

Is your child currently receiving subsidy funds for child care? _____ On the subsidy waiting list? _____

Transportation may be provided. If not, would you be able to provide transportation for your child? Yes No

Stanly Regional Medical Center will be used in case of emergency unless otherwise listed:

Name & Phone # of Doctor or Medical Service Provider _____

Name & Phone # of Child's Dentist _____

Child lives with: Both parents Single Mother Single Father Parent and Step-Parent

Legal guardian(s) Other: _____

*If legal guardian, court ordered custody documents must accompany this application before it can be processed.

Name of Parent(s) or Legal Guardian(s) Who Live in the home:

_____, Phone _____, Alt phone _____
 Last First Middle

_____, Phone _____, Alt phone _____
 Last First Middle

Home Address _____
 Street City State Zip Code

Mailing Address (if different) _____
 Street City State Zip Code

How many people live in your household? ____ Total Number ____ Number of Adults (parents and step-parents only)
 ____ Number of children Ages of all children _____

County of Residence: _____

Email: _____

Are the parents in this family employed or enrolled in school? Please Check.

Mother Working: Full-Time Part-Time Not Working

Employer: _____ Work # _____

In School: Full-Time Part-Time

School attending: _____

Father Working: Full-Time Part-Time Not Working

Employer: _____ Work # _____

In School: Full-Time Part-Time

School attending: _____

PERMISSION TO ADMINISTER SCREENING & CONFIRMATION OF ACCURACY

- I understand that if my child is enrolled he/she may also be screened to determine eligibility for other services that will help prepare him/her for kindergarten. My signature gives the school permission to allow my child to be screened for Vision, Dental, Hearing, & overall development.
- My signature also confirms that the information provided on this application is accurate and complete.

 Parent/Guardian's Signature

 Date