



Information about the NC Pre-Kindergarten Program

Age Requirements	Child must turn 4 years old by 8/31/2024.
Eligibility Requirements	Based on family's gross income. Please refer to the next page of this document.
Transportation	Transportation is not provided by the NC Pre-K Program.
Hours	The NC Pre-K Program operates for 6 ½ hours each day. Times vary by location. (Start times: 7:15 a.m. - 8:30 a.m. Dismissal times: 1:45 p.m. - 3:00 p.m.)
Calendar	Similar to the public-school calendar, August-May.
Fees	None.
Required Documentation	<input type="checkbox"/> Child's birthdate verification <input type="checkbox"/> Child's immunization record <input type="checkbox"/> Child's medical form from the 4-year-old well child visit (can be submitted upon acceptance) <input type="checkbox"/> Income verification. Ex: paystubs (1 month), W2, unemployment documented on application, etc. <input type="checkbox"/> If not parent, documentation of legal custody/guardianship
Notification of Acceptance	Families will be notified of their acceptance beginning in mid-June by the Iredell County Partnership for Young Children.
Before and After-School Care	Provided at some locations. Call location for more information.
Family Engagement Expectations	Families are expected to participate in activities for their child's classroom.

2024-2025 Classroom Locations (subject to change)

Harmony, NC

Harmony Elementary School, 139 Harmony School Rd. 704-546-2643

Mooresville, NC

Cline Learning Center, 149 River Park Rd. 704-696-1090

J-Bear Child Development Center, 129 Knobhill Rd. 704-664-7657

South Elementary School, 839 S. Magnolia St. 704-658-2650

Statesville, NC

Celeste Henkel Elementary School, 1503 Old Mountain Rd. 704-873-7333

Faith Child Enrichment Center, 620 Hackett St. 704-872-6240

Kiddie Kollege Early Learning, 547 N. Oakland Ave. 704-871-3513

Lifespan Early Learning Center, 536 Hartness Rd. 704-872-8579

Lifespan Early Learning Center, 302 W. Broad St. 704-380-4772

N. B. Mills Elementary School, 1410 Pearl St. 704-873-8498

Scotts Elementary School, 4743 Taylorsville Hwy. 704-585-6526

Small Beginnings Child Development, 1077 Turnersburg Hwy. 704-876-8663

Third Creek Elementary School, 361 East Barkley Rd. 704-873-3002

Union Grove, NC

Union Grove Elementary School, 1314 Sloans Mill Rd. 704-539-4354

Parents/Families must complete the attached application to apply for the NC Pre-Kindergarten Program. You must use your child's legal name that is on his/her birth certificate on the application. If you change your address or your phone number, it is **your responsibility** to notify us. Please remember to **sign** the application. You can mail, email, or hand deliver the application and supporting documentation to the Iredell County Partnership for Young Children. Please refer to the attached Frequently Asked Questions or contact our office for more information.

Iredell County Partnership for Young Children

Main Office

734 Salisbury Road
Statesville, NC 28677

Mooresville Office

249 Williamson Road Ste. 102
Mooresville, NC 28117

Email: ncprek@icpyc.org

NC Pre-K Office: 704-838-1273

Main Office: 704-878-9980

www.iredellsmartstart.org



Frequently Asked Questions



What is NC Pre-K?

The NC Pre-K Program is a state funded program designed to increase school readiness for 4-year-old children by providing high quality educational experiences. The program follows the school system schedule for closings and teacher workdays.

What are the criteria for my child entering the NC Pre-K program?

There are two main criteria for acceptance into the NC Pre-K program. Primarily, the child must turn 4 by August 31. Second, the family must be income eligible. Income guidelines are in the box below.

Family Size	2024-2025 Income Guidelines
2	\$53,681
3	\$66,312
4	\$78,943
5	\$91,574
6	\$104,204
7	\$106,573
8	\$108,941
9	\$111,309
10	\$113,678

Do I qualify if my child has Medicaid or receives food stamps?

The guidelines for income eligibility are specific to NC Pre-K and may differ from other programs. Having Medicaid or receiving food stamps does not guarantee eligibility, but it can be considered.

I do not work, but my spouse does, can we still apply?

Yes, all families are encouraged to apply. Eligibility is determined and evaluated based on each family's unique situation.

Is there a cost to attend NC Pre-K?

There is no fee for anything during the 6 ½ hour NC Pre-K day. The centers may charge additional fees for before and after school care. If the center offers transportation, the center may charge a fee for transportation.

How do I apply for NC Pre-K?

An application can be downloaded from our website, www.iredellsmartstart.org or picked up from the inquiry boxes at both office locations.

How do I turn in my application?

You can mail, email, or hand deliver the application and supporting documentation to the Iredell County Partnership for Young Children using the contact information provided on the previous page. During the application process we only contact families if additional information is needed.

What if I want to choose a certain location for my child?

Families may list a primary and secondary classroom location for their child on the application, however these requests are not guaranteed. Placement is based on need and qualifying factors.

How will I know if my child has been accepted?

Initial placements will be made based on applications received by June 15th. Applications received after this date will be processed on a rolling basis and placed in the program as availability allows. Accepted children and families will be notified beginning in late June by the Iredell County Partnership for Young Children. Teachers will contact families in August to schedule orientation. NC Pre-K classrooms typically open a week after public school resumes.

2024-2025 Iredell County NC Pre-K Application

PLEASE PRINT

First classroom preference: _____ Second classroom preference: _____

*Classroom locations listed on cover page

*Classroom preference is not guaranteed

CHILD INFORMATION

Is child an Iredell County resident? Yes No (If no, the child is not eligible for Iredell County NC Pre-K.)

Child's Full Name: _____

First

Middle

Last

Nickname

Child's Birth Date: _____ Is child a U.S. Citizen? Yes No

Month - Day - Year

Gender: Female Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian Asian Black White Pacific Islander Other

Address: _____

Street

Apt. #

City

State

Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Is English spoken in the home? Fluent English Some English No English

What other language(s) does your child speak at home? _____

If Spanish is spoken in your home, would you prefer for your child to be screened in Spanish? Yes No

FAMILY INFORMATION (If not parent, provide documentation of legal custody/guardianship)

Child lives with: Both Parents Mother Father Other: _____

Does the child have a parent in current active military duty, active duty within the last 18 months, scheduled active duty in the next 18 months, or who was injured or killed while serving on active duty? Yes No

Mother, Stepmother, or Legal Guardian:

Name: _____ Date of Birth: _____

Address: _____

Street

Apt. #

City

State

Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Please choose which of these apply: Unemployed Employed full-time Attending Secondary Education Attending High School / GED Attending job training Other _____

Education Level: not completed high school high school diploma GED attended some college graduated from college

Child's Name: _____

Father, Stepfather, or Legal Guardian:

Name: _____ Date of Birth: _____

Address: _____

Street

Apt. #

City

State

Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Please choose which of these apply: Unemployed Employed Full-Time Attending Secondary Education

Attending High School / GED Attending Job Training Other _____

Education Level: not completed high school high school diploma

GED attended some college graduated from college

Emergency Contact Information: (Someone other than parents, stepparents, or guardians)

Emergency Contact Person #1: _____

Relationship to Child: _____ Phone: _____

Emergency Contact Person #2: _____

Relationship to Child: _____ Phone: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Tell us about your hopes and dreams for your child which we will share with your child's teacher.

Child's Name: _____

Special Needs:

Does your child have any special developmental needs or disabilities? Yes No *(If no, skip to medical section)*

If yes, has your child been referred for testing **OR** been diagnosed with a delay? Yes No

Who (agency or private provider) evaluated your child? _____

Date the disability was identified: _____

Does your child have an Individualized Education Plan (IEP)? Yes No **(If yes, attach a copy)**

Does your child receive any kind of specialized services? **(Please check all that apply.)**

- Speech Therapy Physical Therapy Occupational Therapy
- Behavioral Support Therapy Other (please describe): _____

Medical:

Does your child have any chronic health problems? Yes No

(If yes, attach documentation from health care provider and explain)

- Does your child have medical insurance? Yes No
- Does your child have a primary doctor? Yes No
- Does your child have a dentist? Yes No

Child Care: (Check only one)

- Child has **NEVER** attended childcare or preschool
- Child attended childcare or preschool previously but is currently **NOT** attending.
Name of childcare center or preschool _____
- Child is receiving DSS subsidy and currently attending childcare or preschool.
Name of childcare center or preschool _____
- Child is **NOT** receiving DSS subsidy and currently attending childcare or preschool.
Name of childcare center or preschool _____

Child's Name: _____

Please list all **adults and children** living in the household, starting with the NC Pre-K child applicant:

First and last name	Relationship to the NC Pre-K child applicant	Date of Birth
1.	NC Pre-K Child Applicant	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Are any of the minors, including the applicant, in the household receiving Social Security benefits (SSA)?

Yes No If yes, provide documentation.

FINANCIAL AND UNEMPLOYMENT INFORMATION

Mother, Stepmother, Legal Guardian Income:

(Provide information only if the parent lives in the same home as child applicant.)

Place of employment (if applicable): _____

Number of hours worked per week: _____

- Monthly wages BEFORE Taxes** \$ _____
- Monthly alimony** \$ _____
- Monthly child support** \$ _____
- Monthly workers compensation** \$ _____

If unemployed, please sign: _____

Father, Stepfather, Legal Guardian Income:

(Provide information only if the parent lives in the same home as child applicant.)

Place of employment (if applicable): _____

Number of hours worked per week: _____

- Monthly wages BEFORE Taxes** \$ _____
- Monthly alimony** \$ _____
- Monthly child support** \$ _____
- Monthly workers compensation** \$ _____

If unemployed, please sign: _____

Please submit acceptable documentation for income verification:

- One month's worth of pay stubs.
- 2023 Tax Form 1040, W-2.
- Award Letters from Social Security.
- Award Letters from Employment Security Commission.
- Signed statement from employer on letterhead.
- Documentation of child support or alimony.

Child's Name: _____

Read each statement carefully. **Place your initials beside each statement in the box.**

Signature is required. Applications submitted without signature will not be processed.

PLEASE INITIAL	
	I certify all the information provided in the application and submitted with the application is correct. I understand that the Iredell County Partnership for Young Children staff may verify any or all the information. Deliberate misrepresentation of the information may be subject to reporting to law enforcement or other agencies.
	I understand that I am releasing the information contained in this application and submitted with this application so that my child can be considered for the Iredell County NC Pre-K program.
	I understand children are not placed on a first come, first-serve basis and that there may be a waiting list for services.
	I understand if my child is selected, enrollment is a voluntary opportunity.
	I understand parent engagement in my child's classroom is expected.
	I understand transportation to and from the program is my responsibility.
	I understand my child will have a developmental screening and based on that screening other screenings may be required.
	I understand that communication, regarding changes in contact information, is important and my responsibility.
	I understand there are attendance requirements and if I am not in compliance with the attendance requirements my child may be dismissed from the program.
	I understand my child may be photographed or videotaped, and those recordings or photographs may be used for publicity and professional development for the teachers. I understand the photos may appear in printed materials and/or multimedia presentations at no fee to me. I understand I will not receive compensation for use of my child's image.
	I give permission for the Iredell County Partnership for Young Children staff to discuss screenings, behavioral concerns, or other issues with local screening agencies, the school systems, or community partners to comply with mandates, requirements, and regulations and to meet my child's needs.

Are all required documents attached? Yes No

If not, please explain. _____

Signature of Adult Responsible for the Child

Printed name: _____

Signature: _____

Date signed and acknowledged: _____