2019-2020 CHILD'S APPLICATION

Location Preference: _____ *Office Use Only*

A: CHILD INFORMATION

Child's Full Name		Date of Birth	
Child's Street Address	City	NC	ZIP

Which of the following best describes your family's living situation?
☐ Permanent ☐ Transitional or Emergency Shelter ☐ Hotel/Motel/Campground ☐ Lack of Permanent Nighttime Address

Child's Gender	☐ Male	☐ Female

Child's Race/Ethnicity (Check All that Apply. Must Check One.)
- ☐ White or European American
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Black or African American
- ☐ Asian

Hispanic?	☐ Yes	☐ No
Is the child a N.C. resident?	☐ Yes	☐ No
Is the child a U.S. citizen?	☐ Yes	☐ No
What language does the child speak at home?		
Is child currently attending a child care, preschool or half-day program?	☐ Yes	☐ No
If yes, what is the name of the program?		
Has the child ever been in a child care/preschool setting?	☐ Yes	☐ No
If yes, location and dates served?		
Is the child currently being served at this site?	☐ Yes	☐ No
Does the child receive a child care subsidy voucher?	☐ Yes	☐ No
Is at least one parent or legal guardian of this child an active duty member of the military or was seriously injured or killed while on active duty?	☐ Yes	☐ No

Do any of the following additional factors apply to this child? (Check all that apply)

- ☐ Identified disability (indicated by the child having a current Individualized Education Plan – IEP)
- ☐ Chronic health conditions (indicated by a health care provider, e.g. asthma, sickle cell anemia, cancer, HIV, etc.)
- ☐ Developmental educational need (as indicated by the child's performance results on a developmental screening)

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B: PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME #1		
Gender	☐ Male	☐ Female
Relationship to Child	☐ Mother	☐ Father
☐ Other, please specify		
Phone Number	Work Phone Number	
E-mail Address		
Please check all that apply ☐ Not Employed ☐ Employed ☐ Seeking Employment ☐ Attending Secondary Education ☐ Attending Job Training ☐ Attending High School/GED		
If employed, how often do you receive a paycheck? ☐ Monthly ☐ Twice Monthly ☐ Weekly ☐ Bi-Weekly		

PARENT/GUARDIAN NAME #2		
Gender	☐ Male	☐ Female
Relationship to Child	☐ Mother	☐ Father
☐ Other, please specify		
Phone Number	Work Phone Number	
E-mail Address		
Please check all that apply ☐ Not Employed ☐ Employed ☐ Seeking Employment ☐ Attending Secondary Education ☐ Attending Job Training ☐ Attending High School/GED		
If employed, how often do you receive a paycheck? ☐ Monthly ☐ Twice Monthly ☐ Weekly ☐ Bi-Weekly		

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Annual family income. (Attach supporting documentation for all income identified for each parent/guardian.)	
☐ Income before taxes	$
☐ Alimony	$
☐ Child support	$
☐ Workers Comp	$
☐ Unemployment	$
☐ SSI/TANF/Work First	$
☐ TOTAL ***Office Use Only***	$

With whom does the child live?

☐ Both Parents ☐ Other, please specify:

☐ Father Only

☐ Mother Only

What is the family size? (Include the child and all adults and other children living in the household.)	

Please list the additional family members of the child that live in the home and are supported by the parent/caregiver's income.

1. Name	**5. Name**
Relationship to Child	Relationship to Child
Date of Birth	Date of Birth
2. Name	**6. Name**
Relationship to Child	Relationship to Child
Date of Birth	Date of Birth
3. Name	**7. Name**
Relationship to Child	Relationship to Child
Date of Birth	Date of Birth
4. Name	**8. Name**
Relationship to Child	Relationship to Child
Date of Birth	Date of Birth

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C: DEVELOPMENTAL ASSESSMENTS

Is the family concerned about the child's development?	☐ Yes	☐ No
If yes, please explain:		
Has the child been referred for an evaluation or identified with a disability?	☐ Yes	☐ No
What was the decision of the evaluation for this child? ☐ No disability identified ☐ Evaluation decision in process ☐ One or more disabilities identified ☐ Do not know ☐ Not Applicable		
What conditions were identified? (Please check all that apply.) ☐ Autistic ☐ Hearing Impaired ☐ Orthopedically Impaired ☐ Severely/Profoundly Mentally Disabled ☐ Speech/Language Impaired ☐ Visually Impaired ☐ Behaviorally/Emotionally Disabled ☐ Multi-Handicapped (please explain) ☐ Preschool/Persistent Developmentally Delayed ☐ Other Health Impaired ☐ Not Applicable		
Has the child been referred for services? (Speech, Physical, Occupational Therapy)	☐ Yes	☐ No
Is this child receiving services related to the disability?	☐ Yes	☐ No
If yes, please list:		
Does the child have an active IEP (Individualized Education Plan)?	☐ Yes	☐ No

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D: NC PRE-K LOCATION CHOICES

1st Choice	2nd Choice	3rd Choice	No Preference

E: CERTIFICATION & SIGNATURE

☐ By signing this form, I certify that the information provided is true, correct, and complete and that all income has been reported. Program staff may verify information on this Application.

☐ I give permission for the NC Pre-K site my child attends to share my child's medical screening, developmental screening and formative assessment results with Smart Start of Transylvania County.

Adult Signature	Today's Date

F: APPLICATION CHECKLIST

Did you remember to:

☐ Sign and date the application

☐ Include proof of child's birth date

☐ Include proof of family income for all working parents/caregivers

☐ If child is in foster care, include placement documentation

☐ If child has an IEP, include a copy of the IEP

Child applications and supporting documentation should be returned via email or mail to:

Smart Start of Transylvania County
Attn: NC Pre-K
PO Box 1676
Brevard, NC 28712

Email To:
rebeccasnurr@smartstarttransylvania.org

Questions: Please call Rebecca Snurr at (828) 877-3025