



Partnership FOR CHILDREN

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network



OF CUMBERLAND COUNTY

**NC Pre-K Child Payment Exception Request From
SFY 2022-2023**

If you are aware that an exception is required, you may submit this form prior to the completion of attendance.

Site Name: _____

Month/Year of Service: _____

If a child doesn't have enough days of attendance to receive full payment for the month, an exception for that child's attendance may be requested under certain circumstances. Site Administrators **must submit supporting documentation** for the attendance exception detailing the circumstance for the reason(s) why the child was absent (e.g., written justification from a medical professional, email communications with the family regarding a family emergency, etc.). Documentation will be used for monitoring purposes by the State. An education service must be provided to the child in these circumstances and may include a hospital visit, home visit, remote learning services, etc.

Exception Requests

1. Student name: _____ Number of days in attendance this month: _____

Reason for Exception:

- | | |
|---|---|
| <input type="checkbox"/> Child started mid-month | <input type="checkbox"/> COVID |
| <input type="checkbox"/> Illness or hospitalization | <input type="checkbox"/> Crisis requiring family travel |
| <input type="checkbox"/> Military leave | <input type="checkbox"/> Natural disaster: hurricanes, tornadoes, flooding |
| <input type="checkbox"/> Family emergency | <input type="checkbox"/> NC Pre-K closing due to fire, water damage, loss of heating/air, etc |
| <input type="checkbox"/> Split Custody | <input type="checkbox"/> Other: _____ |

Notes: _____

For PFC Use Only

- ☐ Approved
☐ Not Approved
Notes:

2. Student name: _____ Number of days in attendance this month: _____

- | | |
|---|---|
| <input type="checkbox"/> Child started mid-month | <input type="checkbox"/> COVID |
| <input type="checkbox"/> Illness or hospitalization | <input type="checkbox"/> Crisis requiring family travel |
| <input type="checkbox"/> Military leave | <input type="checkbox"/> Natural disaster: hurricanes, tornadoes, flooding |
| <input type="checkbox"/> Family emergency | <input type="checkbox"/> NC Pre-K closing due to fire, water damage, loss of heating/air, etc |
| <input type="checkbox"/> Split Custody | <input type="checkbox"/> Other: _____ |

Notes: _____

For PFC Use Only

- ☐ Approved
☐ Not Approved
Notes:

3. Student name: _____ Number of days in attendance this month: _____

- | | |
|---|---|
| <input type="checkbox"/> Child started mid-month | <input type="checkbox"/> COVID |
| <input type="checkbox"/> Illness or hospitalization | <input type="checkbox"/> Crisis requiring family travel |
| <input type="checkbox"/> Military leave | <input type="checkbox"/> Natural disaster: hurricanes, tornadoes, flooding |
| <input type="checkbox"/> Family emergency | <input type="checkbox"/> NC Pre-K closing due to fire, water damage, loss of heating/air, etc |
| <input type="checkbox"/> Split Custody | <input type="checkbox"/> Other: _____ |

Notes: _____

For PFC Use Only

- ☐ Approved
☐ Not Approved
Notes:

I certify that all information provided in the form is accurate and true and attached all supporting documentation.

Site Admin Signature

Today's Date