Wake County Pre-Kindergarten Application

This application is for children who will be four years old by August 31, 2021.
If your child is younger, please contact Telamon Head Start at one of these locations:

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

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 April 30, 2021 will be considered for all programs. Applications received after April 30th will be considered for Telamon Head Start and North Carolina Pre-Kindergarten.

✸ Initial placements will be complete by August 14, 2021. 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
- Passport or Record of Faith Initiation (Naming, Brit Milah, Baptism, Dedication)

DOCUMENTATION OF WAKE COUNTY RESIDENCY (Submit one of the following)
- ***Copy of signed Lease***
  - Must include complete address, parent's name, and parent's signature
- **Current utility bill (water, power, or gas**)
  - Must include name of company, name of parent, address of service. Cannot be expired final notice or a disconnect notice. ***If parent's name is not on a bill or lease:* Bill and letter from the bill payee stating that family lives with them.**

ALL SOURCES OF FAMILY INCOME
Please include at least one month of pay stubs for each employed parent or guardian, ***as well as documentation of income from 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, 2020 IRS 1040, unemployment/social security benefits letter, or copies of all W-2s from 2020.
  - If you do not have any source of income, please complete and submit a Pre-K Statement of Zero Income.

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 call Pre-K Application Information Line at 919-723-9298.

STUDENT INFORMATION

Child's Legal Last Name	Child's Legal First Name	Child's Legal Middle Name

Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female	Home Phone Number ( ) -

Is the child Hispanic/Latino ☐ **Yes** ☐ **No**	Is your child a US Citizen? *Information is not used to determine eligibility* ☐ **Yes** ☐ **No**

Which category best describes the student's race?

☐ Native Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White

☐ Native Hawaiian/Pacific Islander

FAMILY INFORMATION

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

1. First Name	Last Name

Email	Relationship ☐ Mother ☐ Father ☐ Legal Custodian ☐ Other-Please specify:

Home Phone ( )		Day Phone ( )		Cell Phone ( )	

2. First Name	Last Name

Email	Relationship ☐ Mother ☐ Father ☐ Legal Custodian ☐ Other-Please specify:

Home Phone ( )		Day Phone ( )		Cell Phone ( )	

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 custodian
☐Other - Please specify:

Is this address temporary because of a hardship? ☐Yes ☐No	County of Residence (this application is only for Wake County residents)

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		
Mother's name			
Father's name			
Sibling's names: 1			
2			
3			
4			
5			
6			
			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
- ☐ 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

Please mark only one

☐ 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.

Name of previous Site/School/Family Childcare Home   Date Last Attended (mm/dd/yyyy)

☐ My child is currently attending a childcare program or family childcare home.

Name of Current Site/School/Family Childcare Home

Address			Apartment or Suite
City	State		Zip Code
Program's Star Rating (1-5)	Does the child attend less than 10 hours per week? ☐YES ☐NO		Does the child receive Child Care Subsidy Voucher? ☐YES ☐NO

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

☐ Internet search Specify website: ☐ Facebook ☐ Twitter ☐ Community Event	☐ Daycare ☐ Newspaper ☐ Flyer ☐ Family	☐ Church ☐ School ☐ Other Specify:

FAMILY INCOME

If "0" income is reported, please submit a signed and dated Pre-K statement from a family member and/or friend who can verify your family's income. *(Form available at www.wakesmartstart.org/families/apply-to-wake-pre-k/apply/)* **NOTE: Documentation of all sources of family's income is required.**

Parent or Custodian #1's Name				
Employment Status *(Mark all that apply)* ☐Employed - *Average hours worked per week*: _____ hours ☐Not Employed ☐Seeking Employment ☐Attending Secondary Education ☐Attending High School ☐Attending Job Training ☐Other *(Please explain)*:				
Place of Employment		Work Phone (　　　)		
Income **before** taxes: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐Every 2 Weeks　☐ Weekly			
Alimony: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐ Every 2 Weeks　☐Weekly			
Child Support: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐ Every 2 Weeks　☐Weekly			
Worker's Comp/Disability: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐ Every 2 Weeks　☐Weekly			
Unemployment: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐Every 2 Weeks　☐ Weekly			
SS/SSI/SSA/TANF/Work First: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐Every 2 Weeks　☐ Weekly			
Parent or Custodian #2's Name				
Employment Status *(Mark all that apply)* ☐Employed - *Average hours worked per week :*_____ hours ☐Not Employed ☐Seeking Employment ☐Attending Secondary Education ☐Attending High School ☐Attending Job Training ☐Other *(Please explain)*:				
Place of Employment		Work Phone (　　　)		
Income **before** taxes: $	This amount is: ☐ Yearly　☐ Monthly　☐Twice Monthly　☐Every 2 Weeks　☐ Weekly			
Alimony: $	This amount is: ☐ Yearly　☐Monthly　☐Twice Monthly　☐ Every 2 Weeks　☐ Weekly			
Child Support: $	This amount is: ☐Yearly　☐Monthly　☐Twice Monthly　☐ Every 2 Weeks　☐ Weekly			
Worker's Comp/Disability: $	This amount is: ☐Yearly　☐Monthly　☐ Twice Monthly　☐ Every 2 Weeks　☐ Weekly			
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SS/SSI/SSA/TANF/Work First: $	This amount is: ☐ Yearly　☐ Monthly　☐Twice Monthly　☐Every 2 Weeks　☐ 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 screening 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 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 custodian 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)