



## Project Enlightenment Demonstration Preschool Overview

The Demonstration Preschool (DPS) at Project Enlightenment is an inclusive therapeutic program designed for four-year-old children living in Wake County who are not yet kindergarten eligible. It is a five-star classroom licensed through Division of Child Development and Early Education within the North Carolina Department of Health and Human Services. The program meets exceptional benchmarks regarding early childhood programming and environment.

**DPS GOAL:** The DPS goal is to foster each child's love of learning through play-based instruction while encouraging the development of skills and abilities. The areas of social, emotional, cognitive, language and motor development are promoted through individualized, informed instruction. The Creative Curriculum is the primary curriculum used "to help children become independent, self-confident, inquisitive and enthusiastic learners by actively exploring their environment." (*from the Creative Curriculum Overview, 2022*). This instructional focus that children "learn by doing" is based on early learning standards for North Carolina preschoolers, adopted by the North Carolina Department of Public Instruction.

**STAFF:** The professional staff consists of a preschool coordinator, teacher, and teacher's assistant. University interns also participate in the program to learn about working with young children.

**CHILDREN:** Children who are eligible for kindergarten cannot be considered for DPS placement. If a child is receiving services through the Wake County Public School System Preschool Services and has a current IEP, the services could continue with a DPS placement. However, the DPS is not an appropriate placement if a half-day or full-day special education classroom is recommended in the IEP.

**CLASSROOM:** The classroom environment is organized into learning centers such as: the blocks and building center, pretend play, the art center, music, a science and discovery center and a literacy center. Learning centers are set-up to encourage independent, hands-on exploration, and intentional play. Centers are carefully planned to provide opportunities for children to practice and develop skills in the way they learn as young children. The materials in learning centers are routinely changed according to the children's interest and the topics of study.

The schedule typically includes small group table-top activity time, a morning meeting, free play in learning centers, clean-up, snack & lunch, outdoor play time or movement indoors and a literacy circle time.

**PARENT-TEACHER PARTNERSHIP:** A strong parent-teacher partnership is an integral aspect of the DPS program. The classroom has an observation booth and parents are encouraged to participate in regularly scheduled observations of the classroom.

Parents are expected to \*volunteer in the classroom, attend parent-teacher conferences, and participate in Family School Partnership Day activities which occur about 8 times a year. *\*Parents must go through the Wake County Public School System process and register as a volunteer. Parents can receive assistance with the registration process in the Parent Teacher Resource Center.*

Parent counseling is available and free of charge. Parent workshops occur throughout the year and are available for a nominal fee through the Project Enlightenment Parent Workshop series.

**OBSERVATIONS:** In addition to helping children and their families, the DPS is designed to demonstrate effective research based best practices and activities. Teachers, early childhood educators, care providers and others interested in young children can schedule a guided observation of the classroom and of the teachers at work. An observation booth is available for this purpose.

**ADDITIONAL INFORMATION:** The following is a list of additional information that you may find useful.

- ◆ The DPS is funded by the Wake County Public School System and supported by tuition fees.
- ◆ Monthly tuition fee is \$250. Tuition assistance is available. Please indicate on the application if this is needed.
- ◆ Hours are 8:30-12:30 Monday through Friday.
- ◆ **Children must be four years old on or before August 31<sup>st</sup> of the year they are entering.**
- ◆ Applications are available in January of each year.

**2024-2025 BEGINNING OF SCHOOL INFORMATION:** If your child receives placement in the DPS for the following school year, our Preschool Coordinator and the DPS Teacher will share the following information in greater detail with you prior to the beginning of school.

1. DPS Parent Handbook
2. Paperwork, Forms & Surveys
3. WCPSS Traditional School Calendar, Project Enlightenment Calendar, Family School Partnership, Parent Conference Dates, Inclement Weather Plan
4. DPS Bell Schedule/ Arrival & Dismissal Times
5. Daily schedule including routines & mealtimes
6. Special Activities Schedule including Story Time in the PTRC & Second Step
7. Home Visits and when they may occur
8. Staggered Entry Schedule
9. List of items & materials your child will need at school
10. Communication methods between school and home- Daily Folders, Teacher Email, Class Dojo
11. Information on curriculum and topics of study
12. Information on how each child's progress is monitored and how it is shared with parents
13. Illness & Medication Policy /Covid Precaution Policy
14. How to pay tuition/scholarship information

**Project Enlightenment  
Office of Early Learning**

501 South Boylan Avenue  
Raleigh, NC 27603

[wcpss.net/projectenlightenment](http://wcpss.net/projectenlightenment)

tel: (919) 856-7774  
fax: (919) 704-2275





**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

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**Office of Early Learning**

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fax: (919) 704-2275

December 2023

Dear Interested Caregiver:

Thank you for your interest in the Demonstration Preschool (DPS) program at Project Enlightenment. Enclosed with this letter is an overview of the DPS program.

We will be holding five DPS Tour options this year. Please **choose one date** that is most convenient for you:

The tours will occur on:

- ☐ Tuesday, December 12<sup>th</sup> from 8:45-10:15 a.m.
- ☐ Thursday, January 11<sup>th</sup> from 8:45-10:15 a.m.
- ☐ Wednesday, January 17<sup>th</sup> from 8:45-10:15 a.m.
- ☐ Tuesday, January 23<sup>rd</sup> from 8:45-10:15 a.m.
- ☐ Monday, February 5<sup>th</sup> from 8:45-10:15 a.m.

If a tour is cancelled due to inclement weather, you will have an opportunity to sign up for another date.

During the tour, we will share information about our program, and observe the DPS “in action” from the DPS Observation Booth. Following the tour, we will have time for any questions you may have. Please make every effort to be here by 8:45 AM so we will have the entire time to share our program with you. **Please make childcare arrangements for your child (ren) during the time of the tour.**

Reservations for tours will begin on Monday, December 4, 2023. DPS applications will be available to complete beginning January 3, 2024. Please contact the office staff at (919-856-7774) to make a reservation. We will be accepting applications through February 7, 2024 and make notifications via email regarding admission status by February 23, 2024.

We look forward to sharing our program with you.

Sincerely,

Elizabeth Nida  
Preschool Coordinator  
919-856-7774 ext. 27010  
enida@wcpss.net

# STUDENT DATA SHEET

Page 1 of 3



## INSTRUCTIONS

Complete this form for each child you are enrolling or requesting service for at Project Enlightenment. For assistance, contact Project Enlightenment directly at 919-856-7774. [Línea de información en español: 919-694-8992](#)

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303

## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number ( ) -
Current Preschool/Childcare Center:	Is the student Hispanic/Latino? (Used for US. Census data) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which category best describes the student's race? (This information is used for US. Census data).

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander

## FAMILY INFORMATION

List names and grades of siblings attending WCPSS:		List names of non-school age siblings:
Family's Home Address		Apartment or Suite Number
City	State	Zip Code
Mailing Address (if different from family's home address)		Apartment or Suite Number
City	State	Zip Code
With whom does the student reside? (Choose only one) <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Legal custodian <input type="checkbox"/> Other (Please specify) _____		

## FOR OFFICE USE ONLY

Program(s)/Service(s) Requested:	Received by:
Additional Information:	
PowerSchool #	Entry date (mm/dd/yyyy)

CONTINUED ON NEXT PAGE >

# STUDENT DATA SHEET

Page 2 of 3



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## CONTACT INFORMATION

Include names of parents or other legal guardians below.

<b>1. First Name</b>		<b>Last Name</b>	
Email		Relationship Mother      Father      Legal Guardian <input type="checkbox"/>	
Home Phone (      )      -	Day Phone (      )      -	Cell Phone (      )      -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>2. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone (      )      -	Day Phone (      )      -	Cell Phone (      )      -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>3. First Name</b>		<b>Last Name</b>	
Email		Relationship Mother      Father      Legal Guardian <input type="checkbox"/>	
Home Phone (      )      -	Day Phone (      )      -	Cell Phone (      )      -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>4. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone (      )      -	Day Phone (      )      -	Cell Phone (      )      -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>5. First Name</b>		<b>Last Name</b>	
Email		Relationship Mother      Father      Legal Guardian <input type="checkbox"/>	
Home Phone (      )      -	Day Phone (      )      -	Cell Phone (      )      -	
Address		Apartment or Suite Number	
City	State	Zip Code	

# STUDENT DATA SHEET

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**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## EMERGENCY CONTACT

Emergency Contact's First Name	Emergency Contact's Last Name
Emergency Contact's Phone Number (     )     -	Emergency Contact's Relationship to Child

## SCHOOL HISTORY

Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What language is spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____	Have you or your child had previously contact with Project Enlightenment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child <u>ever</u> been enrolled in a Wake County school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", which school did your child attend? School name: _____ Start date _____ End date _____		
Has your child <u>ever</u> been enrolled in a North Carolina school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", which school did your child attend? School name: _____ Start date _____ End date _____		
Which school did your child last attend? School name: _____ Start date _____ End date _____		
Address of last school your child attended		
Type of school last attended <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home		
City	State	Zip Code

## HEALTH INFORMATION

Note any unusual physical conditions such as convulsion disorders, severe allergies or any condition that may impact learning or development:

## CONSENT FOR RELEASE OF INFORMATION

I authorize the release of my student's information to persons listed under the Family Information and Emergency Contact sections. I certify that all information provided above is true. Anyone listed as mother, father, or legal guardian will receive automated phone calls, texts, and email. Parents and legal guardian will have the opportunity to customize their communication preferences.

Parent/Guardian	Date (mm/dd/yy)
-----------------	-----------------

# Strengths and Needs



What does your child do well at home or at school?

--

What concerns do you have currently? (Please check each that apply)

Concern	Notes
<input type="checkbox"/> Activity Level/Attention	
<input type="checkbox"/> Behavior	
<input type="checkbox"/> Cognitive/Early Learning	
<input type="checkbox"/> Fluency/Voice/Stuttering	
<input type="checkbox"/> Speech/Articulation	
<input type="checkbox"/> Language/Communication	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Motor/Movement	
<input type="checkbox"/> Sensory Sensitives	
<input type="checkbox"/> Social/Play	
<input type="checkbox"/> Vision	
<input type="checkbox"/> Health Issue	

Does your child currently, or have they previously, received any of the following services in North Carolina or another state?  
Please indicate the service provider and dates of service when applicable.

☐ Individualized Family Service Plan (Birth through age 3 services)

- ☐ Service Coordination
- ☐ Developmental Therapy
- ☐ Speech/Language
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Feeding Therapy
- ☐ Other


☐ Individualized Education Program (through a public school system)

- ☐ Classroom Placement
- ☐ Classroom Support
- ☐ Speech/Language
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Other


☐ Privately accessed supports and interventions

- ☐ Play Therapy
- ☐ Social Skills Group
- ☐ Speech/Language
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Feeding Therapy
- ☐ ABA Therapy
- ☐ Other


# EARLY LEARNING PARENT OBSERVATION FORM

Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

Welcome to early learning in the Wake County Public School System. It is important for us to get to know each child and his or her family. You know your child best. By sharing your insights and expectations, you will help us plan a program to best meet your child's needs. Please provide any comments that will help make our partnership a rewarding experience for your child.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

## STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Child lives with:	Relationship to child:	Child's date of birth (mm/dd/yyyy):
List the names and ages of the child's brothers:	List the names and ages of the child's sisters:	

List others living in the home:

Has your child attended a preschool/daycare? ☐ Yes ☐ No

If yes, how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ More than 2 years List schools: \_\_\_\_\_

Has your child received early intervention services (speech/language therapy, educational interventions, counseling, etc.)?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

## GENERAL HEALTH INFORMATION

Please list any health concerns that you or your doctor have observed (asthma, stomach aches, seizures, bed wetting, nightmares, etc.):

Does your child have any food allergies?

☐ Yes ☐ No If yes, please \_\_\_\_\_

Was your child a full-term baby?

☐ Yes ☐ No

Is your child presently on medication?

☐ Yes ☐ No If yes, what medication and for what \_\_\_\_\_

Has your child had any significant injuries, illness, or hospitalizations?

☐ Yes ☐ No If yes, please \_\_\_\_\_

Has your child had any traumas or family stress (relocation, separation, divorce, death in the family, etc.)?

☐ Yes ☐ No

Do you have any concerns about your child's development (social, language, motor, academic, etc.)?

☐ Yes ☐ No

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# EARLY LEARNING PARENT OBSERVATION FORM

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## LANGUAGE/LITERACY DEVELOPMENT

Please write comments in the space provided, if necessary.

How often do you read to your child?

☐ Every day   ☐ 2-3 times a week   ☐ Once a week   ☐ One a month   ☐ Not at all/Never

Does your child express his/her ideas clearly?

☐ Yes   ☐ No

Does your child understand stories read to him/her?

☐ Yes   ☐ No

Does your child try to read books from memory?

☐ Yes   ☐ No

## PERSONAL/SOCIAL DEVELOPMENT

Please write comments in the space provided, if necessary.

Does your child play well with at least one child?

☐ Yes   ☐ No

Does your child usually make an effort to solve problems before seeking help?

☐ Yes   ☐ No

Does your child show concern for using materials and equipment safely and appropriately?

☐ Yes   ☐ No

Does your child cry often?

☐ Yes   ☐ No

Does your child separate easily from parents(s)?

☐ Yes   ☐ No

Does your child continue an activity without constant attention and encouragement?

☐ Yes   ☐ No

Does your child accept limits set by adults?

☐ Yes   ☐ No

## OTHER INFORMATION

Please tell us what you would like us to know about your child.

Please tell us what you would like your child to gain from services and programs offered at Project Enlightenment.

# HOME LANGUAGE SURVEY



## INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents can understand. Therefore, your response to the following questions is needed. If a language other than English is listed in any question 1-3, or a country other than U.S. is listed, make an appointment with WCPSS' Center for International Enrollment to begin the enrollment process.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303	إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303	Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303	यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें	학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303	Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303	如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303
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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	School	School Year
Country of student's birth	Student's initial entry into a U.S. school (mm/dd/yyyy)	

## HOME LANGUAGE INFORMATION

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as LEP and qualify for ESL services. All identified LEP students will be assessed annually until exiting LEP identification.

Please answer the following questions:

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	
Do you need translation services to understand WCPSS school records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Do you need an interpreter for school system meetings involving your child's education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Parent/Guardian Signature	Date (mm/dd/yyyy)
Parent/Guardian Home/Cell Phone ( ) -	Parent/Guardian Work Phone ( ) -

### SCHOOL AND CIE OFFICE USE ONLY

School staff member assisting parent (please print)	Position
Signature of staff member assisting parent	Date (mm/dd/yyyy)
CIE appointment date / call (919) 431-7404	Appointment time
Signature of CIE staff member receiving fax	Date (mm/dd/yyyy)

# VERIFICATION OF CHILD CUSTODY



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

For information regarding district policies on custody, please review Board Policy 6030 and R&P 6030.

Si necesita servicios  
de traducción  
gratuitos para  
comprender los  
procesos escolares,  
llame al  
(919) 852-3303

إذا كنت بحاجة إلى  
خدمات الترجمة  
المجانية للتعرف  
على سير العمليات  
بالمدرسة، اتصل  
بالرقم  
(919) 852-3303

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de traduction  
gratuits pour  
comprendre les  
procédures  
scolaires, appelez  
le (919) 852-3303

यदि आपको  
विद्यालय की  
प्रक्रियाओं को  
समझने के लिए  
निःशुल्क अनुवाद  
सेवाएं चाहिए, तो  
(919) 852-3303  
पर कॉल करें

학교/교육  
과정에 관한  
무료 번역  
서비스가  
필요하시면 다음  
번호로 연락하여  
주십시오  
(919) 852-3303

Nếu quý vị cần  
sự thông dịch  
miễn phí để hiểu  
phương pháp  
trường học, xin  
vui lòng gọi số  
điện thoại  
(919) 852-3303

如果您需要  
免费翻译服  
务来了解学  
校流程, 请  
致电  
(919) 852-3303

## STUDENT INFORMATION

**Student's Legal Last Name**

**Student's Legal First Name**

**Student's Legal Middle Name**

Complete the information below.

I, \_\_\_\_\_ am the [ ☐ Father ☐ Mother ☐ Legal Custodian ] of the above named child.  
PRINT YOUR NAME CHECK ONE

Are there any custody issues involving this student of which the school needs to be aware?

☐ Yes ☐ No

Have custody papers been presented to the school for this student?

☐ Yes ☐ No

Note: A copy of custody papers is requested by the school, when applicable, to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.

Signature of person completing this

Date (mm/dd/yyyy)



tel: (919) 856-7774  
fax: (919) 704-2275  
wcpss.net/projectenlightenment

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If your child has had previous screenings, evaluations, or relevant services, please attach written reports if available. **If an IEP has been developed, please attach a copy.**

*A \$10.00 non-refundable application fee (cash, check, or money order) is due with this application. Please return to:*

## Project Enlightenment

501 S. Boylan Avenue  
Raleigh, NC 27603