



REQUIRED FIELDS

Section I	<i>Please print legibly and enter your entire legal name as it appears on your social security card.</i>		
Teacher's First Name	Middle Name	Maiden Name	Last Name

I am changing **Personal Demographics (Section II)** **Site Change (Section III)**

Section II	Personal Demographics: <i>Please print legibly and enter your entire legal name as it appears on your social security card.</i>		
First Name	Middle Name	Maiden Name	Last Name
Home Mailing Address		City	State
			NC
Home Phone Number	Cell Phone Number	Email Address	
- -	- -	@	

Section III	Site Change: <i>Please print legibly or type</i>		
Type of Program or Facility <input type="checkbox"/> Private Child Care <input type="checkbox"/> Head Start <input type="checkbox"/> Developmental Day			
I teach <input type="checkbox"/> Meck Pre-K <input type="checkbox"/> NC Pre-K <input type="checkbox"/> Preschool <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Other _____			
Site Name		Hire Date (MM/DD/YYYY)	
		/ /	
Site Physical Address		City	County
Site Phone Number		Site Fax Number	
- -		- -	
Primary Site Administrator / Director Name		Email	Phone Number
		@	- -
Secondary Site Administrator / Director Name		Email	Phone Number
		@	- -

This form must be completed, signed and dated by the applicant. I attest to the accuracy of the above information.

Signature

Date

Mailing Address: Attn: EESLPD Enrollment Specialist, Meck Pre-K, 2201 Mail Service Center, Raleigh, NC 27699-2200

Fax Number: (919) 715-0920

Applicants should retain a copy of this form.