



## 2024-2025 FORSYTH COUNTY PRE-K APPLICATION

Children must be four (4) years old by August 31, 2024

Please Note: Complete ALL QUESTIONS on this application and attach the requested documents.

**Only complete application packets will be processed. The following documentation must be included:**

- Child's Birth Certificate.
- Proof of Forsyth County residence (most current utility bill or lease under parent's name).
- Income documentation for parents living in the household who are working: 2023 Tax Return, W-2 or 1099, last 4 check stubs, or other income documentation. Also, proof of Social Security benefits and/or proof of child support award letter or print out, if applicable. **Parents do not have to be employed for the child to be eligible.**
- If you are a *court-ordered* legal guardian of the child, please provide a copy of the court order. ***(If applicable, please provide paperwork to have the application accepted)***

**Return completed application with documentation to one of the agencies listed below.**

**Smart Start of Forsyth County will not be responsible for applications turned in at locations not listed below.**

<b>SMART START OF FORSYTH COUNTY</b>	7820 North Point Blvd, Winston-Salem 27106 <b>(Drop Box on Second Floor)</b>	336-725-6011
<b>HEAD START AT HEALY DR.</b>	3410 Healy Dr., Winston-Salem, 27103	336-727-0617
<b>HEAD START AT WSSU</b>	601 S. Martin Luther King Dr., Winston-Salem, 27101	336-750-2411

Smart Start of Forsyth County, Inc., Winston-Salem/Forsyth County Schools, and Head Start/Family Services, Inc., will share application information. This will allow your child to be considered for all Pre-K programs in the county for which your child is determined eligible. Children are offered a placement based on financial need or educational need determined by a screening assessment.

### Developmental Screening

Applicants will receive an email to complete an online questionnaire. Although the screening assessment is necessary to determine eligibility for public school sites, it will not disqualify the child for other sites in the community.

### Placement Status Notification

Please be sure to fill out the **Site Preference Form** that is attached to the application, we ask that you rank **your 3 preferred sites**. Your selections do not guarantee placement at any site. The placement process occurs over a period of several weeks. **Placement letters will be mailed out no later than July 2024.**

### Waiting Lists for Pre-K

Space is limited and some children will be placed on a wait list. Applications received **after August 1, 2024, will automatically be placed on a waitlist. You will be notified if a space becomes available at any time during the school year.**

In compliance with federal and state laws, Smart Start of Forsyth County, Family Services of Forsyth County and WS/FCS administer all programs and admissions /selections for Pre-K programs without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

**\*\*Funding for Pre-K programs is provided by state and federal sources. Eligibility criteria for a particular site depends upon the funding requirements. \*\***

**Child's Information:****Child's Name**

First	
Middle	
Last	

**Child's Gender - Please check one:** ☐ *Male* ☐ *Female***Child's Date of Birth:** *Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year* \_\_\_\_\_**\*\*Demographics/Ethnicity:**

Please mark only one:

☐ *Hispanic/Latino*☐ *Not Hispanic/Latino***\*\*Child's Race please check all that apply:**☐ *Asian* ☐ *Black/African American* ☐ *Native American/Alaskan* ☐ *White/European* ☐ *Native Hawaiian/Pacific Islander***Parent/Guardian Information:**

Name	
Phone Number	
Secondary Number	
<b>**Email (Please print clearly).</b>	

**Child's Complete Address:**

Street Address	
City	
State	
Zip Code	

**Is your family homeless (temporarily living with friends/family or in shelter/car/hotel)?**☐ **Yes** ☐ **No** If your family is currently living in a temporary shelter, please provide a physical address or an email address where you can be reached:

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone numbers:

<b>Father/Legal Guardian:</b>  Name: _____	<b>Home Phone:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Mother/Legal Guardian:</b>  Name: _____	<b>Home Phone:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Other Parent/Guardian/Alternative Contact:</b>  Name: _____	<b>Home Phone:</b>	<b>Cell:</b>	<b>Work:</b>

With whom does the child reside:

\_\_\_Mother Only    \_\_\_Father Only    \_\_\_Both Parents    \_\_\_Legal Guardian  
Other, Please Specify \_\_\_\_\_

Please provide information about the members of your household:

Name	Relation to Child (e.g., grandparent, sister, brother, aunt, uncle, etc.)	Date of Birth	Please include the name of the school where each child attends, if applicable:

Family Size \_\_\_\_\_

*Family size includes: 1. The NC Pre-K child 2. Parents and stepparents living in the same household 3. All minor brothers and sisters, half-brothers, half-sisters, stepbrothers, and stepsisters living in the same household NOTE: Minor siblings include anyone up to age 18 and still attending high school at the time the child's application is submitted. Additional Clarification: 1. If a child is living with legal guardian(s) or legal custodian(s) then the family size consists of the NC Pre-K child, plus all the child's minor brothers and sisters, half-brothers, half-sisters, stepbrothers, and stepsisters living in the same household. The adults and children of these adults are also included. 2. If a child is living with foster parent(s) or kinship provider(s) then the family size consists of the NC Pre-K child plus all the child's minor brothers and sisters, half-brothers, half-sisters, stepbrothers, and stepsisters living in the same household. The adults and children of these adults are NOT included. 3. Incarcerated or institutionalized individuals are not included in family size*

I certify that all the information stated above is true.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal guardians are counted in the family size and their income is counted, *only* if both biological parents are deceased or parental rights have been terminated by the court for both parents. Foster parents are not required to provide income information.

Add (If parent is not in the household)-N/A

**Mother/Stepmother/Legal Guardian Name:**

Mother Employed \_\_\_\_\_ Yes \_\_\_\_\_ No  
Mother Seeking Employment \_\_\_\_\_ Yes \_\_\_\_\_ No  
Mother Attending Secondary Education \_\_\_\_\_ Yes \_\_\_\_\_ No  
Mother Attending High School/GED \_\_\_\_\_ Yes \_\_\_\_\_ No  
Mother Attending Job Training \_\_\_\_\_ Yes \_\_\_\_\_ No  
Other Employment \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Does your family receive SNAP(EBT) Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your family receive WIC Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(If you answer yes to either, please provide documentation)*

How often do you get pay?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly
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**Provide all income for this parent or guardian:**

**Please provide documentation for all the above that apply to your household.**

2023 Tax Return, W-2's, one month of check stubs, or other income documentation. Also, verification of court-ordered child support payments via print out, workman's compensation, retirement income, and Social Security or Disability benefit award letter if applicable.

Social Security *paid to the child(ren)* in the home is included as income but should only be listed once.

**Parents do not have to be employed for the child to be eligible.**

### Statement of No Income

***Purpose: To be used when a family states that they do not have any income.***

Section 3 (A.2) Families must submit sufficient income documentation at the time of the application process for the Contracting Agency to verify the child's eligibility. Income calculated must be based on documentation that accurately reflects the family's yearly earnings for the applicable year or their current situation at the time of application.

Under penalty of law, I (Parent/Guardian) \_\_\_\_\_ declare that I have no income of any kind, earned or unearned. I also declare that \_\_\_\_\_, provides (or has provided) basic living expenses (such as but not limited to housing, food, and clothing) free of cost to me and my child/children from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s)

\_\_\_\_\_  
Date

*Signature certifies that the information provided is true. Providing false information may impact a child's NC Pre-K eligibility or enrollment.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Legal guardians are counted in the family size and their income is counted, *only* if both biological parents are deceased *or* parental rights have been terminated by the court for both parents. Foster parents are not required to provide income information.**

Add (If parent is not in the household)-N/A

**Father/Stepfather/Legal Guardian Name:** \_\_\_\_\_

Father Employed \_\_\_\_\_ Yes \_\_\_\_\_ No  
Father Seeking Employment \_\_\_\_\_ Yes \_\_\_\_\_ No  
Father Attending Secondary Education \_\_\_\_\_ Yes \_\_\_\_\_ No  
Father Attending High School/GED \_\_\_\_\_ Yes \_\_\_\_\_ No  
Father Attending Job Training \_\_\_\_\_ Yes \_\_\_\_\_ No  
Other Employment \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain: \_\_\_\_\_  
Highest Level of Education Completed \_\_\_\_\_

Does your family receive SNAP(EBT) Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your family receive WIC Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

**(If you answer yes to either, please provide documentation)**

How often do you get pay?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly
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**Provide all income for this parent or guardian:**

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2023 Tax Return, W-2's, one month of check stubs, or other income documentation. Also, verification of court- ordered child support payments, workman's compensation, retirement income, and disability benefit income, if applicable, Social Security *paid to the child(ren)* in the home is included as income but should only be listed once.

**Parents do not have to be employed for the child to be eligible.**

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Under penalty of law, I (Parent/Guardian) \_\_\_\_\_ declare that I have no income of any kind, earned or unearned. I also declare that \_\_\_\_\_, provides (or has provided) basic living expenses (such as but not limited to housing, food, and clothing) free of cost to me and my child/children from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s)

\_\_\_\_\_  
Date

**Signature certifies that the information provided is true. Providing false information may impact a child's NC Pre-K eligibility or enrollment.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

What language would you like your child to be screened in? \_\_\_\_\_

What language does your child most frequently use to communicate? \_\_\_\_\_

### Health Information

**Documentation indicating the child's chronic illness is required.**

Does your child have a physical challenge or chronic illness? (*ex. Asthma, Diabetes, Obesity, Anemia, etc.*)

☐ **Yes** Please specify: \_\_\_\_\_

☐ **No**

☐ **Suspected**

What type of medical insurance does your child have? (Check below)

☐ Medicaid/NC CHIP ☐ Marketplace ☐ Military

☐ Private Insurance (e.g. through parent's work, etc.) ☐ Other ☐ My child does not have health insurance.

### Medical

Does your child have a primary care physician (Pediatrician)? ☐ Yes ☐ No

**Medical Providers Name:** \_\_\_\_\_

Has your child had a Health Assessment in the past 12 months? If so, when \_\_\_\_\_

### Dental

Does your child have a dentist? ☐ Yes ☐ No

**Dental Providers Name:** \_\_\_\_\_

Has your child had a dental exam in the past 12 months? ☐ Yes ☐ No

### Military Status:

**Documentation of parent's status in the military is required.**

Is at least one parent or legal guardian of this child an active-duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty?

☐ **Yes**, Please Specify: \_\_\_\_\_

☐ **No**

### Prior Placement:

Has your child ever been enrolled in a childcare program or family childcare home even if they are not currently enrolled? ☐ Yes ☐ No

Was your child previously served in an early learning program as a three-year-old? ☐ Yes ☐ No

Was your child previously served in Head Start as a three-year-old? ☐ Yes ☐ No

**Who currently provides care for your child during the day? (Check below)**

<input type="checkbox"/> Home with family	<input type="checkbox"/> Licensed Family Childcare Home
<input type="checkbox"/> Babysitter/Relative	<input type="checkbox"/> Public School
<input type="checkbox"/> Family Services Head Start	<input type="checkbox"/> Childcare Center

Name of Program your child is attending:

When did your child begin attending this program? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Is the child currently receiving subsidy to attend a childcare program?

☐ Yes, please specify: ☐ Smart Start Voucher ☐ DSS Voucher

☐ No

**If you have a voucher, please contact your case manager to discuss your needs.**

**Smart Start vouchers do not cover before and after-school care.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The following information is optional; you are not required to disclose this information. However, it may help us to prioritize your application and may be used to better serve the needs of your child if he/she is enrolled in a Pre-K program.

Does your child have a Developmental or Educational Need?

☐ Yes Please specify: \_\_\_\_\_

☐ No

☐ Suspected

Has your child been referred for evaluation or identified with a disability? (Please provide verification documentation)

☐ Yes ☐ No If Yes, date of evaluation: \_\_\_\_\_

What was the decision from the evaluation for your child?

☐ Did Not Qualify

☐ Evaluation in Process

☐ Identified

☐ Do Not Know

☐ Not Applicable

Type of identified disabilities for this child: Check all that apply.

☐ Autistic

☐ Deaf-Blind

☐ Hearing Impaired

☐ Other Health Impaired

☐ Orthopedically Impaired

☐ Speech/Language Impaired

☐ Visual Impaired

☐ Traumatic Brain Injured

☐ Developmental Delay

☐ N/A

Does your child have an active IEP (INDIVIDUALIZED EDUCATION PROGRAM)?

☐ Yes ☐ No

Has your child been referred for services related to disability?

☐ Yes ☐ No

Is your child receiving services related to disability?

☐ Yes ☐ No

Is your child currently enrolled in an Exceptional Children classroom in Forsyth County?

☐ Yes ☐ No If yes, please specify the school your child is attending \_\_\_\_\_

List any fears or unique behavior characteristics your child has: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I certify that this information is true. If any part is false, my participation in the Pre-K program may be affected. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

I authorize Smart Start of Forsyth County and its partnering agencies (WS/FCS, NC Pre-K and Family Services Head Start) to use the information in this application for the purpose of determining eligibility for state and federally funded Pre-K Programs and for Teaching Strategies Gold data collection and program evaluation by NC Division of Child Development and Winston-Salem/Forsyth County Schools.

I authorize for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (WS/FCS, NC Pre-K and Family Services Head Start).

If my child is referred to the Winston Salem Forsyth County Schools Preschool Intake Department for a full evaluation. I authorize Winston Salem Forsyth County Schools Preschool Intake Department to share the date of my child's appointment and the results of the evaluation with partnering programs; Winston Salem Forsyth County Schools, Smart Start of Forsyth County/NC Pre-K, and Family Services Child Development Head Start.

I understand that family involvement is expected if my child is placed in a NC Pre K classroom.

I understand that my child will need a current health assessment and immunization record within 30 days of enrolling in the program. I understand that my child may not attend the program if the health assessment is not submitted to the Pre-K site by the 30<sup>th</sup> day from enrollment.

I understand that transportation to and from Pre-K programs will be the family's responsibility.

I understand that if there is a change in my child's address, phone number, or if there is a change in family income, it is my responsibility to notify Smart Start of Forsyth County and inform them of any changes immediately.

I understand that my child may be placed on a waiting list.

**Please read carefully and sign at the bottom**



**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# 2024-25 Forsyth County Pre-K Site Preference Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please indicate sites that will work for your family. Helpful information about each site is included on the following pages. Different eligibility requirements apply to sites and your child may not be determined eligible for the site you select; therefore, you may want to select more than one site.

**Attention Parents: Sites marked with stars (\*\*) have a partnership with Head Start or NC Pre-K**

Please indicate your top three choices (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )			
<b>Pre-K Classes in Public Schools</b> <i>Every effort will be made to assign children to their residential schools. Additional classroom locations may be available.</i> <b>Public school sites require a screening for eligibility.</b>		<b>Pre-K Classes in Private Childcare Centers</b>	
<input type="checkbox"/>	Ashley Elementary	<input type="checkbox"/>	Bethlehem Child Development **
<input type="checkbox"/>	Bolton Elementary	<input type="checkbox"/>	Childcare Network, Reynolda
<input type="checkbox"/>	Caleb's Creek, Kernersville **	<input type="checkbox"/>	Childcare Network, Lewisville **
<input type="checkbox"/>	Cook Elementary	<input type="checkbox"/>	Church Childcare, Walkertown **
<input type="checkbox"/>	Diggs-Latham Elementary **	<input type="checkbox"/>	First Baptist Church, Kernersville **
<input type="checkbox"/>	Easton Elementary **	<input type="checkbox"/>	Maxx Kinder Kollege **
<input type="checkbox"/>	Forest Park Elementary **	<input type="checkbox"/>	North Point Academy **
<input type="checkbox"/>	Gibson Elementary **	<input type="checkbox"/>	Oak Summit Learning Academy **
<input type="checkbox"/>	Griffith Elementary Head Start Partnership **	<input type="checkbox"/>	TLC Learning Academy **
<input type="checkbox"/>	Hall-Woodward Elementary	<input type="checkbox"/>	
<input type="checkbox"/>	Ibrahim Elementary **	<input type="checkbox"/>	
<input type="checkbox"/>	Kimberley Park Elementary **	<b>Pre-K Classes in Head Start</b>	
<input type="checkbox"/>	Kimmel Farm Elementary **	<input type="checkbox"/>	Kernersville Elementary Head Start **
<input type="checkbox"/>	Konnoak Elementary	<input type="checkbox"/>	Family Services Broad St. (Washington Park) **
<input type="checkbox"/>	Middle Fork Elementary **	<input type="checkbox"/>	Family Services The Heights **
<input type="checkbox"/>	North Hills Elementary Head Start Partnership **	<input type="checkbox"/>	WSSU Child Development **
<input type="checkbox"/>	Old Town Elementary Head Start Partnership **	<input type="checkbox"/>	
<input type="checkbox"/>	Petree Elementary	<b>Pre-K Classes in Charter Schools</b>	
<input type="checkbox"/>	Rural Hall Elementary	<input type="checkbox"/>	Quality Education Institute **
<input type="checkbox"/>	Smith Farm Elementary **	<input type="checkbox"/>	
<input type="checkbox"/>	South Fork Elementary	<input type="checkbox"/>	
<input type="checkbox"/>	Union Cross Elementary, Kernersville	<input type="checkbox"/>	
<input type="checkbox"/>	Walkertown Elementary, Walkertown **	<input type="checkbox"/>	

**Reason(s) for your first (#1) preference:**

**Please check all that apply. This will help us better accommodate your family's needs (feel free to add any comments or additional information you would like us to consider)**

\_\_\_\_\_ Near my or relative's job      \_\_\_\_\_ I can arrange transportation      \_\_\_\_\_ Sibling attends this site/school

\_\_\_\_\_ Walking distance      \_\_\_\_\_ Before and after school care is offered

Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_

**Pre-K Classes in Public Schools Site Information (Please be advised that arrival and dismissal times are subject to change).**

Location	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Phone #
Ashley	1647 Ashley School Cir., Winston-Salem, NC 27105	No	7:45 AM	2:15 PM	No	336-703-4203
Bolton Elementary	1250 Bolton St., Winston Salem, 27103	No	8:45 AM	3:15 PM	No	336-703-4247
Caleb's Creek	1109 Salem Crossing Rd., Kernersville, NC 27284	No	8:25 AM	2:55 AM	No	336-703-6757
Cook	920 11th St., NW Winston-Salem, NC 27105	Yes	8:15 AM	3:15 PM	No	336-703-4201
Diggs-Latham	986 Hutton St., Winston-Salem, NC 27101	No	8:00 AM	2:30 PM	No	336-703-4102
Easton	734 E. Clemmons Cir., Winston-Salem, NC 27107	No	8:05 AM	2:35 PM	No	336-748-4063
Forest Park	2019 Milford St., Winston-Salem, NC 27107	Yes	8:20 AM	2:50 PM	No	336-703-4291
Gibson	2020 Walker Rd., Winston-Salem, NC 27106	No	8:20 AM	2:50 PM	No	336-703-4212
Griffith	1385 W. Clemmons Rd., Winston-Salem, NC 27127	Yes	8:20 AM	2:50 PM	No	336-703-4245
Hall-Woodward	125 Nicholson Rd., Winston-Salem, NC 27107	No	8:20 AM	3:00 PM	No	336-703-4238
Ibrahim	5036 Old Walkertown Rd., Winston-Salem, NC 27105	No	8:45 AM	3:15 PM	No	336-703-6771
Kimberley Park	1701 N. Cherry St., Winston-Salem, NC 27105	Yes	7:30 AM	2:15 PM	Yes	336-703-6731
Kimmel Farm	4672 Ebert Rd., Winston-Salem, NC 27127	No	7:50 AM	2:40 PM	No	336-703-6760
Konnoak	3200 Renon Rd., Winston-Salem, NC 27127	No	7:30 AM	2:15 PM	Contact School for Information	336-703-4163
Middle Fork	3125 Williston Rd., Walkertown, NC 27051	No	7:30 AM	2:15 PM	No	336-748-4090
North Hills	340 Alspaugh Dr., Winston-Salem, NC 27105	Yes	8:00 AM	2:30 PM	No	336-703-4176
Old Town	3930 Reynolda Rd., Winston-Salem, NC 27106	Yes	8:00 AM	2:00 PM	No	336-703-4283
Petree	3815 Old Greensboro Rd., Winston-Salem, NC 27101	Yes	7:30 AM	2:25 PM	No	336-703-4141
Rural Hall	275 College St., Rural Hall, 27045	No	7:55 AM	2:25 PM	No	336-703-6789
Smith Farm	4250 Johnny Knoll Ln., Winston-Salem, NC 27107	No	7:30 AM	2:25 PM	No	336-703-4188
South Fork	4332 Country Club Rd., Winston-Salem, NC 27104	No	8:00 AM	2:30 PM	No	336-703-4231
Union Cross	4300 High Point Rd., Kernersville 27284	No	8:10 AM	2:40 PM	Contact School for Information	336-703-4233
Walkertown	2971 Main St., Walkertown, NC 27051	No	7:45 AM	2:25 PM	No	336-703-4252

(Please be advised that arrival and dismissal times are subject to change).

Head Start Sites	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Phone #
Kernersville Elementary	512 W Mountain St, Kernersville, NC 27284	No	8:00 AM	2:30 PM	No	336-703-4100
Family Services Broad St. (Washington Park)	1411 S. Broad St., Winston Salem, 27101	No	8:00 AM	2:30 PM	No	(336) 722-8173
Family Services The Heights	1472 Felicity Lane, Winston Salem, 27101	No	8:00 AM	2:30 PM	No	(336) 727-0617
WSSU	601 MLK Jr. Dr, Winston Salem, NC 27101	No	8:00 AM	2:30 PM	Yes-- Contact Head Start for Cost	336-750-2472 336-750-8813
Private Childcare Centers	Address	School Uniforms	Arrival	Dismissal	Before/After Care	Phone #
Bethlehem Community Center	520 Cleveland Ave. Winston Salem, 27101	No	8:00 AM	2:30 PM	Contact Center	336-722-6264
Childcare Network Reynolda	3595 Reynolda Rd, Winston-Salem, NC 27106	No	8:15 AM	2:30 PM	Contact Center	336-996-3776 Ext 3
Childcare Network Lewisville	5038 Styers Ferry Rd. Lewisville 27023	No	8:30 AM	2:30 PM	Contact Center	336-766-3233
First Baptist Church Kernersville	401 Oakhurst St, Kernersville 27284	No	8:00AM	2:30 PM	Contact Center	336-993-2577
Church Childcare Center	4400 Poindexter St. Walkertown 27051	No	8:00 AM	2:30 PM	Contact Center	336-595-4451
Maxx Kinder Kollege	2411 Waughtown St., Winston Salem 27107	No	8:00 AM	2:30 PM	Contact Center	336-788-8599
North Point Academy	4950 Indiana Ave. Winston Salem 27105	No	8:00 AM	2:30 PM	Contact Center	336-744-7678
Oak Summit Learning Academy	203 Oak Summit Rd, Winston-Salem	No	8:00AM	2:30 PM	Contact Center	336-767-4774
Quality Education Institute	5012-C Lansing Dr. Winston Salem 27105	No	8:00 AM	3:00 PM	Contact Center	336-744-7138
TLC Academy	2832 S. Main St. Winston Salem 27127	No	8:00 AM	2:30 PM	Contact Center	336-650-9652