

Wake County Pre-Kindergarten Application 2026-2027

For children who will be **FOUR** years old by August 31, 2026

If your child will be three years old by August 31, 2026, 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 complete application to the address listed below:



Wake Pre-K Application Center
4901 Waters Edge Drive
Suite 101
Raleigh, NC 27606

PROGRAM INFORMATION



Income Based Program: Families must be at or below the 75% state median income, or have one of the following: IEP, Developmental disability, Chronic health condition, Limited English Proficiency, Child of Eligible Military Family.



Academic Based: Child must demonstrate an academic need through a completed assessment.

****Must apply by the Title I deadline - June 12, 2026****



Income Based Program: Families must be at or below 130% of the federal poverty level, receiving assistance benefits - including SNAP and TANF child-only payments. Child is experiencing homelessness or foster care.

! 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 12, 2026, will be considered for all programs. **Applications received after June 12th will ONLY be considered for Telamon Head Start and North Carolina Pre-Kindergarten.**

★ All official communications for the Pre-K application will be sent via email. Please provide a valid email address and check it often for important notifications. Please notify WCSS of any changes.

★ Initial placements will be complete by mid-August 2026. Details and updates will not be available until after that time.

For additional information, please visit www.wakesmartstart.org



APPLICATION CHECKLIST

REQUIRED: Please include the following with 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 (1) of the following****

Copy of current signed Lease

- Must include complete address, leasing period, parent/guardian's name, parent/guardian's signature, and landlord's signature.

Current utility service bill (water, electric, or gas)

- Must include name of company, name of parent, address of service, and show full date (mm,dd,yyyy). It cannot be an expired final notice or an expired disconnect notice. If the parent's name is not on a bill or lease, please prove the bill/lease along with a letter from the bill payee stating that the family and applicant child lives with them **(The letter must be signed by the payee)**.

REMINDER: If there is a change in your family's address and or phone number, it is the responsibility of the Parent(s)/Guardian(s) to notify the Pre-K staff and inform them of any changes.



ALL SOURCES OF FAMILY INCOME

Please submit one of the following frequencies of pay and/or other sources of income, as well as any 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 employer (signed and dated by the employer), or **IRS 1040 from 2025**, or unemployment/social security benefits letter, or copies of all **W-2s from 2025**.
- If you receive unemployment benefits, please provide **recent** documentation.
- If you receive **Child Support, Retirement Compensation, Worker's Compensation, and/or Alimony Pay**, please provide documentation.

If you do not have any income to report or documentation of income, please contact Wake County Smart Start for further income verification.



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 County Pre- K Application for 2026-2027 School Year



FOR OFFICE USE ONLY
DATE OF SUBMISSION

STUDENT INFORMATION

Child's Legal First Name	Child's Legal Middle	Child's Legal Last Name
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Is your child a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	★ Your child's citizenship status is not used to determined eligibility.	
★ Which category best describes the student's race? (Must mark AT LEAST one) <input type="checkbox"/> White/European <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian		

FAMILY INFORMATION

! Include names of parents or other legal guardians. If custody is shared, please provide documents of how decisions are made. If you have any questions, please contact a member of the Pre-K Staff.

My family requires the support of an interpreter: ☐ Yes ☐ No
If so, what language:

Parent #1: First Name	Last Name
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other_____	
★ Email	Primary Phone Number

★ Is there a second parent in the household? ☐ Yes ☐ No

Parent #2: First Name	Last Name
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other_____	
★ Email	Primary Phone Number

Child's Home Address	Apartment or Unit Number	
City	State	Zip Code

Mailing Address (if different from child's address)		Apartment or Unit Number	
City	State	Zip Code	
With whom does the student live with? (Choose only ONE) <input type="checkbox"/> Parent #1 Only <input type="checkbox"/> Parent #2 Only <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - Please specify: _____			
★ County of Residence:		**Please note that this application is for Wake County Residents ONLY. If you are not residing in Wake County, <u>we cannot</u> serve your child.	



HOUSEHOLD SECTION

! This section must be completed to process your application

Please list **ONLY** the child, parents, stepparents, siblings, and/or legal guardians who live with the child

Name	Relationship to Child	Date of Birth	Name of Current School Attending
Child's Name	Applicant Child		
	Parent/Guardian		
	Parent/Guardian		
1.	Sibling		
2.	Sibling		
3.	Sibling		
4.	Sibling		
5.	Sibling		
6.	Sibling		

★ Total number of Family Members _____
--

SELECT CATEGORIES FOR CONSIDERATION



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 speak?

****If applicable, please attach documentation that supports ALL of the options selected****

*OTHER FACTORS TO CONSIDER

- | | |
|--|--|
| <input type="checkbox"/> Limited English Proficiency
(NO DOCUMENTATION NEEDED) | <input type="checkbox"/> Developmental or Educational Need |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Active Individualized Program (IEP) |
| <input type="checkbox"/> Parent or legal guardian of the child is an active-duty member of the military, or was seriously injured, or killed in active duty. | |

Does your child require additional accommodations or services? ☐ Yes ☐ No

If so, please list:

! This section must be completed to process your application

ADDITIONAL FACTORS TO CONSIDER - Check all that apply:

★ Does your family receive any of the following assistance?:

- ☐ In Foster Care
- ☐ Receiving Refuge Services
- ☐ SNAP/Food Stamps
- ☐ Medicaid
- ☐ WIC
- ☐ Public Housing
- ☐ Experiencing Homelessness

Please submit documentation

★ Where is the child sleeping at night? You may only choose ONE (1) option:

- ☐ The student lives with a parent or legal guardian in a residence owned or leased by the parent or legal guardian.
- ☐ The student lives in a motel or hotel, in a shelter, moving from place to place, in a church, or living with family members due to economic hardship.



EDUCATION ***Please select only ONE (1) option***

☐ My child has never attended Pre-K, daycare, a childcare program, or a family childcare home.

☐ In the past, my child attended Pre-K, daycare, a childcare program, or a childcare home but is not attending now. **Now my child stays with family member or a babysitter.**

☐ My child is currently attending a childcare program or family childcare home.

Name of current Site/School/Family Child Care Home:

Address:

Apartment or Unit Number

City:

State:

Zip Code:

Please select only ONE (1) option

☐ I understand that placement is NOT GUARANTEED, however, if eligible, **I would like my child to remain at the same childcare center where they are currently attending.**

☐ I understand that placement is NOT GUARANTEED, however, if eligible, **I would like my child to be considered for ALL programs for which they are eligible** - Head Start, Wake County Smart Start, and Wake County Public Schools.

Additional Information:

Does your child receive a Child Care Subsidy Voucher?: Yes ☐ No ☐

FOR DATA PURPOSES ONLY - Would your child require transportation while attending Wake Pre-K?

☐ Yes ☐ No

! Please note that Transportation is responsibility of the parents/legal guardians.



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

Social Media/News

- ☐ Internet Search
- ☐ Facebook/Instagram
- ☐ TV Ad
- ☐ Flyer
- ☐ Radio

Community

- ☐ Family/Friends/Neighbor
- ☐ Sibling/Family attended Pre-K or Wake ThreeSchool
- ☐ Church
- ☐ Doctor/Pediatrician
- ☐ Community Event

Organization/Program

- ☐ Childcare Center
- ☐ Wake County Smart Start
- ☐ Telamon Head Start
- ☐ Wake County Public Schools
- ☐ Other

FAMILY INCOME

★ If "0" income is reported, please contact Wake County Smart Start for further income verification



Name of Parent/Guardian #1:

Employment Status (Mark all that apply):

*Average hours worked per week: _____

☐ Employed

☐ Attending Job Training

☐ Seeking Employment

☐ Not Employed

☐ Attending High School

☐ Attending Secondary Education

☐ Other: _____

*If you work in Education (teacher, administration, transportation) please choose how many months of the year you receive employment income:

Place of Employment:

☐ 10 months ☐ 11 months ☐ 12 months

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/Guardian #2:

Employment Status (Mark all that apply):

*Average hours worked per week: _____

☐ Employed

☐ Attending Job Training

☐ Seeking Employment

☐ Not Employed

☐ Attending High School

☐ Attending Secondary Education

☐ Other: _____

*If you work in Education (teacher, administration, transportation) please choose how many months of the year you receive employment income:

Place of Employment:

☐ 10 months ☐ 11 months ☐ 12 months

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:
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SS/SSI/Work First/TANF:
\$

This amount is

☐ Yearly ☐ Monthly ☐ Twice Monthly ☐ Every 2 Weeks ☐ Weekly



FAMILY RESPONSIBILITY

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



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 documentation and applications for additional services.

Initial Here



I understand that transportation to and from Pre-K 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 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 and that placement is NOT guaranteed.

Initial Here



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 the 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 attach documentation of guardianship)*

Relationship to Child

Today's Date (mm/dd/yyyy)

! Please make sure that ALL sections are completed. If any sections are incomplete, your application cannot be processed.