

Wake ThreeSchool Application

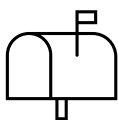
School Year 2024 – 2025



This application is for children who will be **three-years-old by August 31, 2024**.

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 applications to the address listed below:

Wake ThreeSchool
4901 Waters Edge Dr, Suite 101
Raleigh, NC 27606

For additional information, please visit www.wakesmartstart.org

IMPORTANT NOTES

- Your application must include all required documentation to be considered complete. Please see *Wake ThreeSchool Application Checklist* for more information on required documents.
- Transportation to and from Wake ThreeSchool is the responsibility of the family.
- Site preferences are **NOT** guaranteed. If your child is accepted into the Wake ThreeSchool program, we cannot ensure that they will be placed at one of the sites you indicate as a preference on your application.
- Applications are accepted until March 31, 2025, for this application year. However, only **completed** applications submitted by **May 31, 2024**, will be considered for initial placement. We **strongly encourage** interested families to submit a completed Wake ThreeSchool application by May 31, 2024.
- Applications are **not** processed on a first-come, first-serve basis. Wake ThreeSchool is prioritized for families with low incomes (within 75% of the State Median Income) and for other related priority groups.
- Initial placements will be completed by June 30, 2024. Details regarding your child's placement/enrollment status will not be available until after that time.

APPLICATION CHECKLIST

Please carefully review the list of required documentation and include all relevant documents with your application.



AGE VERIFICATION:

Please submit a copy of your 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.
- **We cannot accept social security cards.**

VERIFICATION 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, landlord's signature.
If the parent/guardian's name is not on the lease:
- Must submit a letter from the person named on the lease

Current (dated within 3 months of application submission) utility bill- water, power, or gas

- Must include name of company, parent/guardian's name, address of service, bill date.
- Cannot be an expired final notice or an expired disconnect notice.
If the parent/guardian's name is not on the bill:
- Must submit a letter from the bill payee affirming that the Wake ThreeSchool child and family live in the home **in addition to a current utility bill.**
- **We cannot accept Internet bills (including but not limited to Spectrum, AT&T, Charter, etc.).**

HOUSEHOLD INCOME VERIFICATION

Employment Income

- If paid **weekly**: submit **4** consecutive paystubs
- If paid **biweekly**: submit **2** consecutive paystubs
- If paid **twice monthly**: submit **2** consecutive paystubs
- If paid **monthly**: submit **2** consecutive paystubs

If a paystub is not available, please submit one of the following:

- Earnings statement from supervisor
- Most recent year's **IRS 1040(s), W-2(s)**, or other tax document(s)

Please include documentation for the below sources of income only when applicable:

- Child support
- Alimony
- SSA/SSI/Work First/TANF
- Worker's Comp/Disability
- Unemployment

If the household has no income to report for the applicable year:

- Submit a Wake ThreeSchool Statement of No Income

OPTIONAL DOCUMENTATION

Please note that Wake ThreeSchool may assign additional priority points if documentation is provided for the following:

- Copy of child's Individualized Education Plan (IEP)
- Documentation of parent/guardian's military service (includes current active duty and serious injury/death resulting from military service)
- Chronic illness (child's health assessment or note from medical provider indicating the child's chronic illness)
- Copy of child's current educational/developmental screenings or evaluation(s) indicating a developmental or educational need

For additional information, please visit www.wakesmartstart.org.

Wake ThreeSchool Application School Year 2024-2025



FOR OFFICE USE ONLY

Date Received



STUDENT INFORMATION

Child's Legal First Name		Child's Legal Middle Name		Child's Legal Last Name	
Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Is this child a resident of Wake County? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*This application is only for Wake County residents *</small>	
Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your child a US citizen? <i>Information is not used to determine eligibility.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which category best describes the child's race? <i>Mark all that apply.</i>					
<input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American		<input type="checkbox"/> Native American Indian/Alaska Native	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White			

FAMILY INFORMATION

Include names of parents and legal guardians/custodians. If custody is shared, please provide documentation of how decisions are to be made.

Does your family require the support of an interpreter? Yes No If so, what language? _____

With whom does the child live? *Choose only one option below*

Both Parents Parent #1 only Parent #2 only
 Legal Guardian Other – please specify: _____

Parent/Guardian #1 Information

First Name		Last Name	
Relationship to Applicant Child			
<input type="checkbox"/> Mother		<input type="checkbox"/> Father	
<input type="checkbox"/> Stepmother		<input type="checkbox"/> Stepfather	
<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Legal Custodian	
<input type="checkbox"/> Other – please specify: _____			
Home/Day Phone	Cell Phone	Email	Preferred Method of Contact <input type="checkbox"/> Text message <input type="checkbox"/> Email

Parent/Guardian #2 Information Please skip to "Child's Home Address" on the next page if you indicated the child lives with Parent #1 only

First Name		Last Name	
Relationship to Applicant Child			
<input type="checkbox"/> Mother		<input type="checkbox"/> Father	
<input type="checkbox"/> Stepmother		<input type="checkbox"/> Stepfather	
<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Legal Custodian	
<input type="checkbox"/> Other – please specify: _____			
Home/Day Phone	Cell Phone	Email	Preferred Method of Contact <input type="checkbox"/> Text message <input type="checkbox"/> Email

Child's Home Address		Apartment/Suite Number	
City	State	Zip Code	

Is this address temporary due to hardship?

Yes No

Where is the child sleeping at night? You may choose more than one option

- The child lives with a parent or legal guardian/custodian in a residence owned or leased by the parent or legal guardian/custodian
- In a motel/hotel In a shelter Moving from place to place/temporary accommodation In a church

Mailing Address Please complete this section only if different from the child's home address

Apartment/Suite Number

City

State

Zip Code

Family Information

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

- Facebook Twitter Community Event Childcare Center Flyer
- Newspaper Church Doctor/Pediatrician Family/Friends/Neighbor Head Start
- Sibling/Family member attended WTS/NCPK Wake County Public Schools Wake County Smart Start
- Internet search (specify website): _____ Other (please specify): _____

HOUSEHOLD INFORMATION

Please list parents, stepparents, siblings, and/or guardians who live with the applicant child.

First and Last Name	Relationship to Applicant Child	Date of Birth (mm/dd/yyyy)	Please check to indicate if this child has special needs
Applicant Child	APPLICANT CHILD		<input type="checkbox"/>
Parent/Guardian #1			
Parent/Guardian #2			
Siblings			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total number in household:			

FAMILY INCOME

- If either Parent/Guardian is reporting zero income, please submit a *Wake ThreeSchool Statement of No Income* form (<https://www.wakesmartstart.org/families/wake-threeschool/>)
- Documentation of all sources of family income is required; please use page 9 if you are reporting more than one source of employment income

Parent/Guardian #1 Income Information

Parent/Guardian #1 Name

Parent/Guardian #1 Employment Status

Employed
 Not Employed
 Seeking Employment

Number of jobs: _____
 Average # of hours worked per week: _____

Do any of these situations apply to Parent/Guardian #1?

Attending Secondary Education
 Attending Job Training
 Attending High School
 N/A

If you work in education (teacher, administrator, transportation, etc.), please indicate how many months of the year you receive employment income.

9 months
 10 months
 11 months
 12 months
 N/A

Name of Employer

Work Phone Number

Employment Income amount before taxes (\$):

Payment Frequency

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Child Support amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Unemployment amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Worker's Comp/Disability amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

SS/SSI/Work First/TANF amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Alimony amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Parent/Guardian #2 Income Information

Parent/Guardian #2 Name

Parent/Guardian #2 Employment Status

Employed
 Not Employed
 Seeking Employment

Number of jobs: _____
 Average # of hours worked per week: _____

Do any of these situations apply to Parent/Guardian #2?

Attending Secondary Education
 Attending Job Training
 Attending High School
 N/A

Name of Employer

Work Phone Number

If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income.

9 months
 10 months
 11 months
 12 months
 N/A

Employment Income amount before taxes (\$):

Payment Frequency

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Child Support amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Unemployment amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Worker's Comp/Disability amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

SS/SSI/Work First/TANF amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

Alimony amount:

Weekly
 Every two weeks
 Twice monthly
 Monthly
 Yearly

STUDENT PROFILE

Home language Information

What language(s) does your child most frequently use to communicate?

Education Information

Please select the statement that applies to this child:

- This child has never attended a child care program or a family child care home.
- In the past, this child attended 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 childcare home

Date last attended (mm/dd/yyyy):

- This child is currently attending a child care program or family child care home.

Name of current site/school/family child care home

Address

Apt/Suite Number

City

State

Zip Code

Does this child receive a Child Care Subsidy Voucher?

- Yes No

Additional Factors for Consideration

Please indicate if the applicant child has any of the following factors *(Mark all that apply)*:

*Please note that documentation will be requested for applicable factors.

- 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

PLACEMENT PREFERENCES

Please note that site preferences are **NOT** guaranteed. If your child is accepted into the Wake ThreeSchool program, we cannot ensure that they will be placed at one of the sites you have indicated as a preference.

Will your child require before and after school care while attending Wake ThreeSchool?

- Yes No

Please refer to the *SY23-24 Wake ThreeSchool Site List on page 8 of this application packet* and rank your top three preferences from this list, with one being your first choice and three being your last choice. The list of participating Wake ThreeSchool sites for the 2023-2024 school year is subject to change. **Please note that site preferences cannot be guaranteed.**

First Choice: _____

Second Choice: _____

Third Choice: _____

By providing your initials here, you confirm that you understand that site preferences are not guaranteed. Your initials here confirm that you understand that, if your child is accepted into the Wake ThreeSchool program, they may be offered placement at a site that is not indicated on your preference list.

Initial here:

Please indicate if you would like your work address or home address to be used for placement consideration. Please note that the address indicated must be located in Wake County to be considered; if your work address is outside of Wake County, your home address listed on the application will be the default used for placement consideration.	Please enter the work address you would like to be used for placement consideration.		
	Street Address		Apt/Suite
<input type="checkbox"/> Home Address <input type="checkbox"/> Work Address	City	State	Zip Code
What is your anticipated regular method of transportation to/from the Wake ThreeSchool site? Please note that transportation to/from the program is the responsibility of the family.			
<input type="checkbox"/> Car/Driving <input type="checkbox"/> Walking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Taxi/Uber/Lyft/Car Service	<input type="checkbox"/> Other- please specify: _____		
Please indicate the farthest distance you are able to commute to your child's Wake ThreeSchool site.			
<input type="checkbox"/> 10 miles <input type="checkbox"/> 15 miles <input type="checkbox"/> 20 miles <input type="checkbox"/> 25 miles <input type="checkbox"/> More than 25 miles			

FAMILY ATTESTATIONS

Please read carefully. Please initial each box and sign the application to confirm your understanding and acceptance of your responsibilities.

Initial Here	I authorize partnering Wake ThreeSchool 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 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 hearings , as well as additional hearing, vision, and dental screenings . Results of these screenings can be shared with partnering Wake ThreeSchool agencies (Wake County Public School System, Wake County Smart Start, Wake County Human Services, 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 program will be the family's responsibility.
Initial Here	I understand that if there is a change in my child's address, phone number, attendance in any type of licensed care, family size, or family income, it is my responsibility to notify Wake ThreeSchool staff. It the family's 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.
Initial Here	I understand that site preferences cannot be guaranteed.
Initial Here	I understand that in signing this application, I am stating that I have the right to make educational decisions for this child.
Initial Here	If there is shared custody, all parents and stepparents should sign the application and submit income documentation. List all family members.
Initial Here	I understand that Wake ThreeSchool cannot refuse to provide information or documentation about a child to a parent or legal guardian unless the program has been provided clear, legal documentation prohibiting the disclosure of information to that person.
Initial Here	I certify that all information is true, correct, and complete. All income has been reported and documented. I understand that this information is provided to document eligibility for receipt of program funds.
Initial Here	Program staff may verify information on this application. Deliberate misinterpretation may subject me to prosecution under applicable North Carolina state laws.

Parent/Guardian Signature	Date (mm/dd/yyyy)
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SY24-25 Wake ThreeSchool Site List

Please note that the list of participating Wake ThreeSchool sites, as well as the services they offer (including but not limited to before/after care, transportation, etc.) for the 2024-2025 school year is subject to change. This list will be updated accordingly. Please contact the site directly if you have questions about the specific services they offer outside of the Wake ThreeSchool school day.

A Safe Place Child Enrichment Center

1216 Cross Link Rd, Raleigh NC 27610

WTS Contact: Charmaine Winston
Email: 3school.asp@gmail.com
Phone: (919) 833-9330

WTS hours: 8:30 am – 3:00 pm
Morning/Before Care hours: 7:00 – 8:30 am
Afternoon/After Care hours: 3:00 – 5:30 pm

Limited transportation services (additional fees may apply)

A Safe Place Child Childcare

201 Clarendon Crescent, Raleigh NC 27610

WTS Contact: Charmaine Winston
Email: 3school.asp@gmail.com
Phone: (919) 899-3536

WTS hours: 8:30 am – 3:00 pm
Morning/Before Care hours: 7:00 – 8:30 am
Afternoon/After Care hours: 3:00 – 5:30 pm

Academically Based Child Childcare

916 Rock Quarry Rd, Raleigh NC 27610

WTS Contact: Kimberly Knight
Email: gutekids@aol.com
Phone: (919) 833-1640

WTS hours: 9:00 am – 3:30 pm
Morning/Before Care hours: 7:30 – 8:45 am
Afternoon/After Care hours: 3:45 – 5:45 pm

Limited transportation services offered (additional fees may apply)

Bright Beginnings Child Development Center

123 Bright Beginning Way, Cary NC 27519

WTS Contact: Lisa Ware
Email: warelisaatbb@gmail.com
Phone: (919) 367-0009

WTS hours: 8:30 am – 3:30 pm
Morning/Before Care hours: 8:00 – 8:30 am
Afternoon/After Care hours: 3:30 – 5:00 pm

Childcare Network #125

350 W Jones St, Fuquay Varina NC 27526

WTS Contact: Mequinta Oakley
Email: cni125@childcarenetwork.com
Phone: (919) 557-1262

WTS hours: 8:00 am – 2:30 pm
Morning/Before Care hours: 7:00 – 8:00 am
Afternoon/After Care hours: 2:30 – 6:00 pm

Limited transportation services offered (additional fees may apply)

Early Preschool & Learning Center

2614 Fairway Dr, Raleigh NC 27603

WTS Contact: Connie Kennedy
Email: cwatsonepalc@aol.com
Phone: (919) 772-4109

WTS hours: 8:00 am – 3:00 pm (subject to change)
Morning/Before Care hours: 7:00 – 8:00 am
Afternoon/After Care hours: 3:00 – 4:00 pm

Frankie Lemmon School & Developmental Center

3311 Carl Sandburg Ct, Raleigh NC 27610

WTS Contact: Nichole Miller
Email: nichole@frankielemmonschool.org
Phone: (919) 821-7436

WTS hours: 9:00 am – 3:30 pm (subject to change)
Morning/Before Care hours: 8:00 – 9:00 am
Afternoon/After Care hours: 3:30 – 4:30 pm

The Happy Face Preschool

5010 Fort Sumter Rd, Raleigh NC 27606

WTS Contact: Sabrena Robinson
Email: happyfaceps@gmail.com
Phone: (919) 233-8081

WTS hours: 8:30 am – 3:30 pm
Morning/Before Care hours: 7:00 – 8:30 am
Afternoon/After Care hours: 3:00 – 5:30 pm

Kids First Academy

3308 Poole Rd, #108, Raleigh NC 27610

WTS Contact: Loleta Brown
Email: loletab@hotmail.com
Phone: (919) 255-3313

WTS hours: 8:30 am – 3:00 pm
Morning/Before Care hours: 7:30 – 8:30 am
Afternoon/After Care hours: 3:00 – 5:00 pm

Knightdale Head Start

1020 Todd Rd, Knightdale NC 27545

WTS Contact: LaShannie Reid
Email: lreid@telamon.org
Phone: (919) 266-1240

WTS hours: TBD
Morning/Before Care hours: *not offered at this site*
Afternoon/Afternoon Care hours: *not offered at this site*

Little Believers Academy II

309 Holman Dr, Garner NC 27529

WTS Contact: Cassandra Brooks
Email: thelittlebelievers@gmail.com
Phone: (919) 720-4773

WTS hours: 8:30 – 3:00 pm (*subject to change*)
Morning/Before Care hours: 6:30 – 8:30 am
Afternoon/After Care hours: 3:00 – 5:30 pm

Telamon Parkway Head Start

102 YMCA Dr, Cary NC 27513

WTS Contact: Dormica James
Email: djames@telamon.org
Phone: (919) 657-0577

WTS hours: TBD
Morning/Before Care hours: *not offered at this site*
Afternoon/After Care hours: *not offered at this site*

Wakefield Creative School

2700 Wakefield Pines Dr, Raleigh NC 27614

WTS Contact: April Proctor
Email: april.proctor@creativeschools.com
Phone: (919) 562-7900

WTS hours: 8:30 am – 3:00 pm
Morning/Before Care hours: 7:00 – 8:30 am
Afternoon/After Care hours: 3:00 – 6:00 pm

Limited transportation services offered (*additional fees may apply*)

Wanda's Little Hands Education Center

3308 Poole Rd, Raleigh NC 27610

WTS Contact: Simone Green
Email: wandaslittlehands@yahoo.com
Phone: (919) 231-9960

WTS hours: 8:30 am – 3:00 pm (*subject to change*)
Morning/Before Care hours: 7:30 – 8:30 am
Afternoon/After Care hours: 3:00 – 5:30 pm

Scan the QR code below to view a map of all WTS sites



FAMILY INCOME- Please use this sheet if you are reporting more than one source of employment income.

- If either Parent/Guardian is reporting zero income, please submit a *Wake ThreeSchool Statement of No Income* form (<https://www.wakesmartstart.org/families/wake-threeschool/>)
- Documentation of all sources of family income is required; please use page 9 if you are reporting more than one source of employment income

Parent/Guardian #1 Income Information

Parent/Guardian #1 Name

Parent/Guardian #1 Employment Status

Employed Number of jobs: _____
 Average # of hours worked per week: _____
 Not Employed Seeking Employment

Do any of these situations apply to Parent/Guardian #1?

Attending Secondary Education Attending High School
 Attending Job Training N/A

If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income.

9 months 10 months 11 months 12 months N/A

Name of Employer

Work Phone Number

Employment Income amount before taxes (\$):

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Child Support amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Unemployment amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Worker's Comp/Disability amount:

Weekly Every two weeks Twice monthly Monthly Yearly

SS/SSI/Work First/TANF amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Alimony amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Parent/Guardian #2 Income Information

Parent/Guardian #2 Name

Parent/Guardian #2 Employment Status

Employed Number of jobs: _____
 Average # of hours worked per week: _____
 Not Employed Seeking Employment

Do any of these situations apply to Parent/Guardian #2?

Attending Secondary Education Attending High School
 Attending Job Training N/A

Name of Employer

Work Phone Number

If you work in education (teacher, administrator, transportation, etc.) please indicate how many months of the year you receive employment income.

9 months 10 months 11 months 12 months N/A

Employment Income amount before taxes (\$):

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Child Support amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Unemployment amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Worker's Comp/Disability amount:

Weekly Every two weeks Twice monthly Monthly Yearly

SS/SSI/Work First/TANF amount:

Weekly Every two weeks Twice monthly Monthly Yearly

Alimony amount:

Weekly Every two weeks Twice monthly Monthly Yearly