

2017-2018 COLLABORATIVE PRESCHOOL APPLICATION
(GRATIOT, IONIA, ISABELLA & MONTCALM COUNTIES)

Child Name: _____ Date of Birth: _____ Sex: Male Female
Parent/Guardian 1 _____ Date of Birth: _____ Relationship: _____
Parent/Guardian 2 _____ Date of Birth: _____ Relationship: _____
County: _____ School District in which you live: _____ E-Mail Address: _____
Address: _____
(Street) (P.O. Box) (City) (Zip)

Phone 1 _____ Cell Home Mess Phone 2 _____ Cell Home Mess **TEXT** Messages Yes No

Please identify the closest crossroads near your home: _____

Day Care Address (if different): _____

Has your child attended any Early Childhood Programs?: Yes No if yes, where _____

Does your child have an IEP (Individualized Education Plan)?: Yes No

My signature below authorizes any Intermediate School District and/or local education agency to share my child's educational records with the Collaborative Recruitment Committee. Yes No

Was your child ever involved with *Early On*?: Yes No

Does your child have an up to date well child exam?: Yes No

Are your child's immunizations up to date? Yes No

Is this child in a foster care placement?: Yes No

Are you homeless (lack of a fixed, regular, and adequate nighttime residence)? Yes No

Additional information we should know about your child (parental/behavioral/developmental concerns or health issues, etc.): _____

Child lives with? Both Parents Mother Father Other: _____

Number of siblings: _____

Does your family receive any of the following?: DHS Food Assistance WIC

Parent/Guardian 1: Total of all Gross Income (Verification of income will be required): \$ _____

Choose the period the above total represents: Weekly Bi-weekly Monthly Annually

Income Source: (check all that apply): Working Child Support SSI DHS Financial Other: _____

Parent/Guardian 2: Total of all Gross Income (Verification of income will be required): \$ _____

Choose the period the above wage represents: Weekly Bi-weekly Monthly Annually

Income Source: (check all that apply): Working Child Support SSI DHS Financial Other: _____

Any income changes in the last 6-12 months (i.e., unemployment, wage increase/decrease, etc.): _____

This is an application **only** and **does not** guarantee your child will be enrolled into a program. The recruitment committee will review your child's application and determine which program(s) for which your child appears most eligible. **Eligibility is based on a child's age, family income, child's need & available openings. Documentation required. Not all program options are available in all areas.** Should you be interested in a particular program, please indicate that program on the following line so parent preference may be considered.

_____. Local protocol will be followed regarding specific program placement.

I hereby release this information and educational records to be shared between the EightCAP, Inc. Collaborative Recruitment Committee, the Great Start Readiness Preschool Program, local school districts, local Intermediate School District and the Head Start Program in the county in which I reside. My signature verifies that the above information is correct and true to the best of my knowledge.

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

Please return to: Preschool Registration, 904 Oak Dr. Greenville, MI 48838-8230
Fax: 616-754-9310 E-mail: deniseb@8cap.org Apply online: www.8cap.org or your local school district

For more information, call 1-866-754-9315, ext. 3369 or Michigan Relay Center: 1-800-649-3777 (Voice & TDD)
Gratiot and Isabella County: preschoolpartnership.org

How did you hear about your local preschool program: Advertisement Community Organization Event
 Friend/Family Member Older Children Attended School EightCAP, Inc. Website/Staff Other: _____

State & Federally funded programs will not discriminate against anyone because of race, color, national origin, sex, age or disability, except as prescribed by program guidelines.

FOR OFFICE USE ONLY Reviewed by: _____ Date: _____ Inc : _____ Age (as of 9-1) _____ Rev. February 2017 db/ab
Original - Central Office File

CHILD'S NAME _____ COUNTY _____

PARENT'S NAME _____ PHONE NUMBER _____

NEEDS ASSESSMENT

1. Are you: single married divorced widowed separated
2. How much schooling have you completed?
 6th 7th - 8th grade 9th - 10th grade 11th grade 12th grade GED College
3. Were you under 20 years old when your first child was born?: yes no
4. Have you lived in more than 2 homes in the past three (3) years?: yes no
5. Has anyone in your home ever been a victim of physical/domestic/sexual abuse or neglect?: yes no
6. Do you reside in a high-risk neighborhood (high poverty, crime or limited access to critical resources)?: yes no
7. Have your children suffered a parental loss due to death, divorce, incarceration, military service or absence?: yes no
8. Has your child ever been expelled from a child care center?: yes no
9. Has your child ever been exposed to a toxic substance?: yes no If yes, what substance _____
10. In the past 2 years have you or members of your household:
 - Experienced difficulty in obtaining medical services? yes no
 - Used the emergency room? yes no
 - Received a shut-off notice from a utility company? yes no
 - Been homeless? yes no
 - Ever been without heat? yes no
 - Used a food bank or pantry? yes no
11. How many people are living in your home? _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____

12. Primary Language spoken in your home?: English Spanish Other _____
13. What is the Primary Language spoken by your child(ren)?: English Spanish Other _____

The information gathered is used to help develop a Community Needs Assessment and will assist in determining the eligibility of your child in a preschool program. No personal information will ever be shared outside of the Joint Recruitment and Enrollment process

Head Start & Great Start Readiness Program

Serving Montcalm, Ionia, Gratiot & Isabella Counties

FREE TO FAMILIES THAT QUALIFY!

Daily Schedule Includes:

Pre-Reading & Pre-Math Activities
Art Opportunities
Music & Rhyming Activities
Exercise & Outdoor Play
Tooth brushing/Health Instruction

Nutritious Meals & Snacks
Special Education Services
Parent & Volunteer Involvement
Transportation (in most areas)