



2024-2025 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: Child is called:	Middle:	Last:
Age: <i>Child must be 4 by August 31, 2024</i>	Child's Birthday ____/____/____ Month Day Year	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Race: (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): _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
What primary language does the child speak? _____ Second language? _____ Most often? _____		
Child's Relationship to Parent/Guardian:	Child Lives With: *provide copies of legal documents <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		
Complete Address:	Street	City State Zip Code

Family Information

Complete each line

Mother/Stepmother/Female Guardian's Full Name (circle which)		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:
Father/Stepfather/Male Guardian's Full Name (circle which)		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 \$
<input type="checkbox"/> Employed		Employer	Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly \$
# Hours per week? _____			
<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>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: _____.</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 \$
<input type="checkbox"/> Employed		Employer	Gross Income (before tax) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly \$
# Hours per week? _____			
<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>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: _____.</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>
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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?
<hr/> Name	<hr/> Relationship	<hr/> Phone/email	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> Name	<hr/> Relationship	<hr/> Phone/email	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> Name	<hr/> Relationship	<hr/> 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):

- | | |
|---|---|
| <input type="checkbox"/> In the past two weeks, I have found myself easily frustrated | <input type="checkbox"/> I feel nervous when I am around large crowds |
| <input type="checkbox"/> It is hard for me to get negative thoughts out of my head | <input type="checkbox"/> It is hard for me to focus or concentrate |
| <input type="checkbox"/> I have difficulties falling asleep and staying asleep | <input type="checkbox"/> I feel lonely |
| <input type="checkbox"/> In the past month, I am sad more than I am happy | <input type="checkbox"/> 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?

- | | |
|---|--|
| <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"/> 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**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.

_____ MECK PreK students have the right to access free developmental screenings. These screenings provide MECK Pre-K an avenue to identify a child's individual development so we can best prepare to educate him/her/them. Screenings may include assessing tasks and skills related to how a child communicates, how they use tools to navigate daily living tasks, and/or how they explore their environment, etc.

_____ A parent/guardian may revoke consent for developmental screening at any time and for any reason by emailing a written statement revoking consent for developmental screenings to info@meckprek.org. A statement of revocation of consent must include the student's full name and date of birth.

_____ I give my consent for my child to participate in free developmental screenings in the areas of speech and language, occupational, physical and cognitive development.

_____ I give my consent for my child's development screening results to be shared amongst MECK Pre-K staff (teacher, teacher's assistants, site administrators and internal MECK Pre-K Administrative staff) so they can best support his/her/their healthy development.

_____ 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
601 E. Fifth Street, Suite 200
Charlotte NC 28202

Phone: 704-943-9585 FAX: 704-377-1824 - EMAIL: info@MeckPreK.org

