210	Child Care Network #55 6418 Park South Drive Charlotte, NC 28210 704-551-1041
	Early Foundations Academy 7727 Sharon Lakes Road Charlotte, NC 28210 704-643-9890
28211	Bethlehem Center Head Start - McAlpine 8310 McAlpine Park Drive Charlotte, NC 28211 704-266-8215
28212	The Learning Tree Enrichment Academy 5500 Starkwood Drive Charlotte, NC 28212 704-563-8475
28213	Child Care Network #54 430 W. Sugar Creek Road Charlotte, NC 28213 704-597-0191
	Child Care Network #94 8216 University Ridge Drive Charlotte, NC 28213 704-598-1911
	Nana's Place University 1825 Back Creek Drive Charlotte, NC 28213 704-597-3900

CONTINUES ON BACK SIDE
CONTINÚA AL OTRO LADO

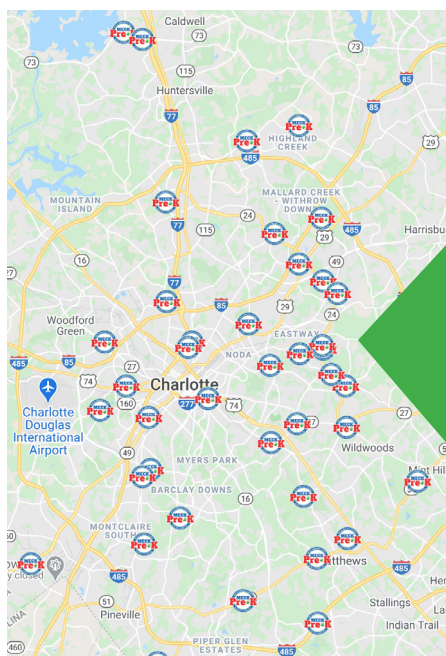
Child's Name (Nombre del niño): _____

Date (Fecha): _____



ZIP CODE CÓDIGO POSTAL	SCHOOL ESCUELA
28215	ABC Academy 4821 East W. T. Blvd Charlotte, NC 28215 704-567-1655
	Charlotte Bilingual Preschool 6300 Highland Ave Charlotte, NC 28215 704-535-8080
	Genesis One Full Day Preschool 4700 East W.T. Harris Blvd Charlotte, NC 28215 704-564-8190
	Pee Wee's Little People 5747 Joyce Drive Charlotte, NC 28215 701-566-0440
	Smart Kids Child Development Center #8 7008-7 East W. T. Harris Blvd Charlotte, NC 28215 704-568-7817
28216	Cadence Academy Northlake 9206 Reames Road Charlotte, NC 28216 704-596-0000
	Marizetta Kerry Child Development Center 3301 Beatties Ford Road Charlotte, NC 28216 704-391-3871
28217	Child Care Network #53 5017 South Blvd Charlotte, NC 28217 704-405-1024
28227	Child Care Network #91 7207 Lawyers Road Charlotte, NC 28227 704-531-2024
	The Sunshine House #109 5825 Phyliss Lane Mint Hill, NC 28227 704-573-9595
28262	Cadence Academy -Mallard Glen 9625 Mallard Glen Road Charlotte, NC 28262 704-549-4344
	Kids R Kids #5 2115 Ben Craig Drive Charlotte, NC 28262 704-503-4001
	University Child Development Center - University Executive 8303 University Executive Park Drive, #450 Charlotte, NC 28262 704-549-4029

ZIP CODE CÓDIGO POSTAL	SCHOOL ESCUELA
28269	University Child Development Center - Highland Creek 6025 Clarke Creek Parkway Charlotte, NC 28269 704-875-3338
28270	Cadence Academy Preschool -McKee 3200 McKee Road Charlotte, NC 28270 704-847-0046
28273	Smart Kids Child Development Center #9 13210 South Point Blvd Charlotte, NC 28273 980-236-8378
28277	Cadence Academy - Ballantyne 14325 Ballantyne Meadows Parkway Charlotte, NC 28277 704-544-1187
	Cadence Academy Preschool -Raintree 8010 Strawberry Lane Charlotte, NC 28277 704-543-0118



MeckPreK.org
Interactive
location map
(mapa interactivo)

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Siga a MECK Pre-K



Follow us on Facebook, Twitter and Instagram to keep up with all the latest MECK Pre-K news and to show your support for MECK Pre-K in Mecklenburg County!

Call or visit MECK Pre-K
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