

Date Submitted _____



Great Start Readiness Program PRESCHOOL APPLICATION



0321-CO

The information contained in this application is confidential.

Child's Name _____
Last First Middle

Name you want your child called at school or see written _____

Child's Current Age _____ Date of Birth _____ Male Female

Birthplace (City and State) _____ Home Phone _____

Race (circle) White / Black American Indian or Alaska Native / Asian / Native Hawaiian or Pacific Islander
Hispanic/Latino – Yes No (circle)

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

Great Start Readiness Program
FAMILY INFORMATION

This information is necessary to determine your child's eligibility in GSRP 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 expressing needs, does not speak in whole sentences (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)

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

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 _____
Name _____	Age _____	Relationship to child _____
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 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) | | |

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)

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

Monroe County Great Start Readiness Program

APPLICATION SUBMISSION

This information is necessary to determine your child's eligibility in GSRP 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
Airport Community Schools | <input type="checkbox"/> Dundee Community Schools | <input type="checkbox"/> Custer Elementary |
| <input type="checkbox"/> Niedermeier Elementary
School | <input type="checkbox"/> Mason Consolidated Schools | <input type="checkbox"/> Riverside Early Learning |
| <input type="checkbox"/> Ida Community Schools | <input type="checkbox"/> Kids-N-Company Learning Center | <input type="checkbox"/> Arborwood South Elementary |
| <input type="checkbox"/> Sodt Elementary | <input type="checkbox"/> Discover Our World Too | <input type="checkbox"/> Raisinville Elementary |
| <input type="checkbox"/> Smith Road Elementary
Bedford Public Schools | <input type="checkbox"/> Other (Head Start) | _____ |

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 | courtney.last@monroeisd.us



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

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