

MARTIN COUNTY SCHOOLS

Preschool Application

Please print clearly.

School: _____

Date: _____

Child and Family Demographics

Child's Name: _____
(First) (Middle) (Last)

Child's Birth Date: _____ Child's Race: _____ Child's Gender: Male Female

Is your child Hispanic? Yes No Is your child a US Citizen? Yes No

Child speaks (check all that apply): English Spanish Other, please specify: _____

Child's Home Address: _____

Child's Mailing Address (if different from above): _____

Child lives with: Both parents Mother Father Grandparent(s) Other

If other, please list relationship to child: _____

Mother/Guardian Name: _____
(First) (Middle) (Last)

Mother speaks (check all that apply): English Spanish Other, please specify: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

E-mail address: _____

Employer Name: _____ Work Phone: _____

Average hours worked per week: _____

GROSS INCOME for Mother (documentation required):

Employer Wages: \$ _____ yearly monthly twice a month weekly

Child Support: \$ _____ yearly monthly twice a month weekly

Worker's Comp: \$ _____ yearly monthly twice a month weekly

If mother is not employed (check all that apply): Seeking Employment

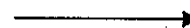
In Job Training In Post-Secondary Education In High School or in a GED Program

Other, please specify: _____

Mother/Guardian highest level of education completed:

less than 12th grade High School Diploma Associate Degree College Degree

Are you willing to participate in parent activities/meetings? Yes No



Father/Guardian Name: _____
(First) (Middle) (Last)

Father speaks (check all that apply): English Spanish Other, please specify: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

E-mail address: _____

Employer Name: _____ Work Phone: _____

Average hours worked per week: _____

GROSS INCOME for Father (documentation required):

Employer Wages: \$ _____ yearly monthly twice a month weekly

Child Support: \$ _____ yearly monthly twice a month weekly

Worker's Comp: \$ _____ yearly monthly twice a month weekly

If father is not employed (check all that apply): Seeking Employment

In Job Training In Post-Secondary Education In High School or in a GED Program

Other, please specify: _____

Father/Guardian highest level of education completed:

less than 12th grade High School Diploma Associate Degree College Degree

Are you willing to participate in parent activities/meetings? Yes No

Transportation

Will your child ride the bus? Yes No

When will your child ride the bus? Never Morning only Afternoon only

Morning and Afternoon To and from some other place than home

List brothers and sisters that are attending school in Martin County.

1. Name: _____

School: _____ Grade: _____ Bus Number: _____

2. Name: _____

School: _____ Grade: _____ Bus Number: _____

3. Name: _____

School: _____ Grade: _____ Bus Number: _____

Child Care Information

Check the appropriate statement and specify:

Child has never been served in any preschool or child care setting.

Where and who cares for your child during the day: _____

Child was previously served in a preschool or child care setting.

Where and who cares for your child during the day now: _____

Child is currently participating in a preschool or child care program.

Name of the program: _____ Location: _____

Does your child receive child care subsidy? Yes No



Medical Information

In case of an emergency in which parent(s) cannot be reached, contact (list two):

(Name)	(Phone Number)	(Relationship)
(Name)	(Phone Number)	(Relationship)

Child's Doctor: _____

Address: _____

Phone Number: (_____) _____

Child's Dentist: _____

Address: _____

Phone Number: (_____) _____

Does your child have any known allergies to food, medication, etc.? Yes No

If yes, please specify: _____

Does your child have any chronic health conditions (check all that apply):

Asthma Diabetes Sickle Cell Cancer

Other, please specify: _____

Has your child received services from (check all that apply):

Children's Developmental Services Agency (CDSA) Health Department

Occupational Therapy Physical Therapy Speech Therapy

List any other information that we may need to know such as medications your child may take on a regular basis, etc.: _____

I verify that the above information is correct. I am supplying this information so that my child can be considered for enrollment in the Martin County Schools Preschool Program (including NC PreK, Title 1, and Exceptional Children).



Parent/Guardian Signature

Date



Parents and Other Adults Living with the Four Year Old

	Name (Example: John Person)	Age (33)	Relationship (Uncle)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Brothers, Sisters, and Other Children Living with the Four Year Old

	Name (Example: Destiny Smith)	Age (6 weeks)	Relationship (Cousin)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			