Date Submitted _____

Great Start Readiness Program
PRESCHOOL APPLICATION
The information contained in this application is confidential.

0821-CO

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: 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
Highest Education Level Completed ☐ Less than 12th Grade ☐ HS Graduate ☐ Technical Training ☐ College		**Highest Education Level Completed** ☐ Less than 12th Grade ☐ HS Graduate ☐ Technical Training ☐ 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: _____

<p style="text-align:center">Great Start Readiness Program</p>

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

☐ Early On transition referral   ☐ IEP (Individualized Education Plan)

☐ Child has diagnosed disability   ☐ Child has long term or chronic illness

☐ Referral by Doctor, ISD, or parent for screening   ☐ 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
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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 _____

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 _____

FAMILY INFORMATION (CONTINUED)
*This information is necessary to determine your child's eligibility
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Please check all of the services your family is currently receiving

☐ Therapy (speech, PT, OT)   ☐ WIC   ☐ Early On Services

☐ Aggression Management   ☐ Food Stamps   ☐ Early Head Start (ages 0-3)

☐ Counseling   ☐ SSI   ☐ Readiness Groups at ISD

☐ Alcohol/Drug Services   ☐ Child Protective Services   ☐ Wrap Around Service

☐ Parenting Classes   ☐ Special Education Services/ISD

☐ 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 you 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 repellant, baking soda (for bee stings). Prior notification of application will be given.

Please indicate your program preference below:

☐ Arborwood South Elementary   ☐ Niedermeier Elementary (Airport)   ☐ Sterling Elementary (Airport)

☐ Dundee Community Schools   ☐ Raisinville Elementary   ☐ Summerfield Elementary School

☐ Custer Elementary   ☐ Riverside Early Learning Center   ☐ Kids-N-Company Learning Center

☐ Ida Community Schools   ☐ Smith Road Elementary (Bedford)   ☐ Discover Our World Too

☐ Mason Consolidated Schools   ☐ Sodt Elementary

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

CO-08/2021