



PO Box 70 • 1901-G N Main Street • Lillington • NC 27546 • Phone: (910) 893-2344 • Fax: (910) 893-2387 • [www.harnettsmartstart.org](http://www.harnettsmartstart.org)

**Dear Applicant,**

Thank you for your interest in the More at Four program in Harnett County. The More at Four Program is a free preschool program designed to help prepare four-year-old children for kindergarten through a curriculum-based classroom style learning environment. Sites that participate in the More at Four Program are selected on the basis of high quality.

Please complete the attached program application in its entirety and attach copies of the following:

- Birth Certificate** (Child must be four years of age on or before August 31<sup>st</sup> of the program year. Children age eligible for Kindergarten cannot be served with More at Four funds)
- Proof of Regular Gross Income** (Recent pay stub, W-2)
- Proof of Residence** (Lease or rental agreement, copy of a utility bill)
- Updated Vaccination Record**
- Kindergarten Health Assessment Report**
- Proof of Active Duty Military Status [military only]** (Current LES)

Complete applications may be mailed or hand delivered to our office. For the first round of placements, applications must be submitted by **April 15, 2011**. Applications received after this date will be placed on a waiting list and processed based on availability. **Incomplete applications will not be considered and will be returned.** Complete applications will be processed by our office to determine eligibility. If your child is not eligible for the More at Four program, you will be notified in writing indicating the reason for ineligibility.

The More at Four program is **not** a first come first serve program; placement is based on priority status and availability. Eligible children whose applications are received by the initial deadline of **April 15, 2011** will be placed in order of priority. You will be notified in writing of your child's placement by **June 1, 2011**.

Again, thank you for your interest in the More at Four program. I sincerely hope that we can serve your child and help prepare him/her for their transition into Kindergarten. If you have any questions, or if I can assist you with the application process, please feel free to call me at (910) 893-2344. I look forward to working with you!

Sincerely,

Tara Fish  
More at Four Manager



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## Harnett County More at Four Application 2011-2012

CHILD INFORMATION			
<b>Child's Full Name:</b>			
<b>Address:</b>			
<b>Mailing Address: (If different from above)</b>			
<b>Phone Numbers:</b>	Home Phone: _____		
	Cell Phone: _____		
	Alternate Phone: _____		
<b>County of Residence:</b>			
<b>Child's Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Child's Date of Birth:</b>	Month: _____ Day: _____ Year: _____		
<b>Child's Ethnicity:</b>	Hispanic or Latino	<input type="checkbox"/>	
	Not Hispanic or Latino	<input type="checkbox"/>	
<b>Child's Race: (Check all that apply)</b>	American Indian or Alaska Native	<input type="checkbox"/>	
	Asian	<input type="checkbox"/>	
	Black or African American	<input type="checkbox"/>	
	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
	White	<input type="checkbox"/>	
<b>Is Child a U.S. Citizen?</b>			<b>Yes</b>
			<b>No</b>
<b>Is Child a N.C. Resident?</b>			<input type="checkbox"/>
			<input type="checkbox"/>
<b>Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?</b>			<input type="checkbox"/>
			<input type="checkbox"/>

## FAMILY INFORMATION

**Child Lives With:**

Both Parents    Mother    Father    Other \_\_\_\_\_

**Family size:** \_\_\_\_\_

**List names and ages of all people living in the household (Include parent(s)/guardian(s) & children):**

Name	<input type="checkbox"/> Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

**\*Please complete income table for each working parent/guardian in household. If only one working parent/guardian in household, leave second table blank.**

**Parent/Guardian Income Information:**

Regular Gross Income:		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Child Support/Alimony:		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Other:		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

**Parent/Guardian Income Information:**

Regular Gross Income:		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Child Support/Alimony:		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Other:		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

**Is English spoken in the home?**

No English    Some English    Fluent English

**What language(s) are spoken in the home?**

**Which location would be most convenient for you?** (While we cannot guarantee that your child will be placed in your preferred location, we will make every effort to accommodate your preference.)

Angier    Dunn/Erwin    Lillington    Western Harnett

**EDUCATION INFORMATION**

**Is your child currently enrolled in a preschool or childcare program?**  Yes  No

If yes, which one? \_\_\_\_\_

If no, has your child ever been enrolled in a childcare program?  Yes  No

If yes, where did your child attend? \_\_\_\_\_

Please provide the approximate dates of attendance. \_\_\_\_\_

**PUBLIC ASSISTANCE INFORMATION**

**Is your child on the subsidy waiting list at the Department of Social Services?**  Yes  No

**Is your child currently receiving a DSS voucher for child care?**  Yes  No

**HEALTH INFORMATION**

**Has your child received a developmental screening or evaluation?**  Yes  No

**Does your child have any special developmental needs or disabilities?**  Yes  No

If yes, please list. \_\_\_\_\_

**Does your child have an Active IEP (Individualized Education Plan)?**  Yes  No

If yes, please attach a copy.

**Has your child had a Health Assessment in the last 12 months?**  Yes  No

If yes, please attach a copy.

**Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.?**

If yes, please list. \_\_\_\_\_  Yes  No

**OTHER INFORMATION**

**Is there any other information you would like to share with us?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read the following statements carefully and initial by each:**

- \_\_\_\_\_ I certify that all of the given information is true and correct and that all income is reported. I understand this information is being given for the receipt of state funds. More at Four officials may verify the information on this application. Deliberate misrepresentation of the information may be subject to prosecution under applicable state laws.
  
- \_\_\_\_\_ The information on this form will be used in the determination of eligibility for the More at Four program. I understand that I am releasing information so that my child may be considered for the More at Four program.
  
- \_\_\_\_\_ I understand that there may be a waiting list for the More at Four program.
  
- \_\_\_\_\_ I understand that if my child is selected to participate in the More at Four program, parent involvement will be critical to the success of my child. I/We commit to participate as much as possible in the More at Four program.
  
- \_\_\_\_\_ I understand that transportation to and from More at Four sites may be the responsibility of the family.
  
- \_\_\_\_\_ I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screenings while attending the More at Four program.
  
- \_\_\_\_\_ I understand that if there is any change in my child's status, address, attendance in any type of licensed care, phone numbers, guardianship, etc. I will contact the More at Four program at (910) 893-2344 immediately to inform them of changes.
  
- \_\_\_\_\_ I understand that if my child participates in the More at Four program, he/she may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, School website, More at Four related publications, etc.

**\* PARENT/GUARDIAN SIGNATURE IS REQUIRED \***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_