

# MECK Pre-K Application 2021-2022 Required Documentation



## 1. Completed Application

You can complete an application online at [MeckPreK.org](https://MeckPreK.org) or complete a paper application.

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

Document must have child's legal name and birth date such as on a birth certificate or passport. Additional accepted documents can be found at [MeckPreK.org/meck-pre-k-enrollment](https://MeckPreK.org/meck-pre-k-enrollment) or by calling the MECK Pre-K office at 704-943-9585. Children must be four years old on or before August 31.

## 3. Proof of Parent Identity

- Any form of Government or State photo identification
- State issued ID card
- State issued driver's license
- Passport or Passport Card

## 4. Current Proof of Mecklenburg County Residency (minimum two documents)

**Please submit one of the following documents:**

- Copy of residential deed OR record of most recent residential mortgage statement
- Notarized Residency Affidavit AND copy of mortgage statement, deed or lease from homeowner/leaseholder affirming tenancy
- Copy of residential lease
- HUD closing statement

**Also, please submit one of the following documents:**

- Any ONE utility bill or work order dated within the past 30 days, including: gas, water, electric, telephone, OR cable
- Valid North Carolina Driver's License OR Valid North Carolina Identification Card
- Dated within the past 30 days: Payroll Stub, Bank Statement OR Credit Card Statement
- Current Vehicle Registration
- Dated within the past year: Vehicle Tax Bill, Property Tax Bill, W-2 OR Medicaid Card

**If you don't have any of the documents above, please submit one of the following documents:**

- Letter from approved agency (group home)
- Refugee resettlement letter
- Copy of Charlotte Housing Authority lease

## 5. Proof of ALL Current Household Income

**Please submit at least one of the following documents:**

- Two Consecutive pay stubs (within past 60 days)
- Tax returns
- W-2 OR 1099
- SS/SSI benefit letter
- Unemployment or Disability statement
- Child support documentation
- Letter from employer

If you don't have these documents, visit [MeckPreK.org/meck-pre-k-enrollment](https://MeckPreK.org/meck-pre-k-enrollment) for more information.

## 6. Proof of Military Status (if applicable)

Children of military families may receive priority during the enrollment process.

**Please submit one of the following documents:**

- Leave and Earnings Statement
- Active Military ID



### PLEASE REMEMBER

Immunization records and a recent physical (within one year) are due within 30 days of starting school.

**Apply online at  
MeckPreK.org  
or submit your  
application and  
documents to  
MECK Pre-K at:**

### MECK Pre-K

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



# 2021-2022 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 (nick name)  | Age:<br><br><i>Child must be 4 by August 31, 2021</i> | Child's Birthday<br>____/____/____<br>Month Day Year   |       | Sex: <input type="checkbox"/> M <input type="checkbox"/> F  |
| <b>Race:</b> (check ALL that apply):<br><input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other(specify): _____ |   |  |       | <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Non-Hispanic/Latino |
| What primary language does the child speak? _____ Second language? _____ Most often? _____   |   |  |       |   |
| Child's Relationship to Parent/Guardian:   |   | <b>Child Lives With: *provide copies of legal documents</b><br><input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Foster Parent * |       |   |
| <b>Complete Address:</b> Street _____ City _____ State _____ Zip Code _____  |   |  |       |   |

## Family Information

Complete each line

|  |                  |   |  |
|--|------------------|---|--|
| Mother/Stepmother/Female Guardian's Full Name (circle one)   |                  | Email – <i>print clearly</i>  |  |
| <b>Education:</b><br><input type="checkbox"/> Less than high school or GED <input type="checkbox"/> In post-secondary education/vocational training <input type="checkbox"/> Associates Degree <input type="checkbox"/> Master's Degree<br><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 |                  |   |  |
| Primary Language:  | Second Language: | Actively serving in the military <input type="checkbox"/> No <input type="checkbox"/> Yes |  |
| Home Phone:  | Cell Phone:      | Branch of military _____<br>Work Phone: _____   |  |
| Father/Stepfather/Male Guardian's Full Name (circle one)   |                  | Email – <i>print clearly</i>  |  |
| <b>Education:</b><br><input type="checkbox"/> Less than high school or GED <input type="checkbox"/> In post-secondary education/vocational training <input type="checkbox"/> Associates Degree <input type="checkbox"/> Master's Degree<br><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 |                  |   |  |
| Primary Language:  | Second Language: | Actively serving in the military <input type="checkbox"/> No <input type="checkbox"/> Yes |  |
| Home Phone:  | Cell Phone:      | Branch of military _____<br>Work Phone: _____   |  |

## Sibling Information

| Name of siblings in living 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 |

|  |  |  |  |
|--|--|--|--|
| <b>Mother /Stepmother /Female Guardian (circle which)</b>  |  |  |  |
| <b>Income</b>  |  |  |  |
| <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)<br>\$  |  |
| <input type="checkbox"/> Employed<br>Name of Employer _____<br># hours work per week _____   |  | Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br>\$  |  |
| <input type="checkbox"/> Self employed<br>Name of business & type of service _____   |  | Avg. Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br>\$   |  |
| <input type="checkbox"/> Alimony<br><input type="checkbox"/> Child Support (for applicant only)<br><input type="checkbox"/> Food Nutrition Services or WIC<br><input type="checkbox"/> Unemployment/Workman's Compensation<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Rent Subsidy/Utility Allowance<br><input type="checkbox"/> Family Support<br><input type="checkbox"/> SSI<br><input type="checkbox"/> TANF | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly | <p><b>If unemployed</b> –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 _____.</p> <p>If this information is found to be false, I understand that my child's participation may be terminated. _____</p> <p style="text-align: right;">INITIAL HERE</p> |

|  |  |   |  |
|--|--|---|--|
| <b>Father /Stepfather /Male Guardian (circle which)</b>  |  |   |  |
| <b>Income</b>  |  |   |  |
| <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)<br>\$   |  |
| <input type="checkbox"/> Employed<br>Name of Employer _____<br># of hours work per week _____  |  | Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br>\$   |  |
| <input type="checkbox"/> Self employed<br>Name of business & type of service _____   |  | Avg. Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br>\$  |  |
| <input type="checkbox"/> Alimony<br><input type="checkbox"/> Child Support (for applicant only)<br><input type="checkbox"/> Food Nutrition Services or WIC<br><input type="checkbox"/> Unemployment/Workman's Compensation<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Rent Subsidy/Utility Allowance<br><input type="checkbox"/> Family Support<br><input type="checkbox"/> SSI<br><input type="checkbox"/> TANF | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly | <p><b>If unemployed</b> –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 _____.</p> <p>If this information is found to be false, I understand that my child's participation may be terminated. _____</p> <p style="text-align: right;">INITIAL HERE</p> |

|  |                     |                     |  |
|--|---------------------|---------------------|--|
| <b>Emergency Contact Information</b>   |                     |                     | <b>Please provide information for 3 contacts, other than parents/legal guardians</b> |
| Allowed to pick up from school, if so, provide legal documentation<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                     |  |
| <b>Name</b>  | <b>Relationship</b> | <b>Phone/email</b>  |  |
| Allowed to pick up from school, if so, provide legal documentation<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                     |  |
| <b>Name</b>  | <b>Relationship</b> | <b>Phone/email</b>  |  |
| Allowed to pick up from school, if so, provide legal documentation<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                     |  |
| <b>Name</b>  | <b>Relationship</b> | <b>Phone /email</b> |  |

### 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 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

Explain: \_\_\_\_\_

Has the child moved more than twice in the past 12 months? ☐ 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

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

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)

### Childcare and Transportation Information

Is child currently receiving childcare subsidy/voucher? ☐ Yes ☐ No

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

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

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

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

☐ I need before school care\*\*

☐ I need after school care\*\*

☐ I need childcare during school breaks\*\*

☐ I am interested in transportation services\*\*

☐ I have reliable transportation

**\*\* 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 2:30 pm. 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<br>At Freedom Drive |
| <input type="checkbox"/> Internet Search            | <input type="checkbox"/> Child Care Resources Inc. (CCRI)  |
| <input type="checkbox"/> Magazine/Child Directory   | <input type="checkbox"/> DSS/Health Department/Social Worker                                     |
| <input type="checkbox"/> Local News Coverage        | <input type="checkbox"/> CMS Referral  |
| <input type="checkbox"/> Church                     | <input type="checkbox"/> MECK Pre-K Information table at Community Events                        |
| <input type="checkbox"/> Child Care Center          | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> TV Commercial              |  |
| <input type="checkbox"/> Radio Advertisement        |  |

**SIGNATURES AND AUTHORIZATION**

**Please place your initials on the lines below to indicate that you understand what you have read and are in agreement**

I authorize partnering Pre-K agencies (Charlotte-Mecklenburg Public Schools, Smart Start of Mecklenburg County, Alliance 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 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](mailto:info@MeckPreK.org)**



Child's Name (Nombre del niño): \_\_\_\_\_

Date (Fecha): \_\_\_\_\_



# 2021 MECK Pre-K Locations\*

## Ubicaciones de los locales para el 2021\*

Please select three locations from the front and back of the page and rank them from 1 to 3 in preference (1 being the highest). If you wish to apply online, visit [MeckPreK.org](http://MeckPreK.org). You will be prompted to select your locations online.

Seleccione tres ubicaciones de ambas caras de la página y califíquelas del 1 al 3 según su preferencia (1 es la de mayor preferencia). Si quiere inscribirse en línea, visite [MeckPreK.org](http://MeckPreK.org). Se le pedirá que seleccione las ubicaciones en línea.

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

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

CONTINUES ON BACK SIDE  
CONTINÚA AL OTRO LADO



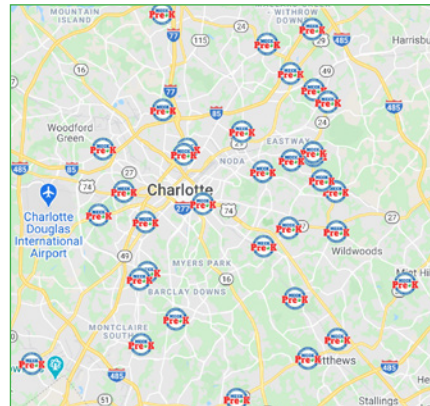
Child's Name (Nombre del niño): \_\_\_\_\_

Date (Fecha): \_\_\_\_\_



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

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



Visit [MeckPreK.org](http://MeckPreK.org) for an interactive locations map and to start an online application.

Visite [MeckPreK.org](http://MeckPreK.org) para ver un mapa interactivo de las ubicaciones y comience a completar la solicitud en línea.

### Follow MECK Pre-K



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

### Call or visit MECK Pre-K

601 E. 5th Street, Suite 200, Charlotte, NC 28202

704-943-9585 • [info@MECKPreK.org](mailto:info@MECKPreK.org) • [MECKPreK.org](http://MECKPreK.org)

### Siga a MECK Pre-K



Siganos en Facebook, Twitter, Instagram y YouTube para ver las últimas noticias de MECK Pre-K y para demostrar su apoyo a MECK Pre-K.

### Llame o visite MECK Pre-K

601 E. 5th Street, Suite 200, Charlotte, NC 28202

704-943-9585 • [info@MECKPreK.org](mailto:info@MECKPreK.org) • [MECKPreK.org](http://MECKPreK.org)