



*Children & Families —  
Ready for School, Ready for Life*

*125 West Main Street, Suite 200  
Carrboro, NC 27510  
919-918-2153 ext. 20291*

Dear Parent(s):

Thank you very much for the interest you have shown in the Chapel Hill-Carrboro Pre-K/Head Start program. This program includes families served by one or more of the following program options: Head Start, NC Pre-K, Tuition, childcare subsidy, and Preschool Intervention Services. Due to the need to meet the regulations of the various agencies that govern us, it is important that you **complete this packet in its entirety**. Please remember to **sign all pages** requiring your signature. Refer to the checklist on the following page to ensure that you have all of the required supporting documents with you for your registration appointment.

If you need further information or additional help regarding the completion of this application, please call us at 919-918-2153 x 20285.

Sincerely,

Inessa Fannin  
Enrollment Assistant  
Chapel Hill-Carrboro Pre-K/Head Start

**Be sure to complete all parts of the application and bring all required supporting documents in order to process the application. This checklist below will assist you in making sure you bring all necessary documents to your registration appointment.**

## **ENROLLMENT CHECKLIST/WHAT TO BRING:**

- Completed Application (every page filled out)**
- Signatures on all pages requiring a signature**

### **We accept:**

- Proof of Age**  
(Child must be 3 or 4 years old by 8/31/ 2019)
  - Certified Birth Certificate – **must be the original**
  - Passport - **must be the original**
  - I-94 - **must be the original**
  
- Proof of Residency**  
**Current within last 60 days**
  - Current lease or Rental Agreement – **signed by landlord**
  - Unpaid/Unseparated (not torn) Duke Power Bill
  - Piedmont Electric Bill
  - OWASA Bill
  - Public Service Gas Bill
  - Current Orange County property tax bill - for home (not for car)
  - Settlement Statement on the purchase of a home
  
- Proof of Income\***  
(of all parents/guardians in the home for the **past 12 months**)  
\*not required if applying only for Tuition slot
  - Individual Income Tax Form 1040
  - W-2 Forms
  - Statement from Employer (Notarized or Letterhead)
  - Pay Stubs (from last 12 months)
  - Financial Certificate for International Visiting Scholars/Students
  - Child Support
  - Work 1<sup>st</sup>/TANF
  - Work Study, Fellowship, Scholarship, or Grant
  - SSI/Social Security
  - Unemployment
  - Notarized statement of no income if unemployed and have none of the above (available at the main office)
  
- Subsidy Voucher (if applicable)**
  
- Medicaid or Medical Insurance Card**
  
- Parent Photo Identification**
  
- Custody Documents (if applicable)**

Please bring application and required paperwork to the Pre-K Office at:  
125 West Main Street, 3<sup>rd</sup> Floor, Carrboro, NC 27510

## Chapel Hill-Carrboro City School Pre-K/Head Start Information Sheet

To be eligible to apply a child must:

- Be 3 or 4 years old by **August 31<sup>st</sup>**
- Reside in the Chapel Hill-Carrboro School District. Students may be enrolled in CHCCS Pre-K/Head Start classes by qualifying for either a Head Start, NC Pre-K, Exceptional Education Services, Childcare Subsidy, or Tuition placement.

**No Transportation Provided:** The Pre-K/Head Start program is not equipped to offer transportation. Parents must arrange to pick-up and drop-off in the classroom according to the classroom schedule.

**Residency Requirements:** Parents must be a resident of the Chapel Hill-Carrboro City Schools' attendance district. If you live within the district, your child may attend any of the sites. Proof of residency must be provided when the application is turned in. If you move out of the district, your child can no longer attend the program. *Please note that parents who work for CHCCS, but who live outside of the district, may also register their child for the program; however, they will be required to pay tuition or provide a childcare subsidy voucher.*

**Head Start:** Placement into the Head Start portion of the program is based upon family income. If the family income is equal to or below the federal income guideline, the family will be eligible for a fully subsidized Pre-K experience for their child. This program is available from 8:00 a.m. to 2:30 p.m.

**NC Pre-K:** NC Pre-K funding is provided in conjunction with Head Start, Smart Start, or Exceptional Education Funding. Priority for this program is given to four year old children who are: 4 years of age on or before August 31<sup>st</sup> in the year served and meet NC Pre-K enrollment guidelines.

**Exceptional Education:** Our program includes services for children with disabilities. Placement is based on identified special service needs of the child. For questions, please contact the Exceptional Education Office at 918-2153 ext. 23104.

**Tuition:** Tuition is currently \$1,000/month for full-day care from 7:30 a.m.-5:30 p.m. Tuition includes extended care at no additional cost. This program does not have a sliding scale for tuition. Families with childcare subsidy can apply for tuition with subsidy placement.

**Tuition assistance:** Tuition assistance may be available, if eligible, through Childcare Services Association (919-967-3272) and the Department of Social Services Child Care Subsidy Program (919-245-2800).

**Extended Care:** Extended Care is available from 7:30-8:00 a.m. and 2:30-5:30 p.m. Extended care is included in all tuition and subsidy placements. For Head Start placements, acceptance into the Extended Care program will be based on need with priority being given to families in which all parents in the home are working or in school full time (proof must be shown when completing Extended Care form).

Children placed through EESS will be considered on a case by case basis for extended care.

The fee schedule for Extended Care is based on the designation your child receives upon enrollment into the regular day program. It is as follows:

- a. Tuition, Childcare Subsidy, & Head Start: No charge (extended care is included with payment or funding)
- b. Smart Start/NC Pre-K or EESS: \$300/month parent fee

**Enrollment:** Applications are accepted throughout the school year. Most enrollment placements are completed in January-March of each year. To enroll a child in the Pre-K/Head Start program, a complete application, along with all necessary documents, must be provided to the Pre-K/Head Start office located at 125 West Main Street, Carrboro NC 27510. The completed application will then be processed by the central office staff and screened by the administrative team. Parents/legal guardians will be notified of the child's enrollment status after all information has been reviewed.

**Dates of Operation:** With the exception of the beginning of the year, the program follows the regular Chapel Hill-Carrboro City Schools school year calendar. Care is available during mandatory (not optional) teacher workdays for those children enrolled in the Extended Care program.

**Staff to Student Ratio:** Our classrooms currently have a 2:15 ratio or lower during the regular school day, and a 1:9 ratio during extended care.

**Curriculum:** The Pre-K/Head Start curriculum is the planned management of time, materials, and activities to guide children's learning and development. The program's curriculum is based on The Creative Curriculum framework, and widely held expectations and current research on how children grow and learn. It is a guide for planning and implementing a program that is individually, culturally and developmentally appropriate. The curriculum addresses how children learn, the learning environment, what children learn, the teacher's role and the family's role. The Pre-K curriculum is also aligned with district, state and national standards

## CHAPEL HILL-CARRBORO PRE-K/HEAD START ENROLLMENT APPLICATION

**PLEASE USE BLACK OR BLUE INK ONLY**

### APPLICANT INFORMATION

**Designation you are applying for:**     Head Start     Child Care Subsidy     Tuition     Exceptional Children

**Child's name:**

**Date of Birth:**

**Age by August 31<sup>st</sup>:**     3     4

**Gender:**     Male     Female

**With whom does the child live (for address purposes only, check all that apply)?**     Mom     Dad     Other \_\_\_\_\_

**Did you apply last year, but your child did not get in (i.e. was your child on the waiting list)?**     YES     NO

**How did you hear about our program?**     Flyer     Word of mouth     Early Head Start     Preschool Intervention     Department of Social Services

Elementary School     Other child in program     Carrboro Clinic     Other, please specify: \_\_\_\_\_

**Race/Ethnicity:**

- American Indian or Alaska Native
- Asian, please specify: \_\_\_\_\_
- Black or African-American
- Hispanic/Latino
- Multi-racial/Biracial, please specify: \_\_\_\_\_
- White
- Other race, please specify: \_\_\_\_\_

**Languages spoken at home:** Please place a "P" by the Primary language that is spoken in the home and an "S" by the Secondary Language spoken in the home (if any):

- \_\_\_ Arabic
- \_\_\_ Burmese
- \_\_\_ English
- \_\_\_ Karen
- \_\_\_ Spanish
- \_\_\_ Other, please specify: \_\_\_\_\_

Regardless of language spoken, how well does your child speak English?

- Proficient     Moderate     Little     None

If your child's primary language is something other than English, how well does he/she speak his/her primary language?

- Proficient     Moderate     Little     None

### PARENT/GUARDIAN INFORMATION

**Parent/Guardian #1:**

**Residential address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Secondary/Mailing Address:**

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Would you like to receive texts?**     yes     no

**Place of Employment (primary job):** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parent/Guardian #2:**

**Residential address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Secondary/Mailing Address:**

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Would you like to receive texts?**     yes     no

**Place of Employment (primary job):** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

	PARENT/GUARDIAN #1:	PARENT/GUARDIAN #2:
Name:		
Date of birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
What languages do you speak?		
How well do you speak English?	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
Race/Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian, please specify: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial/Biracial, please specify _____ <input type="checkbox"/> White <input type="checkbox"/> Other race, please specify _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian, please specify: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial/Biracial, please specify _____ <input type="checkbox"/> White <input type="checkbox"/> Other race, please specify _____
Marital status:	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single
Highest Grade Completed:	<input type="checkbox"/> 9 <sup>th</sup> or less <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> , but did not graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Master's Degree	<input type="checkbox"/> 9 <sup>th</sup> or less <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> , but did not graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Master's Degree
Relationship to enrolling child:	<input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____
Please Mark all that Apply:	<input type="checkbox"/> Work Full time <input type="checkbox"/> Work Part time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Receiving job training <input type="checkbox"/> Seeking employment	<input type="checkbox"/> Work Full time <input type="checkbox"/> Work Part time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Receiving job training <input type="checkbox"/> Seeking employment

How many people live in your home? \_\_\_\_\_  
How many children (under 18 years) live in your home? \_\_\_\_\_

**OTHER MEMBERS IN HOUSEHOLD**  
(NOT INCLUDING APPLYING CHILD AND PARENT/GUARDIAN)

Name:	Date of Birth	Gender	How well do they speak English?	If in school, where?	Dual Language?	What grade?	Relationship to applying child
1.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No		

How many in the home are supported by the listed parent(s)/guardian(s)? [Please include parents in total] \_\_\_\_\_  
Is anyone in the home an international visiting scholar/student visa holder?  yes  no

### INCOME/ELIGIBILITY INFORMATION

**Parent/Guardian #1:** How many jobs have you had in the past 12 months? \_\_\_\_\_

*Please complete for each job*

Place of Employment	Position	Are you currently employed here?	Dates employed	Work status	Average Number of Hours Worked Each Week
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:_____	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:_____	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:_____	

**Parent/Guardian #2:** How many jobs have you had in the past 12 months? \_\_\_\_\_

*Please complete for each job*

Place of Employment	Position	Are you currently employed here?	Dates employed	Work status	Average Number of Hours Worked Each Week
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:_____	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:_____	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:_____	

**Does your family receive:**

		Monthly amount
Child Support/Alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Foster Care payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Supplemental Social Security Income (SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Unemployment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Work First/TANF?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Work Study, Fellowship, Scholarship, or Grant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Other		\$

I certify that the above information is accurate and truthful to the best of my knowledge.

**SIGN:**



\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date



## HEALTH INFORMATION (CONTINUED)

8. Are you concerned with your child's growth or what he/she eats?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Are there foods your child should not eat for religious, personal, or medical reasons?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Please specify:</b>
10. Have you ever had home visits through Child Service Coordination (this would be a nurse, therapist, or social worker)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Is your child medically fragile, or does your child have a physical or mental disability or a special health need?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Is your child diagnosed as having a special education need (has an IEP/IFSP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Is your child in the process of being evaluated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, by whom?</b>  <b>Reason for evaluation?</b>
14. Does your child have a history of problematic behavior that causes social/emotional concerns?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Has your child been seen by a pediatric specialist for a chronic health concern?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Do you suspect your child has a special education need?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Does your child receive some type of therapy (ex: occupational therapy, physical therapy, speech or psychological)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## CHILD CARE INFORMATION

1. Do you need childcare to work or attend school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>What is your work/class schedule?</b>
2. Does your family receive a Child Care Subsidy for the applying child? <b>If yes, and if your child is eligible for Head Start, do you want to:</b> <input type="checkbox"/> Keep your subsidy to use for a Subsidy placement <input type="checkbox"/> Give up your subsidy and accept a Head Start placement	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Has anyone in your family attended Head Start in the past?	<input type="checkbox"/> Applying Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent	<b>When/where?</b>
4. Has anyone in your family attended Early Head Start in the past?	<input type="checkbox"/> Applying Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent	<b>When/where?</b>
5. Other than Head Start or Early Head Start, has the applying child ever been in child care or preschool?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Where?</b> <b>For how long?</b>
6. Has the applying child ever been dismissed from a preschool program for inappropriate behavior?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If Yes, Please specify:</b>



## SITE OPTIONS

Please list in order of preference, the three sites you would like your child to attend. All efforts will be made to place your child in the site designated as your 1<sup>st</sup> choice, however this cannot be guaranteed. Please be aware that despite these three choices, to help make the transition to Kindergarten a smooth one, it is the practice of the placement team to do its best to place your child at the school he/she will be attending for Kindergarten. Please know that students are assigned to Kindergarten based on their home address, regardless of their Pre-K site placement.

Dual language Pre-K classes are offered at Carrboro Elementary and FPG. Any family who wants their child considered for the dual language program should indicate their interest by checking the appropriate box. **Please write "1" for your first choice school, "2" for your second choice school, and "3" for your third choice school.**

<input type="checkbox"/> Carrboro Traditional Pre-K (English) 400 Shelton St.	<input type="checkbox"/> Carrboro Dual Language Pre-K (English/Spanish) 400 Shelton St.	<input type="checkbox"/> Ephesus Pre-K 2495 Ephesus Church Rd.
<input type="checkbox"/> Estes Hills Pre-K 500 N. Estes Drive	<input type="checkbox"/> FPG Dual Language Pre-K (English/Spanish) 101 Smith Level Rd.	<input type="checkbox"/> McDougle Pre-K 800 Old Fayetteville Rd.
<input type="checkbox"/> Morris Grove Pre-K 215 Eubanks Rd.	<input type="checkbox"/> Northside Pre-K 350 Caldwell St.	<input type="checkbox"/> Rashkis Pre-K 601 Meadowmont Lane
<input type="checkbox"/> Scroggs Pre-K 501 Kildaire Drive	<input type="checkbox"/> Seawell Pre-K 9115 Seawell School Rd.	

I certify that the information in this application is accurate and truthful to the best of my knowledge.

**SIGN:**

→ \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Date

## CUSTODY INFORMATION

**SOLE CUSTODY** - An arrangement whereby only one parent has **physical custody** (the right and obligation of the custodial parent to have his/her child live with him/her) and **legal custody** (the right and obligation of the custodial parent to make all the decisions about a child's upbringing, including schooling and medical care) of a child. Often times with sole custody, the other parent has visitation rights. Sole custody is usually indicated either by a court order or by a birth certificate that does not have the father's information on it.

**JOINT CUSTODY** - An arrangement by which parents who do not live together but share the upbringing of a child. Joint custody can be joint **legal custody** (in which both parents have a say in decisions affecting the child), joint **physical custody** (in which the child spends a significant amount of time with both parents) or, very rarely, both.

Please indicate below, the custody status of your child. Please keep in mind that this information is in reference to the child's biological (birth)/adoptive parents.

Custody of \_\_\_\_\_ is held by (Please check the most appropriate option):  
Child's Name

1.  Both Parents
2.  Jointly, but not in same household; Child lives with:  Mother  Father
3.  Mother has sole custody—legal document must be provided
4.  Father has sole custody—legal documents must be provided
5.  Court-ordered legal guardian—legal documents must be provided
6.  Department of Social Services — documentation must be provided
7.  Other, specify \_\_\_\_\_ — documentation must be provided

I certify that the above information is true and accurate and that if any of the above information changes, I will contact the Pre-K/Head Start staff immediately.

**SIGN:**



\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

## CHAPEL HILL-CARRBORO PRE-K/HEAD START CONFIDENTIALITY

### CONFIDENTIALITY STATEMENT

Parent's/Legal guardian's rights regarding the confidentiality of children's records will be insured and enforced. Parents/Legal guardians have the right to inspect their children's educational and medical records, have these records explained upon request, and have copies of the records made available to them if this is the only way they can view them. Parents/Legal Guardians have the right to have their children's psychosocial records explained to them. Copies of these records will be made available to Parents/Legal Guardians at the discretion of the professional; however, information about a child cannot be shared with anyone outside of the Pre-K/Head Start Program unless the Parents/Legal Guardians have given specific written permission that such information may be shared. Within the Pre-K/Head Start program, information will only be shared with CHCCS employees, special consultants, and authorized federal officials on a need-to-know basis.

I have read and understand this statement. I agree to follow these confidentiality guidelines.

**SIGN:**



\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

# CHAPEL HILL-CARRBORO PRE-K/HEAD START PARENT AGREEMENT

This agreement is between \_\_\_\_\_ and the Chapel Hill-Carrboro Pre-K/Head Start Program,  
Parent's Name

125 W. Main Street, Carrboro, North Carolina 27510.

## PRE-K/HEAD START RESPONSIBILITIES AND SERVICES

The Chapel Hill-Carrboro City Schools Pre-K/Head Start Program agrees to provide a comprehensive preschool education, which includes cognitive, gross/fine motor, language and social emotional development, and health education. The Pre-K/Head Start Program agrees to assess my child and provide educational programs to meet his/her individual needs. My child will also receive breakfast and lunch each day. My child will receive a snack if enrolled in the Extended Care program.

The Pre-K/Head Start Program agrees to transport my child to appropriate medical care in case of an emergency. My child will be accompanied by a Pre-K/Head Start or other CHCCS staff member. A responsible adult will stay with the other children.

Children will receive medical and dental screenings/exams, vision and hearing tests, and referral for identification of special needs, and a dental exam. Assistance for follow-up treatment is provided for identified problems. Parents will be asked to provide Medicaid or other appropriate insurance information to the Pre-K/Head Start Program to cover the costs of medical and/or dental expenses.

Information shared with the Pre-K/Head Start Program will be held in confidence; however, the Pre-K/Head Start Program is required by law to report suspected child abuse or neglect to the Department of Social Services. Staff from the national and regional Head Start offices, as well as staff from the State of North Carolina Division of Child Development, also may review children's records for audit and for program evaluation purposes.

## PARENT CONSENT AND AGREEMENT

In order to become familiar with the Pre-K Head Start Program policies, procedures, and schedules and to help my child benefit the most from its services, I agree to attend orientation which will be provided for me before school begins.

I agree to bring my child to school every day that she/he is able to attend. I will contact the classroom teacher or Family Services to explain my child's absence if she/he misses school. Children who have irregular attendance may be dropped from the program. (See Excessive Absence Policy in the parent handbook.)

## HEALTH

I understand that according to state law, the Pre-K/Head Start Program will not administer any drug or medication to my child without having a *Permission to Administer Medication Form* completed and signed by my child's doctor and by me. This also applies to *all* over-the-counter medicine such as cold medication, acetaminophen, lotions, etc.

I agree not to bring my child to school if she/he is sick or has a contagious illness.

I understand that my child will not be able to return to the classroom until he/she no longer has a contagious illness. If a child becomes ill at school, his/her parent or emergency contact person will be contacted and asked to pick the child up from school. There are no facilities to care for sick children.

I understand my child will not be able to return to class if his/her immunizations are not up-to-date or if his/her physical examination is not current.

I understand that I must notify the Nurse or Dental Coordinator if my family has a dentist.

I understand that if we do not have a dentist when school starts, but obtain one afterwards, that I must notify the Nurse or Dental Coordinator.

## PICK-UP AND DROP-OFF PROCEDURES

I understand that the Pre-K/Head Start Program does not provide transportation to school.

I understand that the Pre-K/Head Start recommends that my child arrives to the classroom no later than 8:45 a.m. in order to be present for all instructional time.

To ensure the safety of my child, I understand that my child's pick-up designee or I must bring my child to the classroom, sign my child in/out, and acknowledge a teacher each day.

I agree to pick my child up at 2:30 p.m. (if my child does not participate in the Extended Care program). I understand that someone age 16 or older (this person may be asked for identification) may pick up my child from the classroom. No one will be allowed to pick up my child unless I have given written permission. I understand that if written permission is given, the name of the pick-up person will be added to the *Consent for Child Pick-Up* form. If my child is enrolled in the Extended Care program (2:30-5:30 p.m.), I agree to pick my child up no later than 5:30 p.m.

I understand that it is very important that I am aware that excessive late arrivals and/or pick-ups could result in my child being dropped from the program.

I understand that if in the event of an emergency, if I cannot pick up my child by 2:30 p.m. (5:30 p.m., Extended Care program), I must contact the classroom teacher/Pre-K staff immediately.

I understand that a late fee will be charged to my account if my child is picked-up after 5:30 p.m. from the Extended Care program; \$5.00 is charged for every 10 minutes the pick-up person is late. I understand this fee will be added to my Extended Care account and that if the fee is not paid, my child will be prohibited from attending the Extended Care program until the fee is paid.

I understand that if any pertinent information (i.e. address, home/work phone, phone numbers for emergency and/or authorized pick-up persons, etc.) changes, I MUST provide the Pre-K/Head Start with updated information. I further understand that my child will not be allowed to return to class until I do so.

**CLASSROOM PROCEDURES**

I give permission for my child to go on all field trips and neighborhood walks (unless I notify the Pre-K/Head Start Program otherwise) with his/her class. I understand that I will be notified in advance of field trips and written permission will be given for my child's participation.

I understand that in the event my child becomes aggressive toward other children or the teachers, and his/her behavior is not manageable, I will be contacted by Pre-K staff.

**FAMILY PROCEDURES**

I understand that if I move out of the Chapel Hill-Carrboro School District, I will be required to find different care for my child within 30 days. I further understand that if I move out of district but my child does not, I must provide proof of guardianship for the person with whom my child resides.

I agree to meet with my child's teacher at least four times during the school year (two home visits and two parent conferences).

I agree to meet with the Family and Community Partnership staff for a family interview as needed.

I understand that the Pre-K/Head Start Program is dedicated to involving parents in all aspects of the program and I agree, whenever possible, to contribute my time and/or talents to the successful operation of the Pre-K/Head Start Program.

I understand that once my child is picked-up from school, he/she may not return unless he/she is returning from a doctor's appointment prior to 11 AM. I further understand that I must inform the teaching staff of the appointment prior to picking my child up. I must also provide a doctor's note when bringing my child back to class before the end of the day.

I understand that as a parent volunteer, I may have access to confidential information regarding other parents and children. I agree not to share this information with anyone outside the Pre-K/Head Start Program. I will not share or circulate any photos, videos or other documentation outside of the classroom, including on social media.

I understand that when I volunteer in the classroom I cannot bring younger children into the classroom with me and will make other arrangements for any younger children.

I understand that my child's Pre-K/Head Start transition folder will be transferred to his/her kindergarten school site. Other records will be transferred upon my written request.

By signing below, I acknowledge that I have read the above statements and understand what is required of me as a parent of a child in the Pre-K/Head Start Program. Additionally, I am aware that the items listed below are **optional** and that the activity listed will only take place if the box (X) beside it is marked.

YES  NO I give the Pre-K/Head Start Program permission to photograph or audio/videotape my child for publicity purposes

**SIGN:**

→ \_\_\_\_\_ Date  
Parent/Legal Guardian

**Pre-K/Head Start Representative:**

**Date:**





**CHAPEL HILL-CARRBORO PRE-K/HEAD START  
CONSENT FOR CHILD TO BE PICKED UP**

**APPROVED EMERGENCY CONTACTS:**

**If neither father nor mother (or legal guardian) can be contacted in an emergency, Please list AT LEAST TWO PEOPLE [other than parent(s) or legal guardian(s)] who live locally and who will be able to pick-up your child from school; they **MUST** be at least 16 years old. If this information changes, you **MUST** provide us with the updated information. Your child will **not be allowed** to return to class until you do so. Please note, your child will not be released to anyone not on this list. No phone authorizations will be approved. Use additional sheets as necessary.**

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone: _____ x _____

Check all that apply:  
 Emergency Contact  
 Release to

Additional Phone Numbers:

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone: _____ x _____

Check all that apply:  
 Emergency Contact  
 Release to

Additional Phone Numbers:

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone: _____ x _____

Check all that apply:  
 Emergency Contact  
 Release to

Additional Phone Numbers:

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Place of Employment:	Work Phone: _____ x _____

Check all that apply:  
 Emergency Contact  
 Release to

Additional Phone Numbers:

I certify that the information in this application is accurate. I understand I must update this information as soon as I am made aware of any changes. If I fail to do this, I understand my child will not be able to return to class until all updated information is provided.

**SIGN:**



\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

Pre-K/Head Start Representative:	Date:
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**CHAPEL HILL-CARRBORO PRE-K/HEAD START  
DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY**

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and other, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this program will practice the following discipline and behavior management policy:

**WHAT WE DO**

WE:

1. DO praise, reward, and encourage the children
2. DO reason with and set limits for the children
3. DO model appropriate behavior for the children
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO give specific praise and attention for appropriate listening and participating.
7. DO provide alternatives for inappropriate behavior to the children.
8. DO provide the children with natural and logical consequences of their behavior.
9. DO treat the children as people and respect their needs, desires, and feelings.
10. DO ignore minor misbehaviors.
11. DO explain things to children on their levels.
12. DO use short supervised periods of calming time in a "Safe Place" (described below).
13. DO stay consistent in our behavior management program.
14. DO teach attending skills by modeling, verbal prompting, physical prompting and reinforcing.
15. DO use specific and descriptive praise, i.e., "I like the way you helped Sally put the blocks away."
16. DO use picture schedules, rewards (stickers, charts, notes home, etc.).

"The safe place" is a place for a child to go if a child needs to calm down, is misbehaving and has not responded to other calming techniques or is having a hard time participating in classroom activities. The "Safe Place" is a place that is small, has soft pillows and materials to help the child regain composure to join the ongoing classroom activities. It is located away from classroom activity but within the teacher's sight. While the child is in the safe place, they have a chance to think about the misbehavior, which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children. Parents will be involved and have communication regarding unacceptable behavior.

**WHAT WE DO NOT DO**

WE:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children. No corporal punishment will be used.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.



## UNSAFE BEHAVIORS

Unsafe behaviors may result in a child being removed from the classroom under procedures outlined in the following sections:

To help children who display unsafe behaviors, CHCCS Pre-K/Head Start will attempt to employ the following procedures in consultation with the parents. However, if unsafe behaviors occur prior to establishing a positive behavior support plan and immediate intervention is required, a child may be sent home immediately. The child may return to the classroom following a meeting with the parents, teachers, Mental Health/Disabilities Specialist, or another designated CHCCS administrator such as the Pre-K/Head Start Director or Education Specialist. The school principal or designee/site administrator will be consulted and notified immediately.

## DISCIPLINE PROCEDURES

- A. Positive Behavior Support Plan
- B. Procedure for a child to be removed from the classroom

### A. Positive Behavior Support Plan

1. The classroom teacher will gather information and share concerns about the child's behavior with the parents. Communication will be maintained between the teacher and parents.
2. A Positive Behavior Support Plan will be jointly created by the parents, teacher and Mental Health/Disabilities Specialist to ensure consistency of its application both at home and in the classroom.
3. This plan will be implemented for a designated period of time, usually four to six weeks. During this period, parents will also be invited to observe and work with their child in the classroom. If parents cannot or chooses not to observe, the child's behavior may be videotaped. Prior written consent will be obtained.
4. After several weeks of implementing the plan, a meeting will occur with the parents, teacher and Mental Health/Disabilities Specialist to review and revise the plan.

### B. Procedures For a Child to be Removed from the Classroom

1. If a child's unsafe behaviors poses as a danger to self or others in the classroom, the situation may warrant that the child be sent home for the day. Note: Sending a child home is the last resort in a Positive Behavior Support Plan.
2. If the child's safety and/or the safety of others is continually at risk, a child may be removed from the Pre-K program or sent home for up to five days with the approval of CHCCS administration. The time away from school will give the parents, teachers and CHCCS Pre-K/Head Start Administration the opportunity to plan and discuss an alternate Positive Behavior Support Plan that will be approved by the Multi-Tiered System of Support (MTSS) team. The MTSS team will monitor alternate proposed plans.

\*CHCCS Pre-K/Head Start administration reserves the right to respond to each situation on an individual basis.

This form has been discussed with me and I have received a copy of and understand the Discipline and Behavior Management Policy.

Child's name:	Date of enrollment:
Parent/Legal Guardian:	Date:
Pre-K/Head Start Representative:	Date:

**CHAPEL HILL-CARRBORO PRE-K/HEAD START  
TRAVEL AND ACTIVITY AUTHORIZATION**

**TRAVEL AUTHORIZATION**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_,  
Parent's Name Child's name

give consent for the above-named child to be transported by Chapel Hill-Carrboro City Schools for the following purposes:

- Medical Visits
- Dental screenings and treatment
- Field trips
- Emergency Transportation

I understand that Chapel Hill-Carrboro City Schools will use the appropriate child restraint devices and abide by all of the safety rules in Section .1000 of North Carolina Childcare requirements when my child is transported in a vehicle. My child's teacher will contact me prior to each planned field trip to secure my consent for that activity.

This authorization is valid for the duration of the child's enrollment in program.

**SIGN:**



\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

**AUTHORIZATION FOR PLAY OUTSIDE DESIGNATED AREA**

I **ALLOW** my child to play, under the supervision of the Pre-K teaching staff, outside the designated Pre-K area classroom and playground. (i.e., school gym, cafeteria).

**SIGN:**



\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

## CHAPEL HILL-CARRBORO CITY SCHOOLS HOME LANGUAGE SURVEY

The Chapel Hill-Carrboro City Schools, in compliance with the National Origin Section of: Title VI of the Civil Rights Act of 1964, offers equal opportunity for education to all its students. North Carolina law requires that schools determine the language(s) spoken at home by each student. Please answer the following questions to help us meet this important requirement.

Student Name: \_\_\_\_\_

School (in CHCCS): \_\_\_\_\_ Grade: Pre-K  
(leave blank until known)

Student's Place of Birth: \_\_\_\_\_ Birth Date: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last First Middle

Number of siblings under 21 years old in the household: \_\_\_\_\_

1. What language did your son/daughter learn when he/she began to speak? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you most frequently speak with your son/daughter? \_\_\_\_\_
4. Name the language(s) most often spoken **by the adults** at home: \_\_\_\_\_

**If the answer to any of the four above questions is a language other than English**, your child may qualify for English as a Second Language service. Any answer other than English may require that the North Carolina test of English language proficiency, the W-APT, be administered to the student within the first 30 days of initial school enrollment. If the student is designated Limited English Proficient (LEP), the annual ACCESS test will also be administered during the spring semester.

5. In your opinion, how well does the student (check one for each):

Speak English?    \_\_\_Very Well   \_\_\_Understandable   \_\_\_Very Little   \_\_\_None  
Read English?    \_\_\_Very Well   \_\_\_Understandable   \_\_\_Very Little   \_\_\_None  
Write English?    \_\_\_Very Well   \_\_\_Understandable   \_\_\_Very Little   \_\_\_None

6. Date of entry to United States: Month: \_\_\_\_\_ Year: \_\_\_\_\_

7. How long has the student been in the United States? \_\_\_\_\_

8. Student's initial entry into a United States school: Month: \_\_\_\_\_ Year: \_\_\_\_\_

9. How long has the student been in United States schools? \_\_\_\_\_

## CHAPEL HILL-CARRBORO PRE-K/HEAD START EXTENDED CARE SERVICES ENROLLMENT FORM

The Extended Care Program has limited space availability each year. Once all available spots are filled in Extended Care for each classroom, the remaining families will be placed on a waitlist. These guidelines are followed in the Extended Care placement process:

1. Extended Care is included in all Tuition and Subsidy Placements.
2. For Head Start placements, acceptance into the Extended Care program will be based on need, with priority being given to families in which all parents/guardians in the home are working or in school full time (proof of employment or enrollment must be shown when applying).
3. Families referred by DSS (Department of Social Services) Services)

Each classroom must maintain a 1:9 RATIO; therefore **only** 9 children will be accepted per class. After each class is full, a wait list will be provided for those who wish to sign-up.

Once enrolled in the regular day program, if you decide to change school sites, you will not be guaranteed Extended Care services at your new site. However, you will be placed on that site's waiting list if a space is not available.

The fee schedule for Extended Care is based on the designation your child receives upon enrollment into the regular day program. It is as follows:

- a. Tuition, Child Care Subsidy, or Head Start: No charge (extended care is included with payment or funding)
- b. Smart Start/NCPK or EESS: \$300.00/month parent fee

### ENROLLEE INFORMATION

<b>Child's Name:</b>	<b>Date of birth:</b>
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### PARENT/GUARDIAN INFORMATION

**Mother/Legal Guardian:**

<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b> _____ <input checked="" type="checkbox"/>
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**Father/Legal Guardian:**

<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b> _____ <input checked="" type="checkbox"/>
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**Please indicate your intent to enroll your child in the Extended care program by checking the correct statement.**

- 1)  Yes, I would like to enroll my child in the Extended Care Program.
  - I understand that if I receive a designation of Tuition, Child Care Subsidy, or Head Start there will be no fee to participate in the Extended Care program. However, if I am NC Pre-K/Smart Start or EESS designation I will be responsible for the \$300.00 monthly fee.
- 2)  No, I do not need Extended Care this school year

**SIGN:**

→ \_\_\_\_\_ Date

Parent/Legal Guardian