



Smart Start of Transylvania County
2018-2019 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, 2018)

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

Child's race: [] White or European American [] Asian
[] 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: _____





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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

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 New Adventure Learning Center

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, please call: Smart Start Office at 828-877-3025 or fax: 828-877-3035
Please send completed paperwork to: Smart Start of Transylvania County, PO Box 1676, Brevard, NC 28712

