



Date Submitted _____

Monroe County Great Start Readiness Program PRESCHOOL APPLICATION

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 White Black American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander
Hispanic/Latino Yes No

Parent/Guardian Information		Parent/Guardian 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: _____	
Highest Education Level Completed		Highest Education Level Completed	
<input type="checkbox"/> Less than 12 th Grade	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Less than 12 th Grade	<input type="checkbox"/> HS Graduate
<input type="checkbox"/> Technical Training	<input type="checkbox"/> College	<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

Is this child in foster care? Yes No

Transportation Required: YES NO

Address if other than home address for pick up/drop off: _____

Teacher Preference: _____

Monroe County 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, unemployment benefits, and other income sources.

- My family receives TANF (temporary assistance for needy families)
- My family receives SNAP/FAP benefits (supplemental nutrition assistance program/food assistance program)
- My family receives SSI (supplemental security 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: _____

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FAMILY INFORMATION (CONTINUED)

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

5- ENVIRONMENTAL CONSIDERATIONS

- There are frequent custody changes for my child OR I am a single parent
- 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.
- Teenage parent at birth of any of the children in family (under the age of 20).
- We are living with family (Grandparents, etc.) Friends Shelter other
- We do not have stable housing plans; we lack a fixed, regular, and adequate nighttime residence
- There is a history of substance abuse in our family
- There is a history of domestic violence in our home

Comments

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

Name _____ Date of Birth _____ Relationship to child _____
Name _____ Date of Birth _____ Relationship to child _____
Name _____ Date of Birth _____ Relationship to child _____
Name _____ Date of Birth _____ Relationship to child _____
Name _____ Date of Birth _____ Relationship to child _____

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

Name _____ Date of Birth _____ Relationship to child _____
Name _____ Date of Birth _____ Relationship to child _____

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 _____

PRIOR PRESCHOOL EXPERIENCE

1. Did your child attend preschool or child care recently? Yes No

Location _____ Teacher _____

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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 certify that the income information reported on this application is true and accurate to the best of my knowledge. I understand that falsification in any way may result in program action up to and including disenrollment of my child(ren).

_____ 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 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.

_____ I understand I will receive advanced notification of a pesticide application. The notification will be in writing at least 48 hours before the application. The first method shall be by posting at the entrance of the school and the second method shall be by email.

Please indicate your program preference below:

- Bedford Child Development Center (extended year)
- Custer Early Learning Center (Monroe)
- Discover Our World Too
- Dundee Community Schools
- Growing Tree Preschool (Ottawa Lake)
- Horizon Science Academy New Bedford (extended year)
- Ida Community Schools
- Kids-N-Company Learning Center (extended year)
- Mason Consolidated Schools

- Niedermeier Elementary (Airport)
- Raisinville Elementary (Monroe)
- Ritter Elementary (Airport)
- Riverside Early Learning Center (Monroe)
- Smith Road Elementary (Bedford)
- Sodt Elementary (Jefferson)
- Sterling Elementary (Airport)
- Summerfield Elementary School
- Totally Awesome Preschool (extended year)

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

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

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