

2018-2019 Meck Pre-K Application

Meck Pre-K is a free, high quality program to strengthen four-year-old children's academic and social skills. Children attend a six and one-half hour program each day based on Charlotte Mecklenburg School's calendar. Please read eligibility and answers to frequently asked questions at: <u>http://www.smartstartofmeck.org/meckprek</u>

Your child's eligibilit	ty for Meck Pre-K cannot be determined without these documents (check off below):

This fully completed application form ____A Copy of Child's Birth Certificate

Proof of Residency (recent utility bill, insurance card, license, or bill with parent name/address)

Proof of household income (clearest picture of current income – recent check stubs, W-2 or 2017 tax return.

If paid cash, provide a signed statement from employer listing the employee's name, hours worked and weekly income with business name, supervisor's contact name and phone number for verification)

IMPORTANT - have these forms ready when your child begins class: recent shot records and a physical completed by your physician that is current within one year of child's first day of school.

Child's Information All information	helps with your child's elig	ibility and placement	Please print clea	arly
First Name:	Middle	La	st	
Child is called:				
Complete Address: Street	City		State Zip Co	ode
Age:/ Child must be 4 by August 31, 2018/ Month Day	/ Sex:] M 🗌 F	Language Child Usu	ally Speaks:
Race: (check ALL that apply): Black/African American		aska Native 🗌 Native : 🔲 Hispanic/Latino		Asian
Does this child have a parent who is actively serving in the		Yes Branch of military	•	
Child Lives With: Both parents Mother Father] Other [] F	-	uardian* 🔲 Legal Custodian* (*at	tach copies of legal documents)
Has this child attended childcare □ No □ Yes Atter (examples: Happy Childcare, mom, babysitter, relative, e **Meck Pre-K is a free program, but classes end by 2: during school breaks. Working parents may apply for I need after school care □ No □ Yes I need	ic.)	care before or after the N Ip with after school care of	leck Pre-K day, please have a p	lan for after-school or care Ill CCRI at 704-376-6697 .
Does your child have a chronic health condition, or a significant	nealth concern diagnosed by a docto	? 🗌 No 📄 Yes explain		
Does your child have an active Individual Education Plan (IEP)? 🗌 No 🗋 Yes (If over income eligibility, include a copy of medical support plan or IEP with application)				
Does your child receive support services for speech, a special n	eed or disability? ☐ No ☐ Yes*	*(Optional)	_speechOT	PT
Where? Private serv	ce provider (list here):			
Do you have a concern about your child's development (learning	, speech, hearing, or behavior)? 🔲	No 🔲 Yes Please Describ	e:	
Print Family Information Clearly Complete each line				
Mother/Stepmother/Female Guardian's Full Name (cir	cle which):			
Complete Address: (Street, City, State, Zip Code) Same as child Own Rent Live with family member				
Home Phone:	Work Phone:		Cell Phone:	
Email – <i>print clearly</i> :		Employer	Weekly G \$	ross (before tax) Income
Check ALL that apply:	yed Looking for work	Attending College	Other	
	In High School/GED program	In Job Training		
Father/ Stepfather/ Male Legal Guardian's Full Name		Birth Fathe	r Currently Married t	o Birth Mother
Complete Address: (Street, City, State, Zip Code)	Same as child	Provides Child Support	of \$ Per Week	Per Month
Home Phone:	Work Phone:		Father's Cell #:	

Father's Email:	Employer	Father's Weekly Gross (before tax) Income \$
Employed How many hours per week?	Check all that apply: Unemployed Looking for work	
Works Seasonal hours?		

List parents, step-parents, legal quardians, brothers*, sisters*, half-brothers* and sisters*, step brothers* and sisters* living in child's home.

	Clearly Print	First and Last Name	Relationship to the Pre-K Child – Birthdate & age	Where do siblings attend school?	
1.					
2.					
3.					
4.					
5.					
6.					
L					

Total number of family members listed above (include Meck Pre-K student) _

Emergency Contact Information REQUIRED - do not list parent here					
Emergency Contact:			Relationship to	Child:	
Home Phone:	Work Phone:		Mobile Phone:		
Home Language Survey	Your child will be assessed in the languag	e you list below*	Please	e answer with this in mind	
What primary language does the child speak?	Second language?		Most often?	2*	
What is the primary language of the Mother?	Second language?	Primary/ Fat	her?	Second language?	
Additional notes or site requests:				.	

If unemployed - my signature below certifies that I am unemployed and have no income of any kind. The person or source for our basic living expenses is:

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

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. Deliberate misrepresentation may subject me to prosecution under applicable NC state laws. 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, and will be notified if my child is eligible. I give permission for my child to be photographed and/or videotaped for display, scrapbook, newspaper articles, 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 read with my child every day to support vocabulary and language development. I will work as a team with my child's site and teachers to help prepare my child for future success.

Primary Parent/Legal Guardian Signature (required): X____

Date _

