

Child's Name \_\_\_\_\_



### Wake County Pre-Kindergarten Application

Today's Date: \_\_\_\_\_

Child's Full Name (as on birth certificate) \_\_\_\_\_

Family Contact \_\_\_\_\_ Contact's Date of Birth \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Child's Gender (please circle one) M F Child's birth date (mm/dd/yyyy) \_\_\_\_\_

Child's Race (please mark **all** that apply)

- White/European
- Black/African
- Native American/Alaskan
- Asian
- Native Hawaiian/Pacific Islander
- Spanish/Latino/Hispanic

Is your child currently attending any child care program, child care home, preschool or Head Start Program?

no  yes If yes, where? \_\_\_\_\_ Do you have a voucher? \_\_\_\_\_

Has your child ever attended any child care program, child care home, preschool or Head Start Program?

no  yes If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

Is your child on the Wake County Human Services waiting list for subsidy?

no/don't know  yes

What language(s) are most often spoken in your home? \_\_\_\_\_

Your child speaks English  most of the time  some of the time  does not speak English

Has your child received a developmental screening or evaluation?

no/don't know  yes (if yes, please attach screening results) by which agency? \_\_\_\_\_

Do you think your child might have a developmental or educational challenge?

no/don't know  yes If yes, please explain \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)?

no/don't know  yes (if yes, please attach)

Does your child have a physical challenge or chronic illness?

no/don't know  yes (please describe and attach health provider statement \_\_\_\_\_)

Where will your child attend Kindergarten? \_\_\_\_\_

(if you are not sure, please call Growth Management with WCPSS at 919-850-1600 )

## Family Information

\*please note, income eligibility is not considered for Title One programs

**Mother's/Guardian's Name** \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Hours of Employment per week \_\_\_\_\_ High School/ College Student  Yes  No

**Mother's/Guardian's Income**

Earned Income	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Public Assistance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSA	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSI	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Unemployment Insurance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Child Support/Alimony	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Other _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually

**Method of Documentation**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1040 Tax Statement | <input type="checkbox"/> W-2 Statement                        | <input type="checkbox"/> Class Schedule       |
| <input type="checkbox"/> Pay Stub           | <input type="checkbox"/> Income Declaration (from supervisor) | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Public Assistance Form               |   |
| <input type="checkbox"/> Child Support      | <input type="checkbox"/> SSI Statement                        |   |

**Father's/Guardian's Name** \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Hours of Employment per week \_\_\_\_\_ High School/ College Student  Yes  No

**Father's/Guardian's Income**

Earned Income	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Public Assistance	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
Social Security/SSA	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually
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| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Public Assistance Form               |   |
| <input type="checkbox"/> Child Support      | <input type="checkbox"/> SSI Statement                        |   |

**Other children (under 18) in Household (please list)**

name	date of birth	relationship to child	Special Needs (Y/N)

**Adults in Household (please list)**

name	relationship to child

Total Family Size

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Child's Name \_\_\_\_\_

- Documentation Required Before Application is Accepted**
- \_\_\_\_\_ Birth Certificate
  - \_\_\_\_\_ Proof of Residency – for example, mortgage, lease contract or utility bill
  - \_\_\_\_\_ Proof of Income – for example, two check stubs, or statement from supervisor or case worker
  - \_\_\_\_\_ Immunization Records

Please mail complete application package to:

*Pre K Application Center  
1121 Situs Court, Suite 250  
Raleigh, NC 27606*

**or fax to: (919) 851-9530**

**Please read carefully, initial each paragraph, sign and date:**

\_\_\_\_\_ I certify that all information given is true and correct and that all income is reported. I understand that this information is given for the receipt of program funds. Program officials may verify information on this application. Deliberate misrepresentation may subject me to prosecution under applicable state laws.

\_\_\_\_\_ The information provided will be used in the determination of eligibility for Pre-K programming in Wake County. I hereby release the information so that my child may be considered for programs including Wake County Human Services Child Care Subsidy, Wake County Public School System Title One Program, Telamon Head Start and Wake County SmartStart More at Four. The designated agencies may share and/or verify any and all information regarding my child.

\_\_\_\_\_ I understand that there may be a waiting list for services.

\_\_\_\_\_ I understand that if my child is selected to participate in a program, family involvement will be critical to the success of my child. My family will commit to participate with program staff to submit necessary documentation and application for additional services.

\_\_\_\_\_ I understand that transportation to and from Pre-K Programs may be the responsibility of my family.

\_\_\_\_\_ I understand that this application will be considered for any and all programs designated. While family preference is essential to our process, assignments will be based on program eligibility and availability. **Family requests cannot always be honored.**

\_\_\_\_\_ I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening.

\_\_\_\_\_ I understand that if there is any change in my child's status - address, attendance in any type of licensed care (family child care home, child care center and/or preschool program), phone numbers, guardianship, etc., I will contact the Pre-K Application Center office immediately and inform them of changes.

\_\_\_\_\_ I give permission for my child to be photographed and/or videotaped for the purpose of center display, scrapbook, newspaper articles, television broadcast and/or posting to Pre-K program websites

\_\_\_\_\_ I understand that my child will need a current, completed health assessment before they attend the program.

**Parent/Guardian\* Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Other Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

\* if guardian signs, please attach official documentation of guardianship

For additional information or questions, please call Pre-K App Staff at (919) 851-9550

## Program Preference

### Dear Families,

In order to simplify the application process, we are offering you the opportunity to apply for all Pre-K programs offered in Wake County. Please understand that this is only an initial application. Each program has an orientation/intake procedure that may require developmental screening and will require additional information from you.

Using a score sheet, your application will be reviewed and shared with the agency most closely matching your selection and eligibility. You may request a particular site or program, however, we cannot guarantee your requests. Selection criteria are very specific and non-negotiable.

### When possible, place this child closest to:

- home zip code \_\_\_\_\_
- work zip code \_\_\_\_\_

### Please check all programs for which you would like to be considered.

**Wake County Public School System/Title One** - The Title I program is designed to provide children with developmentally appropriate experiences to help them enter kindergarten ready to learn and succeed. The Title I Pre-Kindergarten program serves students who are four years old or will be four by October 16th of the current school year. Students are assessed and those demonstrating the highest need for intervention are selected for the program. The Title I Prekindergarten program expects parents to participate in a variety of opportunities including parent meetings, educational workshops, field trips, and volunteering in the classrooms. **Deadline for Title I Applications: April 13, 2007**  
**Centers available are:** Brentwood Elementary, Carver Elementary, Creech Road Elementary, Lynn Road Elementary, Project Enlightenment, Smith Elementary, Vance Elementary and Zebulon Elementary.

**Telamon Corporation Head Start** - Provides free services to preschool children ages 3-4 years old from low income families. Programs operate from August to May, Monday through Friday from 8:30 – 3:00 p.m. Classrooms are well-equipped, staff fully qualified, 4 & 5 Star centers and parent involvement opportunities offered. **Centers available are:** Crosby Head Start, Knightdale Head Start and Parkway Head Start.

**Wake County SmartStart More at Four** - Serves 4-year-old children who are not currently attending a program. This early childhood program is provided at no cost to families and helps prepare children for school success. More at Four is community based and may be provided in public schools, licensed child care programs and Head Start. More at Four is partly funded by Wake County SmartStart - an organization working to ensure children are prepared for success in school and in life. **Centers available are:** ABC Land II, Academically Based Child Care, Appletree Day Care #3, Bright Beginnings CDC of Cary, Bright Horizons Corporate Center, Bright Horizons Forum, Buttons and Bows I, Buttons and Bows II, Childcare Network - Brentwood, Childcare Network - Six Forks, Childcare Network - Fuquay Varina, Early Preschool and Learning Center, Happy Face Preschool, Harps Mill Creative School, Heather Park CDC, Jordan Child & Family Enrichment Center, KidWorks, Lord of Life Preschool, Method CDC, Pleasant Day Preschool Center, Preston Children's Academy, Raleigh Nursery School, Upper Room Christian Academy and Wakefield Children's Center.

**Wake County Human Services, Child Care Subsidy Program** - Determines eligibility for vouchers for residence of Wake County and provides information regarding choosing and using quality child care. Over 500 child care providers in Wake County accept vouchers. Applications are received on an ongoing basis.

These are my preferences. **I understand that not all requests can be honored.**

Signature \_\_\_\_\_ Date \_\_\_\_\_