



smart start

Each Child. Every Community.

To: Parent/Caregiver

From: Mobile Preschool Staff

Re: Enrollment into Preschool Program

Welcome to the Mobile Preschool Program!!!

Requirements for participation in the Program:

- Child must be 3 years old by August 31 to be eligible for enrollment for the school year
- Child must be a resident of Hoke County
- Child cannot already be participating in a preschool program, day care center or home, or Head start
- Child must be potty trained and have all shots to date
- Parent must attend Orientation session when scheduled

Children will be selected according to their dates of birth. The children closest to entering kindergarten will have first priority in our selection. However, if your child is not selected to begin in August, he/she will remain on our list of candidates in the event children drop out of the program through December 31, 2024. Any 3-year-old who meets our requirements and does not get enrolled for this school year will automatically move up on the list for first priority for the following school year. We will send a letter of continued interest at that time.

In order to be enrolled in the program, the enclosed forms need to be completed. You may mail them or drop them off at the address below.

Hoke County Smart Start
1089 E. Central Ave. - Suite D
Raeford, NC 28376

IMPORTANT: You will need to provide copies of your child's immunization (shot) record, birth certificate, and social security card for our files. If you come to the office bring the information and we will be happy to make copies. If you mail the information back to us, please include copies of the shot record, birth certificate, and social security card. Your application cannot be considered complete until we have all the information listed (shot record, birth certificate, and social security card).

The *Child Data Sheet* contains important information that is required by the State of North Carolina for us to conduct our program. Please fill it out completely. It is stamped confidential and is not released to anyone other than the data entry clerk who records the information quarterly.

Please return all information by 5:00pm on or before Friday, July 26, 2024 in order for your child to be enrolled to start the new session in August.

You will receive written confirmation of your child's enrollment no later than Friday, July 19TH.

If you have any questions, please call the Mobile Preschool Staff at 910-904-5452 X 115.

Hoke County Partnership for Children and Families
Mobile Preschool Program
Application for Enrollment
Child's Information

Child's Full Name: _____ Social Security Number _____

M F Age: _____ Birth Date _____

Race/Ethnicity: (Please circle one)

African-American Asian Hispanic-Latino Native American Middle Eastern Multi-Racial Other White

Parent/Guardian Information

Mother's Full Name _____ e-mail _____

Maiden Name _____ Date of Birthdate _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Full Name _____ Date of Birth _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Guardian's Full Name (only complete if you are not the child's parent) _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Do you have legal custody of this child? (Circle One) Yes No

I, _____, verify that my child/ren are not enrolled in any preschool program, child care center, family child care home, or Head Start.

Signature of Parent or Guardian _____ Date: _____

***How did you hear about the program? _____

FOR OFFICE USE ONLY:	Enrollment Date: _____	Location: _____	Time: _____
	Paperwork Complete <input type="checkbox"/>	Withdrawal Date: _____	Day: _____

General Information

Is there any pertinent information about your child's general health or personal history that we should know? If so, please explain:

Does your child have brothers and/or sisters? (State names and ages)

Do you have any concerns about your child's speech or language? If so, please explain:

Please tell us about your home life.

Parent or Guardian's evaluation of child's personality: (likes, dislikes, fears, favorite activities).

In what way can we help your child this year?

Photo Permission

I give permission for my child to be photographed and/or videotaped by teachers and staff of the Hoke County Partnership for Children & Families (Smart Start) or local news organizations approved and accompanied by the Mobile Preschool Coordinator/Lead Teacher. I understand that the purposes of the pictures or videos may be used for advertising, public relations and family enrichment. I expect to be notified before such pictures/videos are taken.

Signature

Date

EMERGENCY INFORMATION

Child's Name:

M F

Address: _____

Date of Birth: _____

Wears Glasses? Y N

Allergies (Food, Medical, etc.): _____

Parent/Guardian: _____

Home Phone: _____

Cell Phone: _____

Work/Other Number: _____

Child's Physician: _____

Phone: _____

Affiliated Hospital: _____

Phone: _____

Child's Dentist

Phone: _____

Please list 2 additional people who may be called in the event of an emergency: (2 contacts are required and must be within a 15 minute radius of the Mobile Unit location – approximately 7 to 10 miles.)

Name: _____

Phone: _____

Cell Phone: _____

Alternate: _____

Name: _____

Phone: _____

Cell Phone: _____

Alternate: _____

I, _____, authorize the Hoke County Partnership for Children and Families (Smart Start) and/or the person or persons listed above to seek emergency services and/or the medical personnel listed on this form to provide medical treatment to my child in the event of an emergency.

Signature of Parent/Guardian

Date

Please indicate a code to be used with these persons for verification of authorization to take your child from the class. (Children will not be allowed to leave with a person without this code.) **AUTHORIZATION CODE#**

Hoke County Partnership for Children and Families

Child Data Sheet

Project Name:			
Please provide the following information on every child who participates in the Smart Start funded activity. ONLY COMPLETE ONE FORM PER CHILD. Items in bold are required, others are optional			
1. Child's Full Name	First	Middle	Last
2. Child's Birth Date	Month	Day	Year
3. Child's Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	4. Geographic Area Raeford= 01, Ashley Heights= 02, Rockfish=03, 5 Points=04, McDougald Downs = 05 Heritage Vlg=06, Davis Brdg=07, Arabia=08, Antioch=09, West Hoke=10, South Hoke=11, Sandy Grove=12 Dundarrach=13 Robin Hgts=14, Scurlock=15, Cameron Hgts=16, Puppy Creek=17, Other= 18
5. Child's Race/Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White			
6. Parent's Race/Ethnicity (circle one) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White			
7. Is this a single parent household?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Last four (4) digits of parent or guardian's Social Security Number			
9. Years of school completed by parent/guardian(circle one):		1 2 3 4 5 6 7 8 9	10 11 12
10. Number of Adults now living in the household			
11. Number of children ages 0-5 years of age now living in the household			
12. Number of children ages 6 to 18 years of age now living in the household			
13: Family's total annual earned income before taxes or any other deductions. (Check one.)			
<input type="checkbox"/> \$0 – \$4,999	<input type="checkbox"/> \$15,000 – \$17, 499	<input type="checkbox"/> \$25,000 – \$27,499	
<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$17,500 – 19,999	<input type="checkbox"/> \$27,500 - \$29,999	
<input type="checkbox"/> \$10,000 - \$12,499	<input type="checkbox"/> \$20,000 – 22, 499	<input type="checkbox"/> \$30,000 - \$34,999	
<input type="checkbox"/> \$12,500 - \$14,999	<input type="checkbox"/> \$22,500 - \$24,999	<input type="checkbox"/> \$35,000 and above	

Dear Parent/Caregiver:

Some parents have requested the names, addresses, and telephone numbers of all the participants in your child's class for special occasions or to determine the possibility of carpooling to class. Please indicate below whether you wish to share your information with others in the class.

Thank you!

- No, I do not wish to share my information with other parent's in my child's class
- Yes, I would like to share my information with other parents.

Child's Name: _____

Parent's Name: _____ Date: _____