

Smart Start of Transylvania County



Application Date: _____

Child's Legal Name: _____
First Middle Last

Child's Address: _____
Street Apt. #
_____ City State Zip Code County

Is this a permanent home address or a temporary place to stay? _____

Telephone: _____ Cell Phone: _____ E-mail _____

Child's gender: Female Male

Child's date of birth (mm-dd-yyyy): _____
(child must be 4 years old on or before August 31, 2016)

Child's ethnicity: Hispanic or Latino Not Hispanic or Latino

Child's race: White or European American Asian
(check all that apply) Black or African American Native Hawaiian or Other Pacific Islander
 Native American Indian or Alaska Native

Is the Child a U.S. citizen? Yes No / Do not know

Gross Income of Child's family: \$ _____ weekly monthly yearly
(enter total amount, before taxes, and specify weekly, monthly or yearly)

Check any additional factors that apply to this Child:

- Limited English proficiency
If checked, indicate child's primary language: _____
- Identified disability (child has an IEP)
If checked, specify disability: _____
- Chronic health condition
If checked, specify health condition: _____
- Developmental/educational need as indicated on an approved developmental screening
If checked, specify developmental/educational need: _____
- Parent or guardian is an active duty member of armed forces

Is the Child **currently** being served in a licensed or regulated childcare setting? Yes No

If yes, location and dates served: _____

Has the Child **previously** been served in a licensed or regulated childcare setting? Yes No

If yes, location and dates served: _____

Is the Child receiving childcare subsidy? Yes No

If no, why not? Child is on waiting list Child is not eligible Child is eligible but has not applied



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Does Child live with an adult blood relative or a non-relative who has legal custody or guardianship? Yes No

Name of parent/guardian(s) living with child:	Relationship to child:	Is parent/guardian employed?	If employed, where and average hours per week:	In school or job training?	Primary language of parent/guardian:
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list the other family members living in the home (attach a separate sheet of paper if necessary):

Name	Age	Relationship to Child

Please check what area(s) of the county your child can attend: *(check all that apply)*

- Brevard Elementary Rosman Elementary
 Hillview

What is your first choice for where your child attends the program? _____

How did you hear about the NC Pre-K program? _____

Required documents at application:

- Copy of Child's birth certificate or medical records indicating child's date of birth
- Proof of family income *(acceptable income documentation includes: tax return, W-2s, paycheck stubs, SSI, Work First statements, signed letter from employer, other as needed).*

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that this information will be held in strict confidence within the NC Pre-K program agencies and is accessible to me during normal business hours.

Parent/Guardian's Signature: _____ **Date:** _____

If you have any questions about this application, please call:

Christy Rhodes, Enrollment Specialist
 Work: 828-693-1711, ext. 111 Fax: 828-697-4277

Please send completed applications and paperwork to:
 WCCA, PO Box 685, King Creek Blvd, Hendersonville, NC 28793

