

Wake ThreeSchool Application 2026 – 2027

This application is for children who will be THREE years old by August 31, 2026.



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 (Knightdale): 919-266-1240



Mail completed applications to the address listed below:

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

For more information, please visit www.wakesmartstart.org



IMPORTANT NOTES



- Your application must include all required documentation to be considered complete.
****See application checklist****
- 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 guarantee that they will be offered placement at one of the sites you indicate as a preference on your application.
- For this application year, applications are accepted until March 31, 2026. However, only completed applications submitted by **May 31, 2026**, will be considered for initial placement.
We strongly encourage families to submit a complete Wake ThreeSchool application by May 31, 2026.
- Applications are not processed on a first-come, first-served basis. Wake ThreeSchool is prioritized for families whose household income is at or below 75% of the State Median Income and for other related priority groups.
- Initial placements will begin on **June 30, 2026**. Details and updates will not be available until after that time.

APPLICATION CHECKLIST

Please review the list of required documents and include these with your 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.

*****We cannot accept social security cards*****



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

Must include name of company, parent/guardian's name, service address, bill date. Cannot be an expired final or disconnect notice.

*****We cannot accept Internet bills (for example, Spectrum, AT&T, Charter, etc.)*****

If the parent/guardian's name is not on the lease or bill:

Must submit a letter from the bill payee affirming that the Wake ThreeSchool child and family live in the home, **in addition to** the current lease **or** the current utility bill.



ALL SOURCES OF FAMILY INCOME

Employment Income

If you are paid **weekly**: submit **4** consecutive pay stubs

If you are paid **biweekly/twice monthly**: submit **2** consecutive pay stubs

If you are paid **monthly**: submit **2** consecutive pay stubs

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

Earnings statement from your supervisor

Most recent year's **IRS 1040(s)**, **W-2(s)**, or other tax documents

Please include documentation for the following sources of income when applicable:

Child Support

Worker's Comp/Disability

Alimony

Unemployment

SSA/SSI/Work First/TANF

OPTIONAL DOCUMENTATION

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

Copy of child's Individualized Education Plan (IEP)

Documentation of parents' military service (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 current educational/developmental screening or evaluation indicating a developmental or educational need

Wake ThreeSchool Application School Year 2026 – 2027



STUDENT INFORMATION



Child's Legal First Name

Child's Legal Middle Name

Child's Legal Last Name

Date of Birth (mm/dd/yyyy)

Sex

Is this child a resident of Wake County?

Yes No

Male Female

Yes No

Is this child Hispanic/Latino?

Is this child a US citizen? *Information is not used to determine eligibility.*

Yes No

Which category best describes this child's race? Select all that apply; Must mark AT LEAST one.

Asian Black/African American Native Hawaiian/Pacific Islander
 Native American Indian/Alaska Native White

FAMILY INFORMATION



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

Does your family require the support of an interpreter?

Yes No

If yes, what language?

With whom does the child live? Choose only one of the following options.

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

Mother Father Legal Guardian Legal Custodian Stepmother Stepfather
 Other- please specify: _____

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

Apartment/Suite Number

City

State

Zip Code

How You Heard About Us

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

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

HOUSEHOLD INFORMATION



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

FAMILY INCOME



If either Parent/Guardian is reporting zero income, please submit a Wake ThreeSchool Statement of No Income Form. Documentation of **all** sources of family income is required.

Parent/Guardian #1 Income Information

Parent/Guardian #1 Name

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

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

Parent/Guardian #1 Employment Status

Employed

Number of jobs:

Not Employed

Average # of hours worked per week:

Seeking Employment

If you work in education (teacher, admin, 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

Work Address

Suite Number

City

State

Zip Code

Employment Income before taxes:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Child Support:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Alimony:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Unemployment:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Worker's Comp/Disability:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

SSI/Work First/TANF:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Parent/Guardian #2 Income Information

Parent/Guardian #2 Name

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

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

Parent/Guardian #2 Employment Status

Employed
 Not Employed
 Seeking Employment

Number of jobs:

Average # of hours worked per week:

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

9 months 10 months 11 months
 12 months N/A

Place of Employment

Work Phone Number

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Work Address

Suite Number

City

State

Zip Code

Employment Income before taxes:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Child Support:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Alimony:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Unemployment:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Worker's Comp/Disability:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

SSI/Work First/TANF:

\$

Payment Frequency

Weekly Every two weeks Twice monthly Monthly Yearly

Public Assistance Information

Does your family receive any of the following assistance? Select all that apply.

Applicant child in Foster Care SNAP Medicaid WIC
 Public Housing Refugee Services N/A

If you selected “*Applicant Child in Foster Care*” or “*Refugee Services*” in the previous question, please provide your case worker’s contact information below.

Caseworker First Name

Caseworker Last Name

Caseworker Phone Number

Extension

Caseworker Email

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 childcare program or a family childcare home.
 In the past, this child attended a childcare program or a family childcare 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 childcare program or family childcare home.

Name of current site/school/family childcare home

Address

Apt/Suite Number

City

State

Zip Code

Does this child receive a Childcare Subsidy Voucher?

Yes No

Additional Factors for Consideration

Please indicate if the applicant child has any of the following factors:

Documentation will be requested for all applicable factors.

<input type="checkbox"/> Active Individualized Education Program (IEP)	<input type="checkbox"/> Limited English Proficiency (<i>NO DOCUMENTATION NEEDED</i>)
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Developmental or Educational Need
<input type="checkbox"/> 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.	

Is the applicant child enrolled or has been referred to any of the following programs or services (past or present)?

Select all that apply.

<input type="checkbox"/> Early Intervention/IFSP	<input type="checkbox"/> Developmental Evaluation	<input type="checkbox"/> Special Education/IEP
<input type="checkbox"/> WCPSS Child Find	<input type="checkbox"/> WCPSS Early Learning Services	<input type="checkbox"/> WCPSS Project Enlightenment
<input type="checkbox"/> Speech Therapy (private provider)	<input type="checkbox"/> Physical Therapy (private provider)	<input type="checkbox"/> Occupational Therapy (private provider)
<input type="checkbox"/> ABA Therapy (private provider)	<input type="checkbox"/> Other Services/Programs/Referrals- please specify: _____	
<input type="checkbox"/> None of the above		

When was the applicant child enrolled or referred to any of the programs or services selected?

If your answer to the previous question was "None of the above", please select N/A for this question.

- N/A, my child has not been referred to or enrolled in any programs or services.
- Currently enrolled in programs/services.
- Was recently referred, waiting for next steps.
- In the past.

Why is the applicant child no longer part of the program or receiving those services?

- Child aged out. Child no longer needed the program/services.
- Child was not improving/benefiting from the program/services.
- Cost of the program/services was too high. Family moved out of service area.
- Family declined/stopped services. Due to lack of transportation child was not able to attend.
- After evaluation, it was determined that the child did not need the services.
- Other- please specify: _____

PLACEMENT PREFERENCES



Please note that site preferences are **NOT** guaranteed. If your child is accepted into the Wake ThreeSchool program, we cannot ensure 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 Wake ThreeSchool Site List on page 13 of this application packet and rank your top three site 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 upcoming 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 home address or work 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 for placement consideration.

Home Address Work Address

If you selected **work address**, please provide the work address you'd like to be used for placement consideration.

Street Address

Apt/Suite

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.

Car/Driving

Walking

Public Transportation

Taxi/Uber/Lyft/Car Service

Other- please specify:

Please indicate the farthest distance you are able to commute to your child's Wake ThreeSchool site.

10 miles

15 miles

20 miles

25 miles

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, USCRI, Telamon Head Start, and Advance Community Health) to exchange information regarding my child for the purpose of determining eligibility for state and federally funded 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**, 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, Telamon Head Start, and Advance Community Health).

Initial Here

If my child is placed in a center through the Wake ThreeSchool program, any documentation related to criteria submitted with the application will be shared with the center.

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

The Wake ThreeSchool program runs for 10 months. If my child is accepted, **consistent attendance is required** to maintain their placement in the program.

Initial Here

I understand that transportation to and from the 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, family income, it is my responsibility to notify Wake ThreeSchool staff. It is 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 wait 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 laws.

Parent/Guardian Signature

Date (mm/dd/yyyy)



Please make sure you answer ALL questions on this application. We cannot process your application if any sections are left blank or incomplete.



SY26-27 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 current 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 day.

A Safe Place Early Learning Center (Clarendon)

Address: 201 Clarendon Crescent, Raleigh, NC 27610

WTS Contact: Charmaine Winston

Email: cwinston@asafeplacechildcare.org

Phone Number: (919) 833-9330

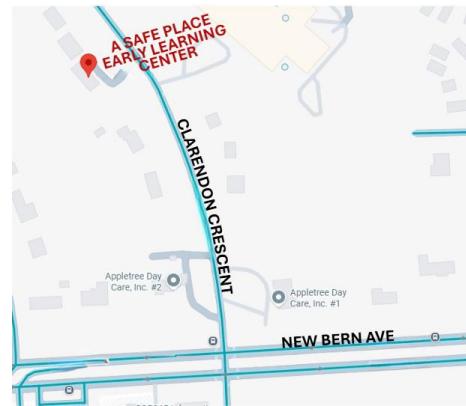
WTS Program Hours: 8:30 am – 3:00 pm

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

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

Combined Care Fee: \$400 per month

Limited Transportation: No



A Safe Place Child Childcare (Cross Link)

Address: 1216 Cross Link Rd, Raleigh, NC 27610

WTS Contact: Charmaine Winston

Email: cwinston@asafeplacechildcare.org

Phone Number: (919) 833-9330

WTS Program 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

Combined Care Fee: \$400 per month

Limited Transportation: No



A Safe Place Early Learning Center #2 (Trawick)

Address: 2625 Trawick Rd, Raleigh, NC 27601

WTS Contact: Charmaine Winston

Email: cwinston@asafeplacechildcare.org

Phone Number: (984) 218-2442

WTS Program 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

Combined Care Fee: \$400 per month

Limited Transportation: No



SY26-27 Wake ThreeSchool Site List

Academically Based Child Development Center

Address: 916 Rock Quarry Rd, #101, Raleigh, NC 27610

WTS Contact: Kimberly Knight

Email: qutekids@aol.com

Phone Number: (919) 833-1640

WTS Program 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

Combined Care Fee: \$240 per month

Limited Transportation: Yes

Transportation Fee: up to \$40 donation per month



Bambino's Playschool

Address: 3404 Davis Dr, Cary, NC 27519

WTS Contact: Adria Boyd

Email: adria@bambinosplayschool.com

Phone Number: (919) 694-5777

WTS Program 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

Combined Care Fee: \$555 per month

Limited Transportation: No



Bright Beginnings Child Development Center

Address: 123 Bright Beginning Way, Cary, NC 27519

WTS Contact: Lisa Ware

Email: warelisaatbb@gmail.com

Phone Number: (919) 367-0009

WTS Program 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

Combined Care Fee: \$556 per month

Limited Transportation: No



SY26-27 Wake ThreeSchool Site List

Childcare Network #125

Address: 350 W Jones St, Fuquay Varina, NC 27526

WTS Contact: Selena Bowe

Email: CNI125@childcarenetwork.com

Phone Number: (919) 557-1219

WTS Program Hours: 8:00 am – 2:30 pm

Morning/Before Care Hours: 6:30 – 8:30 am

Afternoon/After Care Hours: 2:30 – 6:00 pm

Combined Care Fee: \$300 per month

Limited Transportation: No



The Daniel Center for Math and Science

Address: 735 Rock Quarry Rd, Raleigh, NC 27610

WTS Contact: Nina Jacobs

Email: njacobs@danielcenter.org

Phone Number: (919) 828-6443

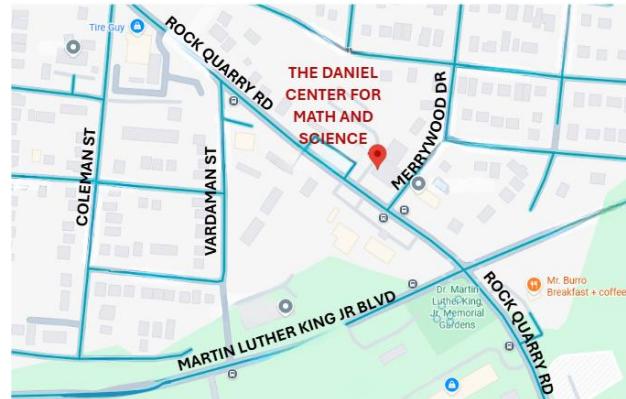
WTS Program Hours: 8:30 am – 3:00 pm

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

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

Combined Care Fee: N/A, not available

Limited Transportation: No



Early Preschool and Learning Center

Address: 2614 Fairway Dr, Raleigh, NC 27603

WTS Contact: Connie Kennedy

Email: cwtsonepalc@aol.com

Phone Number: (919) 772-4109

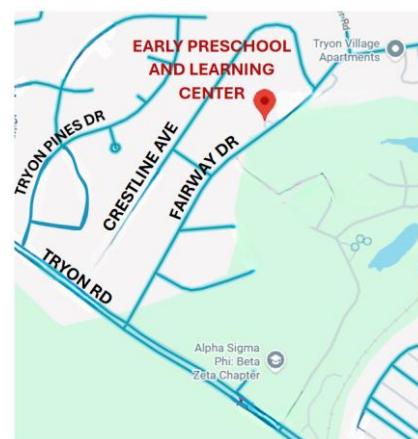
WTS Program Hours: 8:30 am – 3:00 pm

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

Afternoon/After Care Hours: 3:00 – 4:30 pm

Combined Care Fee: \$480 per month

Limited Transportation: No



SY26-27 Wake ThreeSchool Site List

The Happy Face Preschool

Address: 2010 Fort Sumter Rd, Raleigh, NC 27606

WTS Contact: Coprecia Robinson

Email: happyfaceps@gmail.com

Phone Number: (919) 233-8081

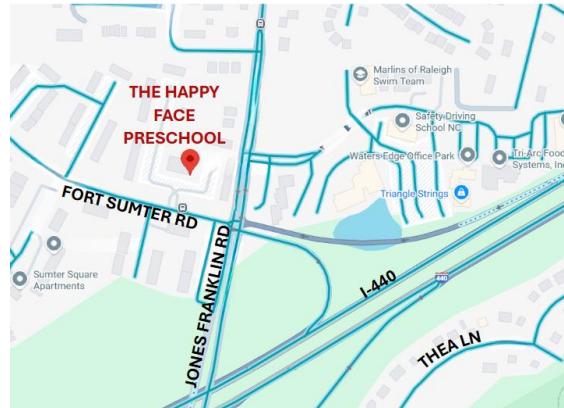
WTS Program Hours: 8:30 am – 3:00 pm

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

Afternoon/After Care Hours: 3:00 – 4:00 pm

Combined Care Fee: \$250 per month

Limited Transportation: No



Kids First Academy Daycare

Address: 3308 Poole Rd, #108, Raleigh, NC 27610

WTS Contact: Loleta Brown

Email: kfaraleigh@gmail.com

Phone Number: (919) 255-3313

WTS Program Hours: 8:30 am – 3:00 pm

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

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

Combined Care Fee: \$150 per week

Limited Transportation: No



Little Believers Academy II

Address: 3000 Rock Quarry Rd, Raleigh, NC 27610

WTS Contact: Cassandra Brooks

Email: littlebelievers@gmail.com

Phone Number: (919) 720-4773

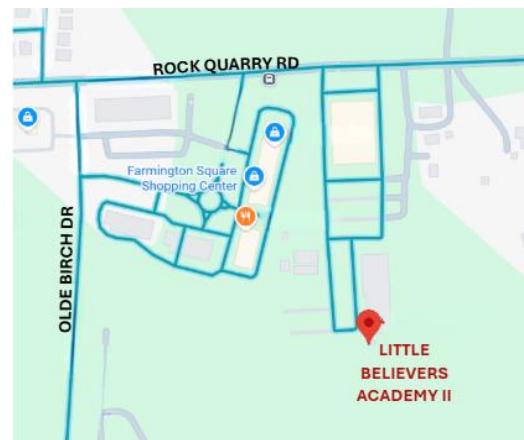
WTS Program Hours: 8:30 am – 3:00 pm

Morning/Before Care Hours: 6:30 – 8:30 am

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

Combined Care Fee: \$758 per month

Limited Transportation: No



SY26-27 Wake ThreeSchool Site List

Little Hands N Feet Childcare Center

Address: 2906 Brentwood Rd, Raleigh, NC 27604

WTS Contact: Ronetta Pearsall

Email: littlehandsfeet@bellsouth.net

Phone Number: (919) 981-0034

WTS Program 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

Combined Care Fee: \$300 per month

Limited Transportation: No



Method Child Development Center

Address: 900 Trailwood Dr, Raleigh, NC 27606

WTS Contact: Martinique McLaughlin

Email: method.director@gmail.com

Phone Number: (919) 852-4568

WTS Program 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

Combined Care Fee: \$400 per month

Limited Transportation: No



Triangle Academy & Preschool

Address: 200 Dancers Pointe Ln, Cary, NC 27518

WTS Contact: Jessica Garcia

Email: director@tapschool.com

Phone Number: (919) 363-0850

WTS Program Hours: 8:30 am – 3:00 pm

Morning/Before Care Hours: 6:30 – 8:30 am

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

Combined Care Fee: \$455 per month

Limited Transportation: Yes

Transportation Fee: \$152 per month



SY26-27 Wake ThreeSchool Site List

Wakefield Creative School

Address: 2700 Wakefield Pines Dr, Raleigh, NC 27614

WTS Contact: April Proctor

Email: april.proctor@creativeschools.com

Phone Number: (919) 562-7900

WTS Program 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

Combined Care Fee: \$429 per month

Limited Transportation: No



Wanda's Little Hands Educational Center

Address: 3308 Poole Rd #108, Raleigh, NC 27610

WTS Contact: Monica Glover

Email: wandaslittlehands@yahoo.com

Phone Number: (919) 231-9960

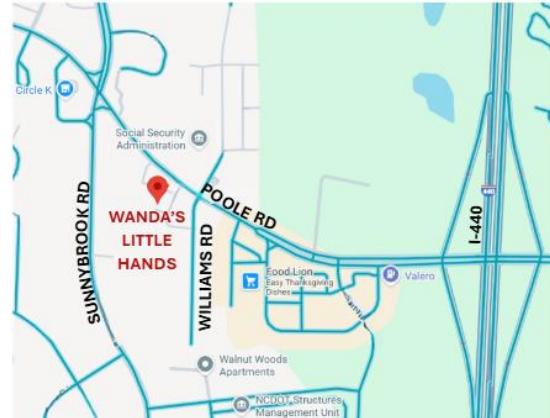
WTS Program Hours: 8:30 am – 3:00 pm

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

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

Combined Care Fee: N/A, not available

Limited Transportation: No



Scan the QR code below for a map of all WTS sites.

