Wake County Pre-Kindergarten Application

For children who will be FOUR years old by August 31, 2022











This application is for children who will be four years old by August 31, 2022.

If your child will be three years old by August 31, 2022, 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 15, 2022, will be considered for all programs. Applications received after June 15th will be considered for Telamon Head Start and North Carolina Pre-Kindergarten.
- ★ Initial placements will be complete by mid-August of 2022. 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, power, or gas)

Must include name of company, name of parent, address of service. Cannot be an expired final notice or an expired 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 one of the following supporting documentations of income, 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, **2021 IRS** 1040, unemployment/social security benefits letter, or copies of all W-2s from **2021**
- 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 visit www.wakesmartstart.org

Wake Pre-K Application 2022-23

Date Received











STUDENT INFORMATION			
Child's Legal Last Name	Cł	nild's Legal First Name	Child's Legal Middle Name
Date of Birth (mm/dd/yyyy)	S	ex	
		☐ Male ☐ Female	
Is the child Hispanic/Latino?	Is	•	Information is not used to determine eligibility.
☐ Yes ☐ No		☐ Yes ☐ No	
Which category best describes the st			
	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 decisions are to be made. If you have questions, please contact a member of the Pre-K staff.			
My family requires support of an interpolation of the support of an interpolation of the support	oreter.	□ Yes □ No	
1. First Name		Last Name	
Email		Relationship ☐Mother ☐Father ☐Legal	Guardian □Other - Please specify:
Home Phone ()	Day Pl ()	Il Phone)
2. First Name		Last Name	
Email		Relationship	Guardian □Other - Please specify:
Home Phone	ay Pho	ne	Cell Phone
()		()
Child's Home Address			Apartment or Suite Number
City	Stat	е	Zip Code

Mailing Address (if different from child's home address) Apartme				ent or Suite Number			
City	State			Zip Code			
	e only one) Both parents	☐ Legal gu	ardian				
☐ Other – Please specify: Is this address temporary because of hard	dship?	County of Ro	esidence:	<u> </u>			
□ Yes □ No]Yes □ No			(This application is only for Wake County residents.)			
Where is the child sleeping at night? (You	may choose n	nore than one	option.)				
\square The student lives with a parent or legal cu	ıstodian in a res	idence owned	or leased	by the p	arent or legal custodian.		
☐ In a motel or hotel ☐ In a shelter	☐ Moving f	rom place to p	lace [□ Inacl	hurch		
FAMILY INFORMATION							
Please list child, parents, stepparents, sibling	gs, and/or guard	ians <u>who live</u>	with the o	child.			
Name	Relationsh	ip to child		f Birth d/yyyy)	Please check if the child has special needs		
Child's name	Applicar	nt Child					
Parent/Guardian							
Parent/Guardian							
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 r	most frequently speak	to your child?		
What language did your	r child first learn to tall	k?		
OTHER FACTORS	FOR CONSIDER	ATION		
f applicable, please at that apply)	tach documentatior	n that indicates the child h	as any o	f the following factors: (<i>Mark all</i>
Active Individualized Education Program (IEP)				
☐ Limited English l	Proficiency			
☐ Chronic Health 0	Condition			
☐ Developmental o	or Educational Need	i		
☐ Parent or legal g	juardian of the child	is an active-duty membe	r of the n	nilitary or was seriously injured
or killed while on	active duty			
EDUCATION				
☐ My child has ne	ver attended pre-k,	day care, a child care pro	gram, or	a family child care home
☐ In the past, my child attended pre-k, day care. A child care program or a family child care home but is not attending now. Now my child stays with family members or a babysitter.				
Name of previous Site/School/Family Child Care Home: Date Last Attended (mm/dd/yyyy)				
☐ My child is curron	tly attanding a child	care program or family cl	hild care	homo
			IIIIu Care	nome.
Name of Current Site	/School/Family Chil	d Care Home		
Address			Apartm	ent or Suite
City	State		Zip Cod	le .
Oity	Glate		Zip 000	
Does the child receive ☐ Yes ☐ No	e a Child Care Subs	sidy Voucher?		
How did you hear about this program? (Select all that apply)				
☐ Internet search (sp	ecify website):	☐ Newspaper		☐ Sibling/family member attended
☐ Facebook		☐ Flyer		☐ Wake County Public Schools
☐ Twitter	☐ Twitter ☐ Family/Friends/Neig		ghbor	☐ Head Start
☐ Community Event☐ Church☐ Doctor/Pediatrician				☐ Wake County Smart Start☐ Other:
_ 545415 561161		_ Doolor odiamolan		_ 301011

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.

Name of Parent or Guardian #1			
Employment Status (Mark all that apply) □ Employed - Average hours worked per week: □ 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/Work First/TANF:	This amount is: □Yearly □Monthly □Twice Monthly □Every 2 Weeks □ Weekly		
Name of Parent or Guardian #2			
Employment Status (<i>Mark all that apply</i>) □ Employed - <i>Average hours worked per week</i> : hours □Not Employed □Seeking Employment □ Attending Secondary Education □ Attending High School □ Attending Job Training □ Other (<i>Please explain</i>):			
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 This amount is:		
Child Support: \$	☐ 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/Work First/TANF: \$	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.

	<u> </u>
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 documentationand applications for additional services.
Initial Here	I understand that transportation to and from Pre-K programs will be the family'sresponsibility.
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.
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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 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 attack	h documentations of guardianship.)
Relationship to child	Date (mm/dd/yyyy)