

NC Pre-K Child Payment Exception Request Form SFY 2026-2027

Providers should only submit exception requests after completing attendance, and all forms should be in Ready to Submit status.

Site Name: _____

Month/Year of Service: _____

When 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 documents (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 DCDEE. An education service must be provided to the child in these circumstances and may include a hospital visit, home visit, remote learning services, etc. **NC Pre-K Guidance Section: C. Program Attendance Policy 4-3.**

Exception Requests

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

Reason for Exception:

- | | |
|---|---|
| ☐ Child started mid-month | ☐ COVID |
| ☐ Illness or hospitalization | ☐ Crisis requiring family travel |
| ☐ Military leave | ☐ Natural disasters: hurricanes, tornadoes, flooding |
| ☐ Family emergency | ☐ Closing due to fire, water damage, loss of heating/air, etc. |
| ☐ Split Custody | ☐ Other: _____ |

Notes: _____

For PFC Use Only

- ☐ Approved
☐ Not Approved
Notes:

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

Reason for Exception:

- | | |
|---|---|
| ☐ Child started mid-month | ☐ COVID |
| ☐ Illness or hospitalization | ☐ Crisis requiring family travel |
| ☐ Military leave | ☐ Natural disasters: hurricanes, tornadoes, flooding |
| ☐ Family emergency | ☐ Closing due to fire, water damage, loss of heating/air, etc. |
| ☐ Split Custody | ☐ Other: _____ |

Notes: _____

For PFC Use Only

- ☐ Approved
☐ Not Approved
Notes:

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

Reason for Exception:

- | | |
|---|---|
| ☐ Child started mid-month | ☐ COVID |
| ☐ Illness or hospitalization | ☐ Crisis requiring family travel |
| ☐ Military leave | ☐ Natural disasters: hurricanes, tornadoes, flooding |
| ☐ Family emergency | ☐ Closing due to fire, water damage, loss of heating/air, etc. |
| ☐ Split Custody | ☐ Other: _____ |

Notes: _____

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☐ Not Approved
Notes:

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

NC Pre-K Site Administrator or Designee Signature

Today's Date