

2016-2017 COLLABORATIVE PRESCHOOL APPLICATION
(GRATIOT, IONIA, ISABELLA & MONTCALM COUNTIES)

Child Name: _____ Date of Birth: _____ Sex: Male Female
Primary Adult: _____ Date of Birth: _____ Relationship: _____
Secondary Adult: _____ Date of Birth: _____ Relationship: _____
County: _____ School District in which you live: _____ E-Mail Address: _____
Address: _____
 (Street) (P.O. Box) (City) (Zip)

Home Phone: _____ Cell Phone: _____ Message Phone: _____

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

Was your child ever involved with *EarlyOn*?: 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.):

Number of parent/guardians employed?: ___ full time ___ part time Number of parents/guardians in the armed forces? _____

Does your family receive any of the following?: Cash Assistance SSI Child Day Care Reimbursement Food Stamps WIC

<p>Number of Family Members Living in Your Home? _____</p>	<p>Please indicate your yearly household income, including all income sources: \$ _____</p>	OR	<p style="text-align:center;">Please circle the amount that best describes your yearly household income.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <tr> <td>\$0 – \$11,880</td> <td>\$11,881 – \$16,020</td> <td>\$16,021 – \$20,160</td> </tr> <tr> <td>\$20,161 – \$24,300</td> <td>\$24,301 – \$28,440</td> <td>\$28,441 – \$32,580</td> </tr> <tr> <td>\$32,581 – \$36,730</td> <td>\$36,731 – \$40,890</td> <td>\$40,891 – \$45,050</td> </tr> <tr> <td>\$45,051 – \$49,210</td> <td>\$49,211 – \$53,370</td> <td>\$53,371 – \$57,530</td> </tr> <tr> <td>\$57,531 – \$61,690</td> <td>\$61,691 – \$65,850</td> <td>\$65,851 – \$70,010</td> </tr> <tr> <td colspan="3">If your income is above \$70,011; please indicate a total in the box to the left.</td> </tr> </table>	\$0 – \$11,880	\$11,881 – \$16,020	\$16,021 – \$20,160	\$20,161 – \$24,300	\$24,301 – \$28,440	\$28,441 – \$32,580	\$32,581 – \$36,730	\$36,731 – \$40,890	\$40,891 – \$45,050	\$45,051 – \$49,210	\$49,211 – \$53,370	\$53,371 – \$57,530	\$57,531 – \$61,690	\$61,691 – \$65,850	\$65,851 – \$70,010	If your income is above \$70,011; please indicate a total in the box to the left.		
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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 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 to: 616-754-9310 Scan to e-mail to: deniseb@8cap.org

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: Newspaper Other Parent Poster EightCAP, Inc. Website
Older Children Attended Elementary School 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.

<p>FOR OFFICE USE ONLY Reviewed by: _____ Date: _____ Inc : _____ Age (as of 9-1) _____ Rev. February 2016 ms Original – Central Office File</p>

CHILD'S NAME _____ COUNTY _____

PARENT'S NAME _____

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: _____
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- 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
Music & Rhyming Activities

Tooth brushing/Health Instruction
Nutritious Meals & Snacks
Special Education Services
Parent & Volunteer Involvement
Transportation (in most areas)