

ALMONT PRESCHOOL APPLICATION

2024-2025

FOR TEACHER USE ONLY:

CHILD'S NAME: _____

GSRP (FULL DAY): _____ TUITION (HALF DAY): _____

BIRTHDATE: _____

ORIGINAL BIRTH CERTIFICATE: _____

COPY OF IMMUNIZATIONS: _____

INCOME VERIFICATION: _____

DATE/TIME: _____



TO RETURN THIS APPLICATION, PLEASE CONTACT MS. STAR AT (248)736-1550

THANK YOU!



N.E.M.C.S.A. - Head Start/Early Head Start/GSRP Application



Program Year _____ Program Preference _____ AM/PM/FD/HB

Child's First Name

Middle Name

Last Name

Date of Birth: ____/____/____ Gender: M / F Age & name verified by: Birth Certificate ____ Other (specify): ____

Race: (Check all that apply) ☐ American Indian/Alaska native ☐ Asian/Asian American ☐ Black/African American
☐ Caucasian/White ☐ Hawaiian/Pacific Islander ☐ Other: _____

Hispanic or Latino: ☐ Yes ☐ No

Insurance: ☐ Medicaid / CHIP ☐ State-only funded ☐ Private health insurance ☐ None ☐ Other _____

Primary Head of Household

Secondary Head of Household

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

☐ Parent ☐ Grandparent ☐ Foster ☐ Other _____

☐ Parent ☐ Grandparent ☐ Foster ☐ Other _____

Education Level (Check highest achieved)

- ☐ Less than high school graduate
☐ High school graduate/G.E.D.
☐ Some college/vocational school/Associate degree
☐ Bachelor or advanced degree

Education Level (Check highest achieved)

- ☐ Less than high school graduate
☐ High school graduate/G.E.D.
☐ Some college/vocational school/Associate degree
☐ Bachelor or advanced degree

Employed: ☐ Yes ☐ No Full-time or Part-time
In School/Job Training ☐ Yes ☐ No

Employed: ☐ Yes ☐ No Full Time or Part-time
In School/Job Training ☐ Yes ☐ No

Is mother currently pregnant? ☐ Yes ☐ No ☐ Unknown If yes, due date: _____

List first and last name and birth date of others in the household supported by income of the parent/guardian(s):

- | | |
|--------------------|--------------------|
| 1. _____/____/____ | 5. _____/____/____ |
| 2. _____/____/____ | 6. _____/____/____ |
| 3. _____/____/____ | 7. _____/____/____ |
| 4. _____/____/____ | 8. _____/____/____ |

Living Address: _____
(Number & Street) (City) (Zip Code)

Mailing Address (if different from above): _____
(Number & Street or PO Box) (City) (Zip Code)

County: _____ School District: _____ ISD: _____

Phone: Primary () _____ Secondary () _____ E-mail: _____

Alternate Contact: _____
(Name) (Phone)

Primary Language: _____ Active US Military: ☐ Yes ☐ No US Military Veteran: ☐ Yes ☐ No

Referred by a Child Welfare Agency: ☐ Yes ☐ No SNAP: ☐ Yes ☐ No WIC: ☐ Yes ☐ No

Child's Name: _____

Transition Status

- ☐ Transitioning from EHS (NEMCSA or other grantee)
- ☐ Transitioning from other than NEMCSA HS/program

Eligibility and Prioritization Criteria (Check all that Apply)

- ☐ Child is eligible for special education services. (2 – documentation viewed: _____)
- ☐ Child's developmental progress is less than expected for his/her chronological age.
(2 – documentation viewed: _____)
- ☐ Child has chronic health issues causing development or learning problems.
(2 – documentation viewed: _____)
- ☐ Severe or challenging behavior (child has been expelled from preschool or child care center). (3)
- ☐ Primary home language other than English (English is not spoken in the child's home or English is not the child's first language). (4)
- ☐ Parent(s) with low educational attainment (parent has not graduated from high school or is illiterate). (5)
- ☐ Abuse/neglect of child, sibling or parent (domestic, sexual, or physical abuse of child or parent; child neglect issues; substance abuse). (6)
- ☐ Parental loss due to death, divorce, incarceration, military service or absence. (7)
- ☐ Sibling issues. (7)
- ☐ Teen parent (not yet age 20 when first child born). (7- documentation viewed: _____)
- ☐ Family is homeless or without stable housing. (7)
- ☐ Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services). (7)
- ☐ Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays. (7)
- ☐ Unemployed parent (currently looking for work). (N/A)
- ☐ Other criteria that may cause learning or school adjustment problems for this child: _____

To increase the likelihood of my child benefiting from a preschool experience, I, parent/guardian, authorize my family/child application/eligibility information be shared with collaborating agencies. This authorization shall remain in effect for two (2) years from the signature date. ☐ Yes ☐ No

The undersigned acknowledges they have been notified of Northeast Michigan Community Service Agency, Inc.'s *Notice of Privacy Practices* and has had an opportunity to discuss concerns/questions about the privacy of the information provided. Any changes to the notice will be available at www.nemcsa.org. I certify the information provided in support of this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

***** AGENCY USE ONLY *****
☐ TANF ☐ SSI ☐ Foster Care Number in Household: _____ Family Income: \$ _____

Information verified and taken by: _____ Date: _____

Biological Mother/Step Mother/Foster Mother/Adoptive Mother (Circle One)

Circle One
Readiness Program

Mother's Last Name First Name Full Address

Employer Work Phone #

Biological Father/Step Father/Foster Father/Adoptive Father (Circle One)

Father's Last Name First Name Full Address

Employer Work Phone #

Emergency Contacts

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>

Household Income (Circle One)

\$0-\$5,000	\$5,001-\$10,000	\$10,001-\$15,000	\$15,001-\$20,000
\$20,001-\$25,000	\$25,001-\$30,000	\$30,001-\$35,000	\$35,001-\$40,000
\$40,001-\$45,000	\$45,001-\$50,000	\$50,001-\$55,000	\$55,001-\$60,000
\$60,001-\$65,000	\$65,001-\$70,000	\$70,001-\$75,000	\$75,001-\$80,000
\$80,001-\$85,000	\$85,001-\$90,000	\$90,001-\$95,000	Over \$95,001

Additional Monthly Income (Not Included in Gross Annual Income Total)

Social Security \$ Veterans \$

Child Support \$ Unemployment \$

Other \$

If you would like to further explain your need for the GSRP program (State Funded Full-Day Program), please explain below.

Federal Ethnicity and Race

Is this student Hispanic? Yes or No

Reporting Ethnicity (Pick one)

American Indian	_____
Asian	_____
Black or African American	_____
Native Hawaiian or Other	
Pacific Islander	_____
White	_____
Hispanic or Latino	_____

Personal Demographics

Fill in each blank with numbers 0-6.

- 0 – Does not apply
- 1 – Primary racial/ethnic choice
- 2 – Secondary racial/ethnic choice
- 3 – Third racial/ethnic choice
- 4 – Fourth racial/ethnic choice
- 5 – Fifth racial/ethnic choice
- 6 – Sixth racial/ethnic choice

Is the student:

American Indian or Alaska Native	_____	Native Hawaiian or Other Pacific Islander	_____
Asian	_____	White	_____
Black or African American	_____	Hispanic or Latino	_____