

Wake ThreeSchool Application

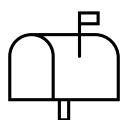
For children who will be **THREE** years old by **August 31, 2022**



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

If your child does not meet this age requirement, please contact Telamon Head Start at the following 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:

Wake ThreeSchool
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 Wake ThreeSchool is the responsibility of the family.
- ★ Applications are accepted year-round for this application year. However, only applications received by June 30, 2022, will be considered for the first round of placement. We strongly encourage interested families to complete their application by June 30, 2022.
- ★ Initial placements will be completed by the end of July 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 Wake ThreeSchool Statement of Zero Income.

OPTIONAL DOCUMENTATION

Please note: Wake ThreeSchool 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 ThreeSchool Application

School Year - 2022-2023

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Information is not used to determine eligibility.</i>
Which category best describes the child's race? (Mark ALL that apply)		
<input type="checkbox"/> Native Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> 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 Wake ThreeSchool 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:	
Home Phone ()	Day Phone ()	Cell Phone ()
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:	
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 child 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 child 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/temporary accommodation In a church

HOUSEHOLD 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 preschool, a child care program, or a family child care home.

In the past, my child attended preschool, 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 currently attending a child care program or family child care home.

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**

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

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

FAMILY INCOME

If "0" income is reported, please submit a signed and dated Wake ThreeSchool statement from a family member and/or friend who can verify your family's income. (Form available at www.wakesmartstart.org) NOTE: Documentation of all sources of family's income is required.

Name of Parent or Guardian #1	
Employment Status (Mark all that apply) <input type="checkbox"/> Employed - Average hours worked per week: <input style="width: 50px; border: 1px solid black;" type="text"/> 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 (Please explain):	
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 (Mark all that apply) <input type="checkbox"/> Employed - Average hours worked per week: <input style="width: 50px; border: 1px solid black;" type="text"/> 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 (Please explain):	
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
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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 Wake ThreeSchool agencies Wake County Public Schools 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 preschool programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education. I also authorize partnering Wake ThreeSchool agencies to share my family's contact information with Wake County partners that serve 3-year-olds, if they believe my child is eligible for other community programs.
Initial Here	I understand that my child will need a current, updated health assessment that includes hearing, vision, and dental screenings before attending a Wake ThreeSchool program.
Initial Here	I give permission for my child to receive developmental, speech and language screenings and additional hearing, vision, and dental screenings. Results of these screenings can be shared with partnering Wake ThreeSchool (Wake County Public Schools 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 Wake ThreeSchool 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 Wake ThreeSchool staff and inform them of any changes.
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 Wake ThreeSchool 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 <i>(If guardian signs, please attach documentations of guardianship.)</i>	
Relationship to child	Date (mm/dd/yyyy)