

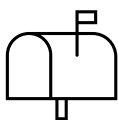
Wake ThreeSchool Application School Year 2025 – 2026



This application is for children who will be **three-years-old by August 31, 2025**.

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, 2026, for this application year. However, only **completed** applications submitted by **May 31, 2025**, will be considered for initial placement. We **strongly encourage** interested families to submit a completed Wake ThreeSchool application by May 31, 2025.
- 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, 2025. 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 2025-2026



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? <small>Information is not used to determine eligibility.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which category best describes the child's race? <small>Mark all that apply.</small>					
<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? If so, what language?
 Yes No _____

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:

<p>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.</p>		<p>Please enter the work address you would like to be used for placement consideration.</p>		
		<p>Street Address</p>		<p>Apt/Suite</p>
<p><input type="checkbox"/> Home Address <input type="checkbox"/> Work Address</p>		<p>City</p>	<p>State</p>	<p>Zip Code</p>
<p>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.</p>				
<p><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: _____</p>				
<p>Please indicate the farthest distance you are able to commute to your child's Wake ThreeSchool site.</p>				
<p><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</p>				
<p>FAMILY ATTESTATIONS</p>				
<p>Please read carefully. Please initial each box and sign the application to confirm your understanding and acceptance of your responsibilities.</p>				
Initial Here	<p>I authorize partnering Wake ThreeSchool agencies (Wake County Public School System, Wake County Smart Start, Wake County Human Services, USCRI, 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.</p>			
Initial Here	<p>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.</p>			
Initial Here	<p>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).</p>			
Initial Here	<p>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.</p>			
Initial Here	<p>I understand that transportation to and from Wake ThreeSchool program will be the family's responsibility.</p>			
Initial Here	<p>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.</p>			
Initial Here	<p>I understand that my child may be placed on a waiting list.</p>			
Initial Here	<p>I understand that site preferences cannot be guaranteed.</p>			
Initial Here	<p>I understand that in signing this application, I am stating that I have the right to make educational decisions for this child.</p>			
Initial Here	<p>If there is shared custody, all parents and stepparents should sign the application and submit income documentation. List all family members.</p>			
Initial Here	<p>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.</p>			
Initial Here	<p>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.</p>			
Initial Here	<p>Program staff may verify information on this application. Deliberate misinterpretation may subject me to prosecution under applicable North Carolina state laws.</p>			

<p>Parent/Guardian Signature</p>	<p>Date (mm/dd/yyyy)</p>
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SY25-26 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 2025-2026 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 Childcare (Clarendon)

201 Clarendon Crescent, Raleigh, NC 27610

WTS Contact: Charmaine Winston

Email: cwinston@asafeplacechildcare.org

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

Cost of Before and After Care: \$400 per month

Limited Transportation: No

A Safe Place Child Enrichment Center (Crosslink)

1216 Cross Link Rd, Raleigh, NC 27610

WTS Contact: Charmaine Winston

Email: cwinston@asafeplacechildcare.org

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

Cost of Before and After Care: \$400 per month

Limited Transportation: No

A Safe Place Child Enrichment Center #2 (Trawick)

2625 Trawick Rd, Raleigh, NC 27601

WTS Contact: Charmaine Winston

Email: cwinston@asafeplacechildcare.org

Phone: (984) 218-2442

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

Cost of Before and After Care: \$400 per month

Limited Transportation: No

Academically Based Child Development Center

916 Rock Quarry Rd #101, 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: 7:00 – 9:00 am

Afternoon/After Care Hours: 3:30 – 6:00 pm

Cost of Before and After Care: \$240 per month

Limited Transportation: Yes

Cost: Up to \$40 donation per month

Bambino's Playschool

3404 Davis Dr, Cary, NC 27519

WTS Contact: Adria Boyd

Email: adria@bambinosplayschool.com

Phone: (919) 694-5777

WTS Hours: 9:00 am – 3:30 pm

Morning/Before Care Hours: 8:00 – 9:00 am

Afternoon/After Care Hours: 3:30 – 5:00 pm

Cost of Before and After Care: \$555 per month

Limited Transportation: No

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: 9:00 am – 3:30 pm

Morning/Before Care Hours: 7:30 – 9:00 am

Afternoon/After Care Hours: 3:30 – 5:30 pm

Cost of Before and After Care: \$556 per month

Limited Transportation: No

Childcare Network #125 (W Jones St)

350 W Jones St, Fuquay Varina, NC 27526

WTS Contact: Selena Bowe

Email: CNI125@childcarenetwork.com

Phone: (919) 557-1219

WTS Hours: 8:00 am – 2:30 pm

The Daniel Center for Math and Science

735 Rock Quarry Rd, Raleigh, NC 27610

WTS Contact: Ciera Baker

Email: cbaker@danielcenter.org

Phone: (919) 828-6443

WTS Hours: 8:30 am – 3:00 pm

Morning/Before Care Hours: 6:30 – 8:00 am
Afternoon/After Care Hours: 2:30 – 6:00 pm
Cost of Before and After Care: \$300 per month

Limited Transportation: No

Early Preschool and Learning Center

2614 Fairway Dr, Raleigh, NC 27603

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

WTS Hours: 8:30 am – 3:00 pm
Morning/Before Care Hours: 7:00 – 8:30 am
Afternoon/After Care Hours: 3:00 – 4:30 pm
Cost of Before and After Care: \$480 per month

Limited Transportation: No

The Happy Face Preschool

2010 Fort Sumter Rd, Raleigh, NC 27606

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

WTS Hours: 8:30 am – 3:00 pm
Morning/Before Care Hours: 7:30 – 8:30 am
Afternoon/After Care Hours: 3:00 – 4:00 pm
Cost of Before and After Care: \$250 per month

Limited Transportation: No

Knightdale Head Start

1020 Todd Rd, Knightdale, NC 27545

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

WTS Hours: 8:30 am – 3:00 pm
Morning/Before Care Hours: *N/A, not available*
Afternoon/After Care Hours: *N/A, not available*
Cost of Before and After Care: *N/A*

Limited Transportation: No

Little Hands N Feet Childcare Center

2906 Brentwood Rd, Raleigh, NC 27604

WTS Contact: Ronetta Pearsall
Email: littlehandsandfeet@bellsouth.net
Phone: (919) 981-0034

WTS Hours: 8:00 am – 2:30 pm
Morning/Before Care Hours: 7:30 – 8:00 am
Afternoon/After Care Hours: 2:30 – 5:30 pm

Morning/Before Care Hours: *N/A, not available*
Afternoon/After Care Hours: *N/A, not available*
Cost of Before and After Care: *N/A*

Limited Transportation: No

Little Believers Academy II

3000 Rock Quarry Rd, Raleigh, NC 27610

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

WTS Hours: 8:30 am – 3:00 pm
Morning/Before Care Hours: 6:30 – 8:30 am
Afternoon/After Care Hours: 3:00 – 5:30 pm
Cost of Before and After Care: \$758 per month

Limited Transportation: No

Method Child Development Center

900 Trailwood Dr, Raleigh, NC 27606

WTS Contact: Martinique McLaughlin
Email: method.director@gmail.com
Phone: (919) 852-4568

WTS Hours: 8:00 am – 3:00 pm
Morning/Before Care Hours: 7:00 – 8:00 am
Afternoon/After Care Hours: 3:00 – 6:00 pm
Cost of Before and After Care: \$400 per month

Limited Transportation: No

Triangle Academy Preschool

200 Dancers Pointe Ln, Cary, NC 27518

WTS Contact: Tawanna Beasley
Email: j-dallen@live.com
Phone: (919) 363-0850

WTS Hours: 8:30 am – 3:00 pm
Morning/Before Care Hours: 6:30 – 8:30 am
Afternoon/After Care Hours: 3:00 – 6:30 pm
Cost of Before and After Care: \$455 per month

Limited Transportation: Yes

Cost: \$152 per month

Wanda's Little Hands Educational Center

3308 Poole Rd #108, Raleigh, NC 27610

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

WTS Hours: 8:30 am – 3:00 pm
Morning/Before Care Hours: *N/A, not available*
Afternoon/After Care Hours: *N/A, not available*

Cost of Before and After Care: \$300 per month

Cost of After Care: N/A

Limited Transportation: No

Limited Transportation: No

Parkway Head Start

Wakefield Creative Schools

102 YMCA Dr, Cary, NC 27513

2700 Wakefield Pines Dr, Raleigh, NC 27614

WTS Contact: Dormica James

WTS Contact: April Proctor

Email: djames@telamon.org

Email: april.proctor@creativeschools.com

Phone: (919) 280-7736

Phone: (919) 562-7900

WTS Hours: 8:00 am – 2:30 pm

WTS Hours: 8:30 am – 3:00 pm

Morning/Before Care Hours: *N/A, not available*

Morning/Before Care Hours: 7:00 – 8:30 am

Afternoon/After Care Hours: *N/A, not available*

Afternoon/After Care Hours: 3:00 – 6:00 pm

Cost of Before and After Care: *N/A*

Cost of Before and After Care: \$429 per month

Limited Transportation: No

Limited Transportation: No

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

