NC PreK of Columbus Columbus County

NC PreK of Columbus County is administered by Columbus County Schools.

To participate in NC PreK your child must be four years old on or before August 31st of the current program year. All applications are subject to approval by NCDCDEE guidelines

Please complete the FULL application and include the following

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED

Documents	☐ Certified Birth Certificate ☐ Immunization Record (prior to school starting) ☐ Health Screening (prior to starting school)	PROOF OF INCOME	☐ Proof of Income - 30 consecutive days for all working adults in the home ☐ Proof of Public Assistance - Award letter from WIC, Medicaid, Food and Nutrition, SNAP or SSI
PROOF OF RESIDENCY	☐ Do you own or rent? Copy of deed, a mortgage statement, HUD closing statement or rental lease ☐ Do you live in someone else's home? Provide a notarized residency affidavit AND their mortgage statement, deed, or lease	PROOF OF RESIDENCY	☐ Utility Bill : Gas, Water, Electric, Phone or Cable OR ☐ Valid NC Drivers License or Identification Card

NORTH CAROLINA NC Pre-K Prekindergarten Program

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Child Development and Early Education

2026-2027 North Carolina Pre-Kindergarten Program

Revised Oct 2025

CHILD INFORMATION

Name of Child _____ Date of Birth _____
LAST FIRST MIDDLE

☐ Male ☐ Female Hispanic ☐ Yes ☐ No Race (check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

US Resident ☐ Yes ☐ No Columbus County Resident? ☐ Yes ☐ No Email address _____

911 Address _____ Mailing address _____
STREET CITY ZIP CODE (if different from 911 address)

Emergency Contact (if parent cannot be reached): _____
Name Phone # Address

Child lives with:

☐ Mother only ☐ Father only ☐ Both parents in the same home ☐ Joint Custody (50/50)

☐ Legal custodian ☐ Legal guardian (parental rights have been terminated) ☐ Other _____

Check any of the following that relate to this child.

☐ Child's first language is NOT English

☐ Parent/stepparent currently in the military ___ Active ___Reserve ___DAV ___ (Documentation will be required.)

☐ Child has a chronic health condition; developmental or educational need Specify: _____

☐ Child has an active Individualized Education Plan (IEP) and/or receive any of the following services:

☐ Speech Therapy ☐ Physical Therapy ☐ Occupational Therapy ☐ Mental Health Services

FAMILY INFORMATION

Mother's Name _____ Home & Cell Phone _____

Marital Status ☐ Single ☐ Married ☐ Separated (Documentation will be required) ☐ Divorced ☐ Living Together

Employer _____ Business Phone _____

If not employed check all that apply: ☐ Seeking Employment ☐ In High School/GED Program ☐ In College ☐ In Job Training

Father's Name _____ Home & Cell Phone _____

Marital Status ☐ Single ☐ Married ☐ Separated (Documentation will be required) ☐ Divorced ☐ Living Together

Employer _____ Business Phone _____

If not employed check all that apply: ☐ Seeking Employment ☐ In High School/GED Program ☐ In College ☐ In Job Training

Stepparent, Legal Guardian, Legal Custodian (if applicable):

Name _____ Relationship _____ Home/Cell Phone _____

Marital Status ☐ Single ☐ Married ☐ Separated (Documentation will be required) ☐ Divorced ☐ Living Together Employer _____ Business Phone _____

If not employed check all that apply: ☐ Seeking Employment ☐ In High School/GED Program ☐ In College ☐ In Job Training

Categorical / Financial Eligibility

Categorical Eligibility:

Section 1: Check all that apply ☐ Medicaid ☐ WIC ☐ Public Housing Assistance ☐ TANF/Work First ☐ SSI ☐ Food and Nutrition Services (Food Stamps) ☐ SNAP ☐ Experiencing Homelessness ☐ In Foster Care ☐ Receiving Refugee Services

If any of the above boxes are checked, please provide supporting documentation.

☐ **Letter/Statement from DSS regarding foster care placement or**
☐ **Public assistance enrollment/ award letter (less than 12 months old from time of application)**

If NO boxes were checked in Section 1 please complete Section 2 and provide the proper documentation

Section 2: Financial Eligibility

Mothers Current Wages BEFORE Taxes	**$**	☐ **Yearly** ☐ **Monthly** ☐ **Bi-Weekly** ☐ **Weekly**
Fathers Current Wages BEFORE Taxes	**$**	☐ **Yearly** ☐ **Monthly** ☐ **Bi-Weekly** ☐ **Weekly**
Stepparent's Current Wages BEFORE Taxes	**$**	☐ **Yearly** ☐ **Monthly** ☐ **Bi-Weekly** ☐ **Weekly**
Child Support or Alimony	**$**	☐ **Yearly** ☐ **Monthly** ☐ **Bi-Weekly** ☐ **Weekly**
Unemployment Wages Before Taxes	**$**	☐ **Yearly** ☐ **Monthly** ☐ **Bi-Weekly** ☐ **Weekly**

No Income Statement

I, _____(parent's name) certify that as the parent/legal Guardian_____(child's name) our family has zero annual gross income. Regular gross income may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, social security income and worker's compensation.

Parent/Legal Guardian(required)_____

Zero Income Statement (if applicable) **List other children living in the home:**

Name _____ **Age** _____ **Sibling** ☐ **Yes** ☐ **No** **School the child attends** _____
Name _____ **Age** _____ **Sibling** ☐ **Yes** ☐ **No** **School the child attends** _____
Name _____ **Age** _____ **Sibling** ☐ **Yes** ☐ **No** **School the child attends** _____
Name _____ **Age** _____ **Sibling** ☐ **Yes** ☐ **No** **School the child attends** _____

CHILD CARE INFORMATION

Has your child ever attended child care? ☐ **No** ☐ **Yes** **Where?** _____
Has your child ever attended Head Start? ☐ **No** ☐ **Yes** **Where?** _____
Is your child enrolled in child care now? ☐ **No** ☐ **Yes** **Where?** _____
Is your child enrolled in Head Start now? ☐ **No** ☐ **Yes** **Where?** _____

Does your child currently receive a child care subsidy? ☐ **Yes** ☐ **No**

I certify that the above information is true and correct and accurately reported. I understand this information is being given for the receipt of state funds; that officials may verify the information on this statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

Signature **Relationship to child** **Date**

Site Selection Form

Indicate your top 3 choices of NCPK sites in the order of preference by writing 1 for 1st, 2 for 2nd & 3 for 3rd. Your top choice cannot be guaranteed. NC PreK locations are subject to change.

	Child Care Centers		**Elementary Schools** **Priority given to children living within each school district**
	Faulk Kidland, Tabor City		**Acme Delco Elementary School**
	Kid Kare Academy, Whiteville		**Chadbourn Elementary School**
	Opening Doors, Whiteville		**Hallsboro Artesia Elementary School**
	Southeastern Community College Child Development Center, Whiteville		**Old Dock Elementary School**
			Tabor City School
			West Columbus School (serves Chadbourn, Cerro Gordo and Evergreen)
			Whiteville Primary School (must live in Whiteville City School District, No Exceptions)
			Williams Township School

Submit applications to any NC PreK Site or the Columbus County Board of Education

Columbus County Schools
Attention: Terri Ard, NC PreK Specialist
2586 James B. White Hwy N Building A
Whiteville NC 28472
910-642-5168 Ext. 24034

tard@columbus.k12.nc.us