

# Western Carolina Community Action



## NC Pre-K Application 2012-2013



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: \_\_\_\_\_

Child's gender:  Female  Male

Child's identification numbers:  Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(Check all boxes that apply and fill in all identification numbers available for child.)*  DHHS identification number \_\_\_\_\_  
 SIMS identification number \_\_\_\_\_  
 Other identification number \_\_\_\_\_

Child's date of birth (mm-dd-yyyy): \_\_\_\_\_ *(child must be 4 years old on or before August 31, 2012.)*

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

Is Child a U.S. citizen?  Yes  No / Don't 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 Child **currently** being served in a licensed or regulated childcare setting?  Yes  No  
If yes, please state the name of the childcare setting: \_\_\_\_\_  
Enter month and year child entered this facility: \_\_\_\_\_

Has Child **previously** been served in a licensed or regulated childcare setting?  Yes  No  
If yes, please state the name of the childcare setting: \_\_\_\_\_  
Enter dates child was enrolled: from: \_\_\_\_\_ until: \_\_\_\_\_

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Is 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?	Primary language of parent/guardian:	Highest education level completed by parent/guardian:
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Total Family Size: \_\_\_\_\_ (include the child applicant and all adults and other children in the household)

Do you have transportation for your child?     Yes     No

**(Please note: Most sites do not provide transportation and run from 8 a.m. to 2:30 p.m. Extended care can be arranged for a parent fee at some sites. (Limited) Only check no above if child will not be able to attend unless transportation can be arranged. Checking no above may limit where and if your child can be placed.)**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Hendersonville         | <input type="checkbox"/> Dana                    |
| <input type="checkbox"/> Fletcher               | <input type="checkbox"/> Etowah                  |
| <input type="checkbox"/> E. Flat Rock/Flat Rock | <input type="checkbox"/> Other (specific: _____) |
| <input type="checkbox"/> Mills River            |  |

**\*\*\*Note: The Bruce Drysdale Center will be following the Henderson County Public Schools FLEX Schedule (Year Round)**

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

**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: \_\_\_\_\_

\*\*\*If you have any questions about this application, please call Susan Bullard, the NC Pre-K Coordinator.

Work: 828-693-1712 ext.134      Fax: 828-697-4277

Please send completed applications and paperwork to:

WCCA, PO Box 685, Hendersonville, NC 28793