

Wake County Pre-Kindergarten Application

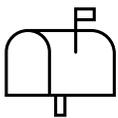
For children who will be **FOUR** years old by August 31, 2023



This application is for children who will be **four** years old by **August 31, 2023**.

If your child will be three years old by August 31, 2023, or younger, please contact Wake ThreeSchool or Telamon Head Start at the following locations:

- Wake ThreeSchool (Wake County Smart Start) 919-851-9550
- Crosby Head Start Center (Raleigh) 919-856-5232
- Parkway Head Start Center (Cary) 919-657-0577
- Knightdale Head Start Center (Knightdale) 919-266-1240



Mail completed application to the address listed below:

Wake Pre-K Application Center
4901 Waters Edge Drive, Suite 101
Raleigh, NC 27606

For additional information, please visit www.wakesmartstart.org

IMPORTANT NOTES

- ★ Applications must include all required documentation to be considered “complete.” See Application Checklist.
- ★ Transportation to Pre-K is the responsibility of the family.
- ★ Applications are accepted year-round for this application year. Only applications received by June 16, 2023, will be considered for all programs. Applications received after June 16th will be considered for Telamon Head Start and North Carolina Pre-Kindergarten.
- ★ Initial placements will be complete by mid-August of 2023. Details and updates will not be available until after that time

APPLICATION CHECKLIST

Required! Please include the following to the application:

COPY OF CHILD'S BIRTH CERTIFICATE*

- If your child's birth certificate is in a language other than English, please include a copy of the child's passport along with a copy of the birth certificate.

DOCUMENTATION OF WAKE COUNTY RESIDENCY (Submit one of the following)

Copy of *current* signed Lease

- Must include complete address, parent/guardian's name, parent/guardian's signature, and landlord's signature.

Current utility bill (water, electric, or gas)

- Cannot be an expired final or disconnect notice. ***If parent's name is not on the utility bill or lease, along with the bill or lease please include a letter from the bill payee stating that family lives with them.***

ALL SOURCES OF FAMILY INCOME

Please submit one of the following frequencies of pay and/or other sources of income, as well as any child support, retirement, and/or worker's compensation.

- If you get paid weekly - submit 4 consecutive pay stubs
- If you get paid every two weeks/twice monthly - submit 2 consecutive pay stubs
- If you get paid monthly - submit at least 2 full months of pay stubs.
- If a paystub is not available, please submit an earnings statement from your supervisor, **2022 IRS 1040**, unemployment/social security benefits letter, or copies of all W-2s from **2022**.
- If you do not have any income to report or documentation of income, please contact Wake County Smart Start for further income verification.

OPTIONAL DOCUMENTATION

Please note: Some programs may assign priority points if families attach the following documentation:

- Copy of child's Individualized Education Program (IEP) from a public school.
- Documentation of parent's military service (includes current active duty and serious injury or death resulting from military service).
- Chronic Illness – child's health assessment or note from medical provider indicating child's chronic illness.
- Copy of current educational/developmental screenings or evaluations indicating developmental or educational need.

* For additional information, please visit www.wakesmartstart.org

Wake Pre-K Application 2023-24

Date Received



STUDENT INFORMATION

Child's Legal Last Name	Child's Legal First Name	Child's Legal Middle Name
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child a US Citizen? <i>Information is not used to determine eligibility.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which category best describes the student's race? (Mark ALL that apply)		
<input type="checkbox"/> White/European American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian		

FAMILY INFORMATION

Include names of parents or other legal custodians. If custody is shared, please provide documentation of how decisions are to be made. If you have questions, please contact a member of the Pre-K staff.

My family requires support of an interpreter. Yes No If so, what language:

1. First Name	Last Name	
Email	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - Please specify:	
Primary Phone Number	Cell Phone Number	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Text Message
2. First Name	Last Name	
Email	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - Please specify:	
Phone	Cell Phone Number	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Text Message
Child's Home Address		Apartment or Suite Number
City	State	Zip Code

Mailing Address (if different from child's home address)		Apartment or Suite Number
City	State	Zip Code

With whom does the student live? (Choose only one)
 Parent #1 only Parent #2 only Both parents Legal guardian Other – Please specify:

Is this address temporary because of hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence: (This application is only for Wake County residents.)
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Where is the child sleeping at night? (You may choose more than one option.)

The student lives with a parent or legal custodian in a residence owned or leased by the parent or legal custodian.

In a motel or hotel In a shelter Moving from place to place In a church

FAMILY INFORMATION

Please list child, parents, stepparents, siblings, and/or guardians **who live with the child.**

Name	Relationship to child	Date of Birth (mm/dd/yyyy)	Please check if the child has special needs
Child's name	Applicant Child		<input type="checkbox"/>
Parent/Guardian			
Parent/Guardian			
Sibling's names:			
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>

Total number in family

HOME LANGUAGE INFORMATION

What language does your child most frequently use to communicate?

What language do you most frequently speak to your child?

What language did your child first learn to talk?

OTHER FACTORS FOR CONSIDERATION

If applicable, please attach documentation that indicates the child has any of the following factors: **(Mark all that apply)**

- Active Individualized Education Program (IEP)
- Limited English Proficiency
- Chronic Health Condition
- Developmental or Educational Need
- Parent or legal guardian of the child is an active-duty member of the military or was seriously injured or killed while on active duty

EDUCATION

- My child has never attended Pre-K, day care, a childcare program, or a family childcare home
- In the past, my child attended Pre-K, day care. A childcare program or a family childcare home but is not attending now. Now my child stays with family members or a babysitter.
- My child is currently attending a childcare program or family childcare home.
 - I understand that placement is not guaranteed, however, if eligible, I would like my child to remain at the childcare center where they are currently attending.
 - I would like my child to be considered for all programs for which they are eligible - Head Start, Private Childcare, Wake County Public Schools.

Name of Current Site/School/Family Child Care Home:

Address

Apartment or Suite

City

State

Zip Code

Does the child receive a Child Care Subsidy Voucher? **Yes** **No**

Does your family receive SNAP benefits? **Yes** **No**

For data collection purposes only, would your child require before and after school care while attending Wake Pre-K? **Yes** **No**

How did you hear about this program? **(Select all that apply)**

- Internet search (specify website):
- Newspaper
- Sibling/family member attended
- Facebook
- Flyer
- Wake County Public Schools
- Twitter
- Family/Friends/Neighbor
- Head Start
- Community Event
- Church
- Wake County Smart Start
- Childcare Center
- Doctor/Pediatrician
- Other:

FAMILY INCOME

If "0" income is reported, please contact Wake County Smart Start for further income verification

Name of Parent or Guardian #1	
Employment Status (<i>Mark all that apply</i>) <input type="checkbox"/> Employed - Average hours worked per week: _____ hours <input type="checkbox"/> Not Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Secondary Education <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Other (<i>Please explain</i>): If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income. <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	
Place of Employment	Work Phone ()
Income before taxes: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Alimony: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Child Support: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Worker's Comp/Disability: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Unemployment: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
SS/SSI/Work First/TANF: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Name of Parent or Guardian #2	
Employment Status (<i>Mark all that apply</i>) <input type="checkbox"/> Employed - Average hours worked per week: _____ hours <input type="checkbox"/> Not Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Secondary Education <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Other (<i>Please explain</i>): <input type="checkbox"/> If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income. <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	
Place of Employment	Work Phone ()
Income before taxes: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
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Child Support: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Worker's Comp/Disability: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
Unemployment: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
SS/SSI/Work First/TANF: \$	This amount is: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly
For Office Use only:	

FAMILY RESPONSIBILITY

Please read carefully and initial each box to confirm your understanding and acceptance of your responsibilities.

Initial Here	I authorize partnering Pre-K agencies Wake County Public School System, Wake County Smart Start, Wake County Human Services, and Telamon Head Start to exchange information regarding my child for the purpose of determining eligibility for state and federally funded Pre-K Programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education. I also authorize partnering Pre-K agencies to share my family's contact information with Wake County partners that serve 4-year-olds, if they believe my child is eligible for other community programs.
Initial Here	I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screenings and for the results of these screenings to be shared with partnering Pre-K Programs (Wake County Public School System, Wake County Smart Start, and Telamon Head Start).
Initial Here	I understand that if my child is selected for participation, family engagement is expected . My family will cooperate with programs to submit necessary documentation and applications for additional services.
Initial Here	I understand that transportation to and from Pre-K programs will be the family's responsibility.
Initial Here	I understand that if there is a change in my child's address, phone number, or attendance in any type of licensed care, or if there is change in family size or family income, it is my responsibility to notify the Pre-K Application Center and inform them of any changes.
Initial Here	I understand that my child will need a current, updated health assessment before attending a Pre-K program.
Initial Here	I understand that my child may be placed on a waiting list.

FAMILY AGREEMENT

I understand that in signing this application, I am stating that I have the right to make educational decisions for this child.

If there is shared custody, all parents and stepparents should sign the application and submit income documentation. List all family members.

I understand that the Pre-K Application Center cannot refuse to provide to a parent or legal guardian information or documentation about their child unless the program has been provided clear legal documentation prohibiting the disclosure of information to that person.

I certify that all information provided is true, correct, and complete and that all income has been reported and documented. I understand that information is provided to document eligibility for receipt of program funds.

Program staff may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable North Carolina state laws.

Parent/Guardian Signature *(If guardian signs, please attach documentation of guardianship.)*

Relationship to child

Date (mm/dd/yyyy)