



Ottawa County Early Childhood Education Application 2015-2016
Early Head Start, Great Start Readiness Preschool, Head Start, Parents as Teachers, and Tuition-Assistance
(No Cost to eligible participants)

Application Date _____

CHILD INFORMATION

| | | | | |
|---|---|------|---|---|
| Child's Legal Last Name | Child's First Name | M.I. | Nickname | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Child's Birthday (month, day, year) | My Child is transitioning from Early Head Start <input type="checkbox"/> YES <input type="checkbox"/> NO | | My Child is transitioning from Early On <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you or your doctor have concerns about your child's development? (language, motor, behavior) <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO | | | | |
| Does your child have a current IEP or IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

HOUSEHOLD INFORMATION

| ADDRESS | | | |
|---|--|--|--------------|
| Living Address: Street / Apartment | City / State / Zip | County | Phone Number |
| Mailing Address (if different) : Street / Apartment | City / State / Zip | County | Phone Number |
| Which School District do you Live in? (Circle One) Allendale Coopersville Grand Haven Hamilton Holland Hudsonville Jenison Saugatuck Spring Lake West Ottawa Zeeland | | | |
| How many times have you moved in the last year? | Do you have a permanent residence? <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you been homeless in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Email Address: | | <input type="checkbox"/> Yes I would like to be added to an email list to receive Early Childhood resources and events | |

| HOUSEHOLD –PLEASE LIST ALL MEMBERS | | | | | | | | | |
|------------------------------------|---------------------------------------|------|---------------|--|-----------------------|------------------|----------|-----|---------------------|
| Last Name | First Name | M.I. | Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Relationship to Child | Circle One | | | Employed? Yes No |
| | | | | | | High School Grad | Non-Grad | GED | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL # IN HOUSEHOLD | PREVIOUS 12 MONTHS OR 2014 INCOME: \$ | | | | | | | | |

VERIFICATION OF 12 MONTHS OF INCOME MUST BE ATTACHED IN ORDER TO PROCESS YOUR APPLICATION

A COPY OF YOUR 2014 TAX RETURN, W2S, VERIFICATION OF CHILD SUPPORT, UNEMPLOYMENT AND/OR DISABILITY INCOME

Check box if family is receiving any of the following services:

- MDHS Child Care Reimbursements SSI FIP Payments Work First Child is a Foster Child

Note: *Verification of any of these services automatically makes you income eligible.*

| FAMILY INCOME (Gross) | | | | |
|-----------------------|---------------|-----|---------------------|-------------|
| Name | Amount: \$ | Per | Annual Amount \$ | Description |
| Name | Amount: \$ | Per | Annual Amount \$ | Description |

| TRANSPORTATION INFORMATION (IF TRANSPORTATION IS AVAILABLE) | | | |
|--|-------------------|---------|-------|
| Pick Up Location <input type="checkbox"/> Home <input type="checkbox"/> Sitter | If Sitter, Name : | Address | Phone |
| Drop Off Location <input type="checkbox"/> Home <input type="checkbox"/> Sitter | If Sitter, Name : | Address | Phone |
| Are you able to Self Transport? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

PARENT INFORMATION

| | | | | | |
|--|---|--|---|---|--|
| Are parents able to speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Child's Primary Language : | | Language : Secondary | |
| Does parent have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Is parent on Active Military Duty? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Is a parent incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Has child lost a parent or sibling due to death? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has child been abused/CPS involved? <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have a chronically ill family member? <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you a recent immigrant/refugee? <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have a current/history of domestic violence? <input type="checkbox"/> YES <input type="checkbox"/> NO | Substance abuse/addiction? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How did you hear about this program? | | | | | |

| <i>If I CANNOT BE REACHED, PLEASE CONTACT:</i> | | |
|---|--------------|-----------------------|
| Name | Phone Number | Relationship to Child |
| Address | | City / State / Zip |

I hereby release this information to be shared by the Ottawa Area Intermediate School District, Child Development Services - Lakeshore Head Start and the school district indicated above.

Additionally, if I do not qualify for these preschool programs I give the Ottawa Area Intermediate School District permission to give my application to tuition assistance programs (Ready for School) **Yes No**

NOTE: APPLICATION MUST BE SIGNED IN ORDER TO BE PROCESSED

Signature of Parent/Guardian: _____ Date: _____

Check all programs you are interested in applying your child for:
***See program descriptions on page 2**

| |
|---|
| <input type="checkbox"/> Home-Based Services <input type="checkbox"/> Childcare <input type="checkbox"/> Three Year Old Preschool <input type="checkbox"/> Four Year Old Preschool <i>Location Preference:</i> <hr/> |
| <p><small>*Filling out this application does not guarantee acceptance in programs.</small></p> |

If this is an agency referral please fill out the following:

| |
|-----------------------|
| Contact Person: _____ |
| Agency: _____ |
| Phone/Email _____ |

Please return application to:
 Lakeshore Head Start
 Attn: Sandy Hertstein
 100 South Pine St., Suite 220
 Zeeland, MI 49464
 (616) 786-0736
 Email: shertstein@cdsoc.org

Ottawa County
Early Childhood Education Program Options

Home-Based Programs

Early Head Start Home-Based (Prenatal –3 Years)

This program is for pregnant women and children ages 0-3 years old. Weekly home visits lasting 1 ½ hours focus on helping the parent enjoy their role as parent, developing skills necessary to enhance their child's development, obtaining needed health and social services as well as day to day concerns. Parents and children are offered a biweekly socialization experience. This program is year-round and offered throughout Ottawa County.

Parents as Teachers (Prenatal –3 Years)

Home Visits: Offered through the Ottawa Area Intermediate School District, this option is available for a wide spectrum of families. Designed for families with children 0-3 years of age, program services include monthly home visits focusing on parent education, child development, community resource information, parent child group meetings, the importance of play, immunization information, developmental screenings, and brain development.

Childcare

Head Start Childcare (6 weeks to 5 years old)

Child care for children 6 weeks to 5 years is offered at Hope Center. Call our Hope center at 616-396-6105 for a fee schedule. Child care scholarships are available on a limited basis. NO transportation is offered for this program.

Preschool

Full Day Head Start

This program is for families in need of childcare services beyond the traditional half-day center based Head Start schedule. This program is for families with working parent(s) or parents who are in school who require 6 or more hours of care for their child/children per day, 5 days per week from 6:30am-5:30pm and 12 months per year and qualify by the Head Start guidelines. Tuition is paid on an income-based sliding scale. Full Day Head Start is offered at our Hope Center. NO Transportation is offered for this program.

Half Day Center Based Head Start

Offered Monday through Thursday during the school year for 3-5 year olds. Morning or afternoon sessions are available lasting 3 ½ hours each. Bussing is provided as long as the family is in the designated bus route. Each week the areas of Health, Nutrition, Science and Social Skills are touched upon. On a normal day children are offered circle time, language activities, free play and small group activities. A meal and a snack are provided for each session. Field trips are also offered. Half-day center based Head Start is offered in Holland, Grand Haven, Zeeland and Allendale/Coopersville at 5 of our centers.

Head Start 7 Hour Center Based

Offered Monday through Thursday during the school year for 3-5 year olds. Each week the areas of Health, Nutrition, Science and Social Skills are touched upon. On a normal day children are offered circle time, language activities, free play and small group activities. Two meals and a snack are provided for each session. Field trips are also offered. This option is only offered at Maplewood and Rose Park Head Start with a capacity of 16 children.

Great Start Readiness Preschool

Free state funded program for children who qualify. Children receive high quality developmentally appropriate instruction designed to prepare them for success in school. Children must be four years of age by September 1 of school year attending, and the family must meet income eligibility and/or risk factors established by the state.

Tuition Preschool

Offered in most public school districts, this program option is available for a general population of residents who have children **two and a half to four years of age**. Tuition varies by school district; scholarships are available in some. Program services include center-based pre-school education. This is an option for families who do not qualify for Head Start or Great Start Readiness Preschool Programs.

| Persons in Family/Household | Head Start Eligibility (100% FPL) | GSRP Eligibility (250% FPL) | Potential GSRP Eligibility (Above 251% FPL) |
|------------------------------------|--|---|--|
| 1 | \$11,770 | \$29,175 | See local administrator to determine eligibility |
| 2 | \$15,930 | \$39,325 | |
| 3 | \$20,090 | \$49,475 | |
| 4 | \$24,250 | \$59,625 | |
| 5 | \$28,410 | \$69,775 | |
| 6 | \$32,570 | \$79,925 | |
| 7 | \$36,730 | \$90,075 | |
| 8 | \$40,890 | \$100,225 | |
| | For families/households with more than eight persons, add \$4,160 for each additional person | For families/households with more than eight persons, add \$10,150 for each additional person | |