

Onslow County Partnership for Children
 301 Northwest Drive, Jacksonville, NC 28546 Phone: 910-938-0336 Fax: 910-938-0068
www.onslowkids.org

High School Grad: Yes *No *If no, Highest Grade Completed: _____ GED: Yes No

Alternate Contact Person: _____	Relationship: _____	Home Telephone No.: (____) _____ - _____
		Cell Telephone No.: (____) _____ - _____

Name of Household Members	Relationship to Child	Date of Birth

DIRECTIONS TO HOME (From Nearest Major Intersection)

Subdivision/MHP/APT Complex/Community: _____
 Nearest Major Intersection: _____
 Brief directions from intersection: _____

PICKUP/DROPOFF (IF DIFFERENT FROM HOME ADDRESS)

Relative Child Care Center Home Child Care Provider

Name of Childcare or Provider: _____
 Address/Directions: _____

Military Information (Documentation Needed)

Military Dependent? Yes No
 Has parent or legal guardian been seriously injured or killed while active duty military? Yes No

Family Crisis Information

Is there any social service involvement? (Abuse, Neglect, Drugs, Mental Illness) Yes No
 Name of case worker: _____
 Is a parent or step parent currently incarcerated? (With Documentation) Yes No

Special Needs

Does the child applying for Preschool have any **documented** disabling condition such as speech impairment, blindness, orthopedic impairment, chronic illness, hearing problems, etc? Yes No

If Yes – Type of Disability: _____
 Type of Documentation: _____
 Name/Address/Phone Number of physician diagnosing/treating condition: _____

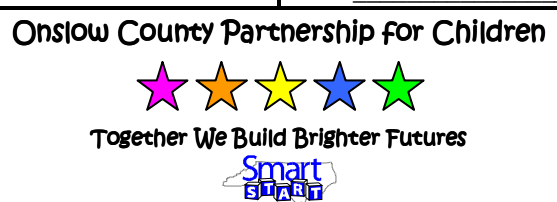
PLEASE READ CAREFULLY

A copy of your child's certified birth certificate, any immunization (shot) information, proof of income, and proof of residence (current water or electric bill) **must** be furnished before your child can be consider for enrollment. If at any time your family situation changes you must notify this office so that we can re-evaluate your child's application.

I (We) understand that this is only an application for possible enrollment in a preschool program. I will be notified if my child is accepted.

By signing below, I certify that all information submitted with this application is complete and accurately reflects my family status.

Signature: _____	Date: _____
Signature: _____	Date: _____



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Complete and return to: Onslow County Partnership for Children North Carolina Preschool Program (NCPK) 301 Northwest Drive Jacksonville, NC 28546	Telephone Number: 910-938-0336
Office Use Only	
Staff Receiving Application:	Date Received:
Required Documentation	
<input type="checkbox"/> Pickup/Drop off Checked Different? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Application <input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Child's shot record <input type="checkbox"/> Proof of Income (1040, 1040EZ, W2, LES or 3 consecutive months of paystubs, child support documentation) <input type="checkbox"/> Proof of Residency (current water or electric bill) <input type="checkbox"/> Disability Paperwork (<i>if applicable</i>) <input type="checkbox"/> Military Documentation (<i>if applicable</i>)	

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Together We Build Brighter Futures

