

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



# Great Start Readiness Program PRESCHOOL APPLICATION



0823-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
<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: \_\_\_\_\_

**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, child support, 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**

- Early On transition referral
- Child has diagnosed disability
- Referral by Doctor, ISD, or parent for screening
- IEP (Individualized Education Plan)
- Child has long term or chronic illness
- 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)**

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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 _____

**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) |   |  |

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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 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"/> Arborwood South Elementary       | <input type="checkbox"/> New Bedford Academy (extended year) | <input type="checkbox"/> Sterling Elementary (Airport)                  |
| <input type="checkbox"/> Dundee Community Schools         | <input type="checkbox"/> Raisinville Elementary              | <input type="checkbox"/> Summerfield Elementary School                  |
| <input type="checkbox"/> Custer Elementary                | <input type="checkbox"/> Riverside Early Learning Center     | <input type="checkbox"/> Kids-N-Company Learning Center (extended year) |
| <input type="checkbox"/> Ida Community Schools            | <input type="checkbox"/> Smith Road Elementary (Bedford)     | <input type="checkbox"/> Discover Our World Too                         |
| <input type="checkbox"/> Mason Consolidated Schools       | <input type="checkbox"/> Sodt Elementary                     | <input type="checkbox"/> Totally Awesome Preschool                      |
| <input type="checkbox"/> Niedermeier Elementary (Airport) |  |   |

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](mailto:cortney.last@monroeisd.us)**



**MONROE COUNTY**  
**Intermediate School District**  
1101 S. Raisinville Rd.  
Monroe, MI 48161  
**[www.monroeisd.us](http://www.monroeisd.us)**

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