

Date Submitted \_\_\_\_\_



# Great Start Readiness Program PRESCHOOL APPLICATION



The information contained in this application is confidential.

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  Male  Female

Race/Ethnicity (circle) White / Black / American Indian or Alaska Native / Asian / Native Hawaiian or Pacific Islander

Hispanic/Latino  Yes  No

Parent Information		Parent Information	
Name	Age	Name	Age
Address: City, State, & Zip		Address: City, State, & Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Email Address		Email Address:	
Employer	Work Phone	Employer	Work Phone
<b>Highest Education Level Completed</b> <input type="checkbox"/> Less than 12 <sup>th</sup> Grade <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College		<b>Highest Education Level Completed</b> <input type="checkbox"/> Less than 12 <sup>th</sup> Grade <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College	

### Current Marital Status

Single     Married     Remarried     Divorced     Separated     Living Together     Widowed

### Who has legal custody of child?\*

Mother     Father     Both     Other \_\_\_\_\_

Is custody?     Joint     50/50     Sole

(Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

*\*If guardian or foster parent (other than biological parent), please fill in the space below, as well as any information that is known about the mother and/or father in the above boxes.*

Foster Parent /Legal Guardian (other than parent) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Session Preference: ____ AM    ____ Full Day (rank preference)    Transportation Required: ____ YES    ____ NO Address if other than home address for pick up/drop off: _____ Teacher Preference: _____
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**Great Start Readiness Program**  
**FAMILY INFORMATION**

*This information is necessary to determine your child's eligibility  
in GSRP Preschool and will be kept confidential.*

**1. INCOME**

**Family Income (include income of everyone in the home)**

Monthly (Before Taxes) \_\_\_\_\_ Annual (Before Taxes) \_\_\_\_\_

*Include all wages, child support, unemployment, SSI, Social Security, alimony, and all other income.*

**2 - DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY**

- |   |  |
|---|--|
| <input type="checkbox"/> Early On transition referral                     | <input type="checkbox"/> IEP (Individualized Education Plan)   |
| <input type="checkbox"/> Child has diagnosed disability                   | <input type="checkbox"/> Child has long term or chronic illness  |
| <input type="checkbox"/> Referral by Doctor, ISD, or parent for screening | <input type="checkbox"/> Speech difficulties, difficult to understand, difficulty<br>expressing needs, does not speak in whole sentences<br>(must provide documentation) |

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 - CHILD BEHAVIORS**

- Child is destructive or violent
- Child in counseling/therapy or referred to a mental health professional
- Child has been asked to leave a Preschool or Child Care Center

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4 - LANGUAGE**

Primary language spoken in our home: \_\_\_\_\_

Other languages, if any, the child can speak: \_\_\_\_\_

**5 - PARENT EDUCATIONAL ATTAINMENT**

- Parent(s) cannot read.
- Parent(s) did not graduate high school

Comments \_\_\_\_\_  
\_\_\_\_\_

Great Start Readiness Program

FAMILY INFORMATION (CONTINUED)

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6 - ABUSE, NEGLECT IN HOME

- Someone in our home was a victim of domestic violence.
There is a history of substance abuse in our family (alcohol, drugs, prescription drugs, etc.).
Someone in our home has violent, destructive temperament.

Comments

7- ENVIRONMENTAL FACTORS

- I am a single parent
I am grandparent raising my grandchildren
There are frequent custody changes for my child
Someone in our home is/was in jail or prison
My child has experienced the loss of a parent or sibling by death or loss of parent by divorce, military service, out of town employment, etc.
My child has a chronically ill parent or sibling issues (behavior issues, physical, mental or emotional disabilities)
Teenage parent at birth of any of the children in family (under the age of 20).
My child is/has been in Foster care
We are living with family (Grandparents, etc.) Friends Shelter other
Our home is or may be in foreclosure
We do not have stable housing plans; we lack a fixed, regular, and adequate nighttime residence
We live in a high-risk neighborhood (crime, drug use, violence, environmental pollutants)
My child has been exposed prenatally or postnatally to toxic substances (drugs, alcohol, secondhand smoke, etc.)

Comments

Total number of people living in the preschooler's home: (include child and parents). Please list information below.

Name Age Relationship to child
Name Age Relationship to child
Name Age Relationship to child
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Name Age Relationship to child
Name Age Relationship to child

Family Members (parents, siblings, step-siblings, etc.) living outside of family home: Please list information below.

Name Age Relationship to child
Name Age Relationship to child

**Monroe County Great Start Readiness Program**

**FAMILY INFORMATION (CONTINUED)**

*This information is necessary to determine your child's eligibility in GSRP Preschool and will be kept confidential.*

**Please check all of the services your family is currently receiving**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Therapy (speech, PT, OT)   | <input type="checkbox"/> WIC                            | <input type="checkbox"/> Early On Services           |
| <input type="checkbox"/> Aggression Management      | <input type="checkbox"/> Food Stamps                    | <input type="checkbox"/> Early Head Start (ages 0-3) |
| <input type="checkbox"/> Counseling                 | <input type="checkbox"/> SSI                            | <input type="checkbox"/> Readiness Groups at ISD     |
| <input type="checkbox"/> Alcohol/Drug Services      | <input type="checkbox"/> Child Protective Services      | <input type="checkbox"/> Wrap Around Service         |
| <input type="checkbox"/> Parenting Classes          | <input type="checkbox"/> Special Education Services/ISD |  |
| <input type="checkbox"/> Other (please be specific) |   |  |

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**HEALTH INFORMATION**

Please give a physical description of your child  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Other physical characteristics \_\_\_\_\_  
Does your child have any allergies (food, bee stings, medication)? \_\_\_\_\_  
Does your child have any limitations or conditions we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Does your child require an individual health care plan?  Yes  No  
My child's general health is  Excellent  Good  Fair  Frequently ill, Explain \_\_\_\_\_  
List any medication your child is currently taking \_\_\_\_\_  
\_\_\_\_\_

**PREGNANCY AND BIRTH INFORMATION**

- 1) Did the child's birth mother receive regular medical care during pregnancy?  Yes  No
- 2) Biological child?  Yes  No
- 3) Adopted?  Yes  No Child's age at adoption \_\_\_\_\_ (age)
- 4) Were there any Problems at birth (mother or child)?  Yes  No (if YES, please describe)

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- 5) Please describe any substance use (alcohol, drugs, tobacco) during pregnancy by mother or father.

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# Monroe County Great Start Readiness Program APPLICATION SUBMISSION

*This information is necessary to determine your child's eligibility  
in GSRP Preschool and will be kept confidential.*

Parent Initial on each line below:

- \_\_\_\_\_ I am aware that by completing this application it can be submitted to Head Start or MCISD Early Childhood Programs for enrollment consideration. I understand the opportunities, services, or benefits may differ from program to program and I may not receive some services based on my choice.
- \_\_\_\_\_ I give Monroe County GSRP permission to use photographs or videos of my child for educational or program promotion, advertising or marketing.
- \_\_\_\_\_ I certify that the information given on this application is true and accurate to the best of my knowledge.
- \_\_\_\_\_ I give MCISD GSRP programs permission to provide routine school bus transportation to and from the GSRP location (where available).
- \_\_\_\_\_ I give permission for my child to participate in GSRP sponsored activities, away from licensed classroom space, in another school location (i.e. music therapy, assemblies, classroom transition visits).
- \_\_\_\_\_ I give MCISD GSRP permission to apply: sunscreen, insect repellent, baking soda (for bee stings). Prior notification of application will be given.

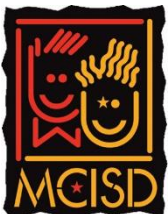
Please indicate your program preference below:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sterling Elementary<br>Airport Community Schools    | <input type="checkbox"/> Dundee Community Schools      | <input type="checkbox"/> Custer Elementary         |
| <input type="checkbox"/> Niedermeier Elementary<br>Airport Community Schools | <input type="checkbox"/> Mason Consolidated Schools    | <input type="checkbox"/> Riverside Learning Center |
| <input type="checkbox"/> Ida Community Schools                               | <input type="checkbox"/> Speckled Frog Learning Center | <input type="checkbox"/> Arborwood South           |
| <input type="checkbox"/> Sodt Elementary<br>Jefferson Schools                | <input type="checkbox"/> Discover Our World Too        | <input type="checkbox"/> Raisinville Elementary    |
| <input type="checkbox"/> Smith Road Elementary<br>Bedford Public Schools     |  |  |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATIONS TO**  
Monroe County Intermediate School District  
1101 S. Raisinville Rd.  
Monroe MI 48161

Cortney Last, GSRP Director  
**734-342-8690**  
**cortney.last@monroeisd.us**



**MONROE COUNTY**  
**Intermediate School District**  
1101 S. Raisinville Rd.  
Monroe, MI 48161  
**www.monroeisd.us**

The Monroe County Intermediate School District does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, height, weight, marital status or familial status in its programs, activities or in employment. The following person has been designated to handle inquiries regarding the non-discrimination policies: Elizabeth J. Taylor, Assistant Superintendent for Human Resources and Legal Counsel, 1101 S. Raisinville Road, Monroe Michigan 48161; Telephone: 734.322.2640.