



2024-2025 Caldwell County Schools High School Early Learning Lab
Application New or Returning Tuition Student
must be at least 3 years old on or before August 31, 2024

**General Program Information**

- A \$40, non-refundable registration fee is due with the application.
- \$568 (first month's tuition) is due **no later than August 1, 2024** to confirm your child's placement.
- Available for 3, 4, and 5 year old children
- Hours for tuition students are 7:00 am until 3:45 pm
- With notice, tuition students may attend on Planning and Optional Planning days at a cost of \$33/day.
- Traditional Caldwell County School Calendar is followed
- Daily snacks included in tuition. Breakfast and lunch costs are NOT included but will be paid through a state grant.
- Tuition is spread across the year rather than week-to-week. Monthly tuition is \$568.00 (due on 1st of each month: August, September, October, November, December, January, February, March, April, and May)
- Department of Social Services and Caldwell Community College & Technical Institute vouchers are accepted
- 2024-25 Parent Handbook will be available on the Caldwell County Schools Website by August 15
- Open House held at each school prior to start of school year - check your school's schedule for date/time
- New students are considered on a first-come, first-served basis, pending space availability and paid deposit

Are you also applying for NC Pre-Kindergarten consideration for your child at an elementary school? ☐ Yes ☐ No

Documents - Completed forms **MUST** include signatures and initials as needed, as well as all of the following documents to be considered:

Documentation Required	New Student	Returning Student
Application with all fields completed.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Child's Birth Certificate	<input type="checkbox"/>	N/A
Kindergarten Health Assessment Form (Completed on or after September 1, 2023) http://ncchildcare.nc.gov/PDF_forms/NCPre-K_HAForm.pdf	<input type="checkbox"/>	<input type="checkbox"/>
4-year-olds: Dental Screening Form (Completed on or after September 1, 2023) http://pfclg.com/images/downloads/NCPreK-Dental-Screening-Form.pdf	<input type="checkbox"/>	<input type="checkbox"/>
Up to Date Immunization/Shot Record	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Legal guardianship/custodial papers (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Information may be faxed from third parties to the Preschool Readiness Center at **828-757-0642**.

Child Information

Child's Name: _____
 (Last) (First) (Middle) (Nickname)

Child's date of birth: month _____ day _____ year _____

Child's address _____
 Street City State Zip

Child's First Name _____ M.I. _____ Last _____ Birthdate _____

Please check all boxes that apply and/or complete all questions:

Child's Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Is your child Hispanic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
County of Residence	<input type="checkbox"/> Caldwell <input type="checkbox"/> Burke <input type="checkbox"/> Other _____
What elementary school is your home address assigned to?	<input type="checkbox"/> Baton <input type="checkbox"/> Collettsville <input type="checkbox"/> Davenport <input type="checkbox"/> Dudley Shoals <input type="checkbox"/> Gamewell <input type="checkbox"/> Granite Falls <input type="checkbox"/> Happy Valley <input type="checkbox"/> Hudson <input type="checkbox"/> Kings Creek <input type="checkbox"/> Lower Creek <input type="checkbox"/> Sawmills <input type="checkbox"/> Valmead <input type="checkbox"/> Whitnel <input type="checkbox"/> I do not know my elementary school district.
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American/ Alaskan <input type="checkbox"/> Bi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other
Is your child a NC resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child lives with:	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother and Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other - _____
What language does your child most frequently use to communicate?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
What language(s) are frequently used in your home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____

Child's Development:

Does your child have a physical challenge or chronic illness?	<input type="checkbox"/> No <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> obesity <input type="checkbox"/> anemia <input type="checkbox"/> Other _____	A medical diagnosis is required. Verification from your child's physician must be provided with the application.
Does your child have a developmental or educational need?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	
Has your child received a developmental screening?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date completed _____	
Has your child been referred for testing for determining if services are needed (Speech, Physical Therapy, Occupational Therapy, and/or Play Therapy)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	Please let us know if your child is receiving private services of any kind. Recent evaluations or Progress Notes can be provided with your application as verification.
Is your child receiving services for a developmental need?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	
Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please include copy) <input type="checkbox"/> IEP with Caldwell County Schools <input type="checkbox"/> IEP is not with Caldwell County Schools and parent will provide a copy with the application.	If your child is under an IEP through Caldwell County Schools, you do not have to provide a copy. Verification will be completed by Caldwell County Schools.
Is your child potty trained?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Child's First Name _____ M.I. _____ Last _____ Birthdate _____

Current Child Care Provider (must be completed):

My child has attended a child care center or family child care home.	<input type="checkbox"/> Never <input type="checkbox"/> Attending currently, paid by family <input type="checkbox"/> Attending currently, paid by subsidy voucher <input type="checkbox"/> Attended previously but is not currently enrolled	<input type="checkbox"/> Applied for subsidy and on the waiting list <input type="checkbox"/> I am not eligible for subsidy
Current Child Care site	Name of current child care center/family home: _____ Start Date _____ Number of hours attended weekly _____	Office use ONLY: <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-5
Previous Child Care site	Name of current child care center/family home: _____ End Date _____ Number of hours attended weekly _____	Reason no longer attending.
Not attending Child Care	During the day, who currently cares for your child?	

Preferred Location – Please mark the learning lab you are applying to.

Returning students will be placed at current site unless requested otherwise. (Select only one site with a "R").

Which program are you applying to?	Site	Site is located
	Hibriten High School Early Learning Lab	Lenoir
	South Caldwell High School Early Learning Lab	Granite Falls

Siblings Attending School

Sibling Name	School Attending	Grade

Mother/Guardian's Name _____

Father/Guardian's Name _____

	Address	Phone	Email (Notifications will be sent via email)	Employer Name and Phone
Mother/Guardian	<input type="checkbox"/> Same as Child <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Cell _____ <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____		
Father/Guardian	<input type="checkbox"/> Same as Child <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Cell _____ <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____		
Alternative Contact's name		Alternative Contact's Phone(s)		

Child's First Name _____ M.I. _____ Last _____ Birthdate _____

My child is currently enrolled for free Dolly Parton Imagination Library books. ☐ Yes ☐ No, please send me information

_____ I understand that by completing this application my child is not guaranteed placement and that he/she may be on a waiting list.

_____ I understand that if my child is selected for participation, family involvement is essential. My family will cooperate with programs to submit necessary documentation and application for additional services.

_____ I understand that transportation to and from Pre-K programs will be my family's responsibility.

_____ I understand that my child will receive a developmental screening in the primary language listed in the application and give permission for my child to also receive vision, hearing, dental and/or speech and language screenings.

_____ I understand that my child will need a current, updated health assessment which includes vision, hearing, and an updated immunization record, before she/he attends a program. (Health Transmittal Form is available in most Caldwell County doctor's offices as well as http://ncchildcare.nc.gov/PDF_forms/NCPre-K_HAForm.pdf

_____ I understand that my child's progress will be shared with his anticipated kindergarten school to help the school prepare for a successful transition for my child. Information may include his screenings and data collected in the NCPK classroom.

_____ I give permission for my child's name, picture, portrait, likeness, or voice to be used for the purpose of center display, scrapbook, newspaper articles, television broadcast, posting to Pre-K program websites, and/or printed materials for use by the Caldwell County Schools.

I am interested in volunteering in my child's school/classroom. I can

☐ prepare classroom materials ☐ share a family tradition ☐ read to children

☐ talk about and answer questions about my job ☐ help during celebrations ☐ serve on a committee/council

This certifies that I have read and understand all information provided concerning tuition slot enrollment in preschool. By signing below, I acknowledge that I am responsible for tuition payments.

Signature of person(s) completing application: _____

Relationship to child: _____ **Date:** _____

How did you hear about the NCPK program? ☐ radio announcements ☐ from someone I know

☐ social media ☐ telephone notification ☐ posted signs ☐ other: _____

Drop off or mail completed applications at:

Preschool Readiness Center
332 Greenhaven Drive NW
Lenoir, NC 28645

Questions and appointments:

Caldwell County Schools
Preschool Readiness Center
Phone: 828-726-3920
Fax: 828-757-0642

Office Use Only:

☐ New Student ☐ Returning Student

PTY: ☐ Yes ☐ No

_____ Date Application Received _____ Date/Amt Deposit Received _____ Date/Amt Final Pmt Received