

Onslow County Early Childhood Programs Application 2024-2025

One Place and Onslow County Schools (OCS) utilize a joint application for Early Head Start, Head Start, NC Pre-Kindergarten, Three-School, and Title 1. The application is available through an online platform and in person. Families with children that will be 4 or younger by August 31, 2024 should apply.

Applications are not considered complete until all required documents have been received.

Required Documents

The following documents are needed to support your online or paper application:

- Copy of **Child's Certified Birth Certificate**
- **Child's Immunization Record**
- Documentation of **Onslow County Residency**
 - Copy of current signed lease agreement with complete address
 - Current utility bill (water, electric, or gas)
 - If parent/guardian name is not on the utility bill or lease, please include a signed statement from the bill payee stating that family lives with them.
- **Parent/Guardian proof of identity** (driver's license, state ID, military ID, passport)
- All sources of **family income** for the last 12 months.
 - Most recent year tax form (W2/1040) or 1099/bank statements for self-employed individuals
 - Worker's Compensation
 - Last/current pay stub/LES for current year
 - SSI/WFFA/TANF/SSA/SSDI statements
 - Alimony
 - Retirement, unemployment, disability
 - VA benefits (pension, compensation, etc.)
 - **Child support** (if applicable) verification of 12 months for all children in the home.

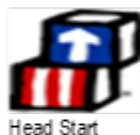
Verification statements can be obtained by contacting:

Onslow County Child Support Services
430 Dolphin Drive, Suite 100 Jacksonville, NC 28546
910.938.3563 Monday – Friday 8:00 am to 5:00 pm
or

800.992.9457 24 hours a day 7 days a week

Additional Documents if Applicable:

- Foster care/kinship care documentation
- Documentation of SNAP benefits
- Medicaid award letter
- WIC award letter
- Child Care Subsidy Voucher
- Public housing documentation
- Verification of refugee services
- Legal guardian/custody paperwork
- Parent/Guardian school schedule
- Documentation of child disability/IFSP/IEP/chronic health condition



CHILD APPLICANT

Child's Full Legal Name: _____

Date of Birth: _____

Gender: Male Female Ethnicity: Is child Hispanic or Latino? Yes No

Race (check all that apply): White Black Asian American Indian or Alaska Native Multi/Bi-Racial
 Native Hawaiian/Pacific Islander Other _____

English Proficiency: None Little Moderate Proficient Other Language: _____

Family Status: Who does the child live with? Mother Father Both Parents Legal Guardian/Custodian
 Foster Parent(s) Other _____

Address: _____

Mailing Address (if different): _____

CHILD CARE INFORMATION

Currently Enrolled Full Time with subsidy without subsidy

Name of facility: _____

- Previously/No longer enrolled in child care
- Attends part time or is in unregulated care
- Has never been served in child care
- Previously Attended Early Head Start, Head Start, or Three School

SPECIAL NEEDS AND SERVICES

Does your child have a developmental or educational challenge? Yes No I don't know
 If yes, please explain and attach appropriate documentation:

Does your child have a physical challenge or chronic illness? Yes No
 If yes, Please explain and attach appropriate documentation:

Does your child have an IFSP or IEP? Yes No I don't know

Do you have any concerns about your child's speech, language, hearing, vision, social-emotional development, cognitive development, health/physical development, or behavior? Yes No
 If yes, please explain:



Parent/Legal Guardian 1

Name: _____ Date of Birth: _____

Relationship to Child: Mother Father Grandparent Guardian/Custodian Other: _____

Marital Status: Married Divorced Separated Single Widowed

Address same as child

Address: _____

Mailing Address (if different): _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email address: _____ Opt-In for Text Messages & Emails

Race (check all that apply): White Black Asian American Indian or Alaska Native Multi/Bi-Racial

Native Hawaiian/Pacific Islander Other: _____

Ethnicity: Are you Hispanic or Latino? Yes No

English Proficiency: None Little Moderate Proficient Other Language: _____

Primary Language spoken in the home: English Spanish Other: _____

Employment/School Status: Employed/Self-Employed Unemployed Seeking Employment

Attending Job Training Enrolled in School

Highest Grade Completed: _____ Number of months worked in past year: _____

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Other: _____

Military Status: Active Duty Veteran EAS less than 18 months prior to application N/A

Parent/Legal Guardian 2 (if applicable)

Name: _____ Date of Birth: _____

Relationship to Child: Mother Father Grandparent Guardian/Custodian Other: _____

Marital Status: Married Divorced Separated Single Widowed

Address same as child

Address: _____

Mailing Address (if different): _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email address: _____ Opt-In for Text Messages & Emails

Race (check all that apply): White Black Asian American Indian or Alaska Native Multi/Bi-Racial

Native Hawaiian/Pacific Islander Other: _____

Ethnicity: Are you Hispanic or Latino? Yes No



English Proficiency: None Little Moderate Proficient Other Language: _____

Primary Language spoken in the home: English Spanish Other _____

Employment/School Status: Employed/Self-Employed Unemployed Seeking Employment
 Attending Job Training Enrolled in School

Highest Grade Completed: _____ Number of months worked in past year: _____

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Other: _____

Military Status: Active Duty Veteran EAS less than 18 months prior to application N/A

HOUSEHOLD INFORMATION - list ALL individuals living in the home, including yourself.

NAME	Date of Birth	Gender	Race	Hispanic /Latino	Relationship to Child

Does your family receive any of the following? (Select all that apply)

- Supplemental Security Income
- SNAP/FNS
- Medicaid
- Refugee Services
- TANF
- WIC
- Public Housing

Which best describes your family's current living situation?

- Permanent (rent/own)
- Homeless or Emergency Shelter
- Lack permanent nighttime address
- Hotel/Motel/Campground
- Women's or Domestic Violence Shelter
- Living with friend/family due to loss of housing

Other Household and Family Factors

Have you or anyone in your household experienced or currently experiencing any of the following?

- Abuse, neglect, substance abuse or addiction
- Physical or Mental Disability
- Traumatic Events or Injuries
- Grandparent-raising grandchildren
- Current Deployment
- Dual Language Learning
- Child's sibling enrolled in Early Head Start or Head Start
- Child has suspected disability or referral, if yes, please explain: _____
- Incarceration, probation or parole
- Mental Illness or PTSD
- Teen Parent
- Death of Parent or Guardian
- Limited English Proficiency
- Open CPS Case/Agency Referral

Child Care Centers Approved for NC Pre-K, Three School, & Early Head Start (EHS)			Rank in order of Preference #1-3
*NC Pre-K and Three School sites subject to change *OCS placement is by home address			
Jacksonville			
Abundance of Love and Learning	NC Pre-K & EHS	1510 Gum Branch Road, Jacksonville, NC 28540	
Child Care Network 81	NC Pre-K Only	928 Henderson Drive, Jacksonville, NC 28540	
Excel 12	NC Pre-K & Three School	2965 Henderson Extension, Jacksonville, NC 28546	
New Beginnings III	NC Pre-K & Three School	120 Terry Lee Lanier Drive, Jacksonville, NC 28546	
Jacksonville (Brynn Mar / Piney Green)			
Excel 9	EHS Only	160 Huff Drive, Jacksonville, NC 28546	
Excel 8	NC Pre-K, Three School, EHS	1 Office Park Drive, Jacksonville, NC 28546	
Childcare Network 80	NC Pre-K Only	312 Brynn Marr Road, Jacksonville, NC 28546	
Jacksonville (Southwest)			
Excel 10	NC Pre-K & EHS	188 Northwest Corridor Blvd., Jacksonville, NC 28540	
Swansboro			
Child Care Network 79B	NC Pre-K Only	1111 Mt. Pleasant Road, Swansboro, NC 28584	
Excel 11	NC Pre-K, Three School, EHS	168 Queen's Creek Road, Swansboro, NC 28584	
Richlands			
New Beginnings	NC Pre-K & Three School	174 Kinston Hwy., Richlands, NC 28574	
Precious Resources	NC Pre-K Only	117 W. Hargett Street, Richlands, NC 28574	
Sneads Ferry			
Sneads Ferry Quality Childcare and Preschool II	NC Pre-K Only	1092 Highway 210 Suite 3, Sneads Ferry, NC 28460	

If selected for services:

Will your child need transportation? Yes No

Will your child need before or after school care? Before School After School Before & After School Care

If eligible for more than one program, do you prefer: Private Site (listed above) Onslow County Schools
 No Preference



PRESCHOOL APPLICATION FAMILY RESPONSIBILITIES	
<i>Please read carefully and initial each box.</i>	
	<i>Initials</i>
1. I understand that I am completing this application to determine eligibility for possible placement in Onslow County Early Childhood Programs.	
2. I understand completing this application does not guarantee placement. Placement is subject to program eligibility, each child(s) and/or family's need, and availability. If space is not immediately available for placement, he or she will be placed on a waiting list.	
3. I authorize Onslow County Early Childhood Programs to use the information in this application for the purpose of determining eligibility, data collection and program evaluation for the following state and/or federally funded programs: Head Start, Title One, NC Pre-Kindergarten, Three-School, and Early Head Start. I understand the exchange of information regarding my child and family will be held in confidence.	
4. If at any time the information provided on the application changes, I will need to notify OCS or One Place within five days of the change. Updated information includes, but is not limited to, change of address, phone number, enrollment or changes in child care, and medical/behavioral health information.	
5. I understand as part of the application process I will complete an ASQ-3 and ASQ-SE2 developmental screeners.	
6. I understand that if my child is enrolled, family involvement is required. My family will cooperate to submit necessary documentation, and participate in home visits, conferences, and family engagement opportunities to meet program requirements. (The number of home visits and conferences varies based on funding source).	
7. I authorize One Place to enroll all age eligible children in Dolly Parton's Imagination Library. Your child(ren) will receive a book monthly until their 5 th birthday at no cost to your family. The email address provided on the application will receive notification.	
8. I understand I may be contacted by OCS or the One Place if additional information is needed. Due to the eligibility requirements of each funding source, required documentation will vary based on each family's needs.	
9. I understand that if selected for participation in Onslow County Early Childhood Programs the following screenings may be conducted: vision screening, hearing screening, developmental screening, informal speech observation, dental screening, growth assessment, mental health and social and emotional well-being, and classroom observations. Screenings/re-assessments based on funding source: <ul style="list-style-type: none"> • A referral may be made for more in-depth evaluations, which could result in consideration for additional services. I will be notified for permission before any additional testing or evaluations are administered. • A referral will not be made for additional testing, evaluations, and/or services if the screening results do not indicate a need. • Results will be reviewed with you, as determined necessary, following your child's selection or enrollment in a preschool program. 	
I give permission for my child to participate in the screenings and/or repeat screening process.	YES
I do not give permission for my child to participate in the screenings and/or repeat screening process.	NO

PARENT/GUARDIAN SIGNATURE	
Please Read carefully: I certify that all information provided is true, correct and complete and that all income has been reported. I understand that the information provided is used to document program eligibility. Program staff may verify information on this application. If any part is false, my participation in this program may be terminated and I may be subject to legal action. If at any time my family or child situation changes, I understand that it is my responsibility to update my application.	
Parent/Guardian Name:	
Parent/Guardian Signature:	Date:

