



# 2023-2024 MECK Pre-K Application Form

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

## Child's Information Please print clearly

<b>First Name:</b> Child is called:	<b>Middle:</b>	<b>Last:</b>
<b>Age:</b> _____ <i>Child must be 4 by August 31, 2023</i>	Child's Birthday ____/____/____ Month Day Year	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<b>Race:</b> (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): _____		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
What primary language does the child speak? _____ Second language? _____ Most often? _____		
<b>Child's Relationship to Parent/Guardian:</b>	<b>Child Lives With: *provide copies of legal documents</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Foster Parent*	
Do you share custody or have a joint custody agreement for the child? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Complete Address:</b>	Street	City    State    Zip Code

## Family Information Complete each line

<b>Mother/Stepmother/Female Guardian's Full Name (circle which)</b>	Email – <i>print clearly</i>
Education Completed: <input type="checkbox"/> Less than high school <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	
Primary Language:	Second Language:    Actively serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes Branch of military _____
Home Phone:	Cell Phone:    Work Phone:
<b>Father/Stepfather/Male Guardian's Full Name (circle which)</b>	Email – <i>print clearly</i>
Education Completed: <input type="checkbox"/> Less than high school <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	
Primary Language:	Second Language:    Actively serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes Branch of military _____
Home Phone:	Cell Phone:    Work Phone:

## Sibling Information

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

Mother /Stepmother /Female Guardian (circle which)			
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	<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>
<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	

Father /Stepfather /Male Guardian (circle which)			
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 \$ _____
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<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	

Emergency Contact Information			
Please provide information for 3 contacts, other than parents/legal guardians			
			Allowed to pick up from school?
Name _____	Relationship _____	Phone/email _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Relationship _____	Phone/email _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Relationship _____	Phone /email _____	<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 receive support services for speech, a special need or disability?  No  Yes

SERVICE	NAME OF PROVIDER/ LOCATION
<input type="checkbox"/> Speech	_____
<input type="checkbox"/> Occupational Therapy (OT)	_____
<input type="checkbox"/> Physical Therapy (PT)	_____
<input type="checkbox"/> 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)

Please check any of the statements below that apply to you (parent/guardian):

- In the past two weeks, I have found myself easily frustrated
- I feel nervous when I am around large crowds
- It is hard for me to get negative thoughts out of my head
- It is hard for me to focus or concentrate
- I have difficulties falling asleep and staying asleep
- I feel lonely
- In the past month, I am sad more than I am happy
- I want to stop using drugs and alcohol

**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 four-year-old children in Mecklenburg County. 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?**

- Billboard
- Facebook/Twitter/Instagram
- Internet Search
- Magazine/Child Directory
- Local News Coverage
- Church
- Child Care Center
- TV Commercial
- Radio Advertisement
- Word of Mouth from Friend or Family Member
- Valerie C. Woodard Center/Community Resource Center At Freedom Drive
- Child Care Resources Inc. (CCRI)
- DSS/Health Department/Social Worker
- CMS Referral
- MECK Pre-K Information table at Community Events
- Other \_\_\_\_\_

**SIGNATURES AND AUTHORIZATION**

**Initial below**

\_\_\_\_\_ I authorize partnering Pre-K agencies (Charlotte-Mecklenburg Public Schools, Smart Start of Mecklenburg County, Alliance Center for Education, 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 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**.

\_\_\_\_\_ I have accurately described the existing custody arrangement of my child(ren). I also recognize a copy of any custody agreement must be provided to MECK Pre-K's staff, and I must provide a new copy if any modifications are made during the school year.

**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)**

