

# 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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### 2017-2018 Application

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

