

# Wake ThreeSchool Application 2026 – 2027

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



W A K E  
T H R E E  
S C H O O L



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](http://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

DATE RECEIVED (FOR OFFICE USE ONLY)



WAKE  
THREE  
SCHOOL



## STUDENT INFORMATION



Child's Legal First Name

Child's Legal Middle Name

Child's Legal Last Name

Date of Birth (mm/dd/yyyy)

Sex

☐ Male ☐ Female

Is this child a resident of Wake County?

☐ Yes ☐ No

Is this child Hispanic/Latino?

☐ Yes ☐ No

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: \_\_\_\_\_

[illegible][illegible]☐ Email

First Name

**Last name**

[illegible][illegible]☐ Email

#### Child's Home Address

**Apartment/Suite Number**

State

**Zip Code**

☐ No

☐ In a church      ☐ Moving from place to place/temporary accommodation

**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.**

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

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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

## 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      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

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

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Extension

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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 (NO DOCUMENTATION NEEDED) |
| <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?**

- |  |  |
|--|--|
| <input type="checkbox"/> Child aged out.   | <input type="checkbox"/> Child no longer needed the program/services.                |
| <input type="checkbox"/> Child was not improving/benefiting from the program/services.                 |  |
| <input type="checkbox"/> Cost of the program/services was too high.                                    | <input type="checkbox"/> Family moved out of service area.                           |
| <input type="checkbox"/> Family declined/stopped services.   | <input type="checkbox"/> Due to lack of transportation child was not able to attend. |
| <input type="checkbox"/> After evaluation, it was determined that the child did not need the services. |  |
| <input type="checkbox"/> 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.

<div><div></div><div>Initial Here</div></div>	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.
<div><div></div><div>Initial Here</div></div>	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.
<div><div></div><div>Initial Here</div></div>	Program staff may verify information on this application. Deliberate misinterpretation may subject me to prosecution under applicable North Carolina laws.

<div>Parent/Guardian Signature</div> <div></div>	<div>Date (mm/dd/yyyy)</div> <div></div>
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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](mailto:cwinston@asafeplacechildcare.org)

**Phone Number:** (919) 833-9330

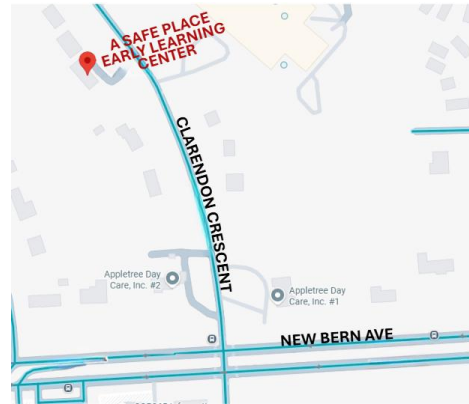
**WTS Program Hours:** 8:30 am – 3:00 pm

**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](mailto:cwinston@asafeplacechildcare.org)

**Phone Number:** (919) 833-9330

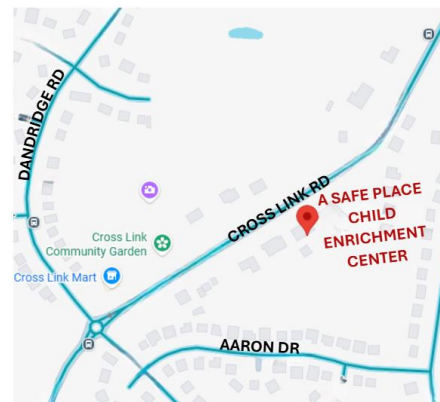
**WTS Program Hours:** 8:30 am – 3:00 pm

**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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:njacobs@danielcenter.org)

**Phone Number:** (919) 828-6443

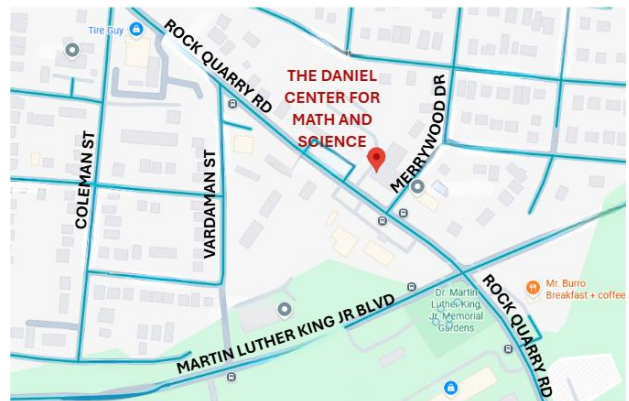
**WTS Program Hours:** 8:30 am – 3:00 pm

**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](mailto:cwtsonepalc@aol.com)

**Phone Number:** (919) 772-4109

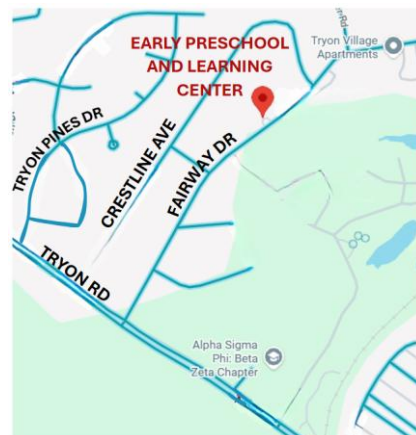
**WTS Program Hours:** 8:30 am – 3:00 pm

**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](mailto:happyfaceps@gmail.com)

**Phone Number:** (919) 233-8081

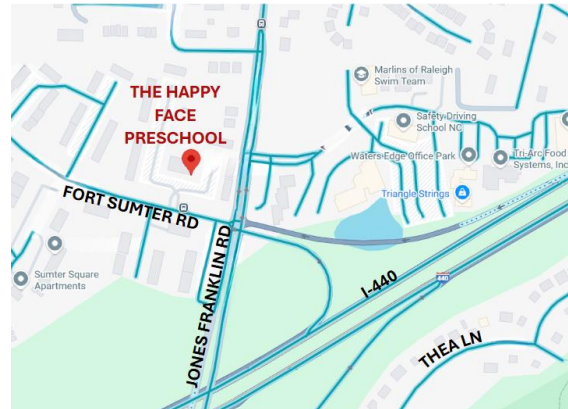
**WTS Program Hours:** 8:30 am – 3:00 pm

**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](mailto:kfaraleigh@gmail.com)

**Phone Number:** (919) 255-3313

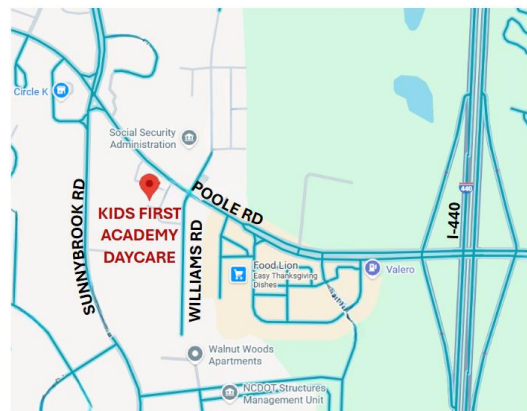
**WTS Program Hours:** 8:30 am – 3:00 pm

**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](mailto:littlebelievers@gmail.com)

**Phone Number:** (919) 720-4773

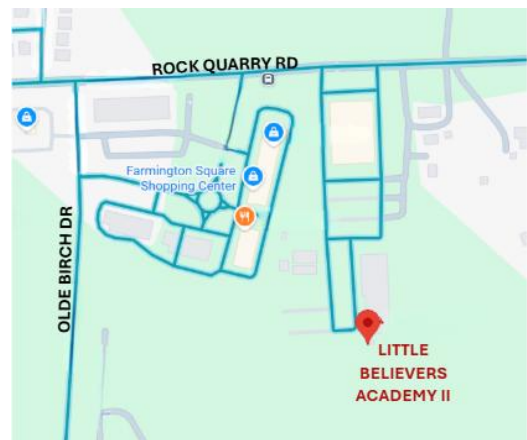
**WTS Program Hours:** 8:30 am – 3:00 pm

**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:** [littlehandsnfeet@bellsouth.net](mailto:littlehandsnfeet@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](mailto: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](mailto: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](mailto: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](mailto:wandaslittlehands@yahoo.com)

**Phone Number:** (919) 231-9960

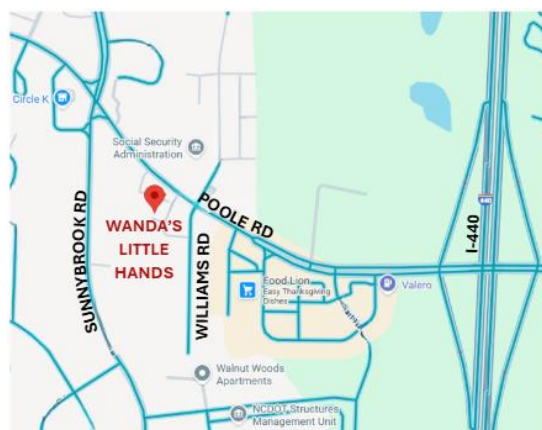
**WTS Program Hours:** 8:30 am – 3:00 pm

**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.**

