

2014-15 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

Number of Family Members Living in Your Home? _____
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Please indicate your yearly household income, including all income sources: \$ _____

OR

Please circle the amount that best describes your yearly household income.		
\$0 – \$11,670	\$11,671 – \$15,730	\$15,731 – \$19,790
\$19,791 – \$23,850	\$23,851 – \$27,910	\$27,911 – \$31,970
\$31,971 – \$36,030	\$36,031 – \$40,090	\$40,091 – \$44,150
\$44,151 – \$48,210	\$48,211 – \$52,270	\$52,271 – \$56,330
\$56,331 – \$60,390	\$60,391 – \$64,450	\$64,451 – \$68,510
If your income is above \$68,511; please indicate a total in the box to the left.		

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) your child is eligible to attend and is best suited to meet your child's individual needs. Eligibility is based on a child's age, family income, child's need & available openings. Documentation required.

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. – Turk Lake, Greenville, MI 48838;
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 Restaurant Placemat Yard Sign Door Hanger 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.

FOR OFFICE USE ONLY Reviewed by: _____ G/I Central Intake: _____ Date: _____ Inc : _____ Age (as of 10-1) _____ 1/17/14 ms Original – Central Office File

CHILD'S NAME _____

COUNTY _____

PARENT'S NAME _____

2014-15 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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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 _____

Isabella & Gratiot County Residents Only: Write **#1 (first choice)** and **#2 (second choice)** next to your preferred preschool location. Applications indicating Head Start eligibility will be offered Head Start enrollment. Eligibility is based on a child's age, family income, child's need & available openings.

Creative Beginnings Child Development Center 1965 Office Parkway, Mt. Pleasant 989 773-2222 Great Start Readiness Program	Rosebush Elementary 3771 N. Mission Rd., Mt. Pleasant 989 433-2962 Head Start & Great Start Readiness Program	Renaissance Public School Academy 2797 S. Isabella Rd., Mt. Pleasant 989 773-9889 Great Start Readiness Program
Isabella Child Development Center 1250 Watson Rd., Mt. Pleasant 989 772-0508 Great Start Readiness Program	Shepherd Elementary 238 E. Maple St., Shepherd 866 754-9315 ext. 3369 Great Start Readiness Program	St. Vincent de Paul (Shepherd) 205 E. Maple St., Shepherd 989 832-3256 Great Start Readiness Program
Morey Public School Academy 418 W. Blanchard Rd., Shepherd 989 866-6739 Great Start Readiness Program	Shepherd Head Start 225 S. Chippewa St., Shepherd 866 754-9315 ext. 3369 Head Start	I have no preference of location and will accept a preschool closest to my home residence.
Resident School District Great Start Readiness Program or Resident School District Head Start Program		

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.