FREE PRESCHOOL/GSRP
ENROLLMENT APPLICATION

APPLICANT (CHILD INFORMATION)

Child's Name _____ _____ _____ **Date of Birth**

(as printed on Birth Certificate) **First Name Middle Name Last Name** **/ /**

Gender: □ Male □ Female **Ethnicity**: □ Hispanic or Latino □ Not Hispanic or Latino **Currently enrolled in EHS:** □ Yes □ No

Race (Check all that apply): □ Black or African American □ White or Caucasian □ American Indian or Alaska Native □ Asian □ Native Hawaiian or other Pacific Islander □ Other _____

Primary Language at Home: □ English □ Spanish □ American Sign Language □ Other _____ **Secondary Language:** □ None □ English □ Spanish □ American Sign Language □ Other _____ **Is another language being learned at home?** □ Yes □ No

Primary Health Coverage □ Medicaid □ Private Insurance □ No Insurance □ Other_____ **Name of Child's Physician or Medical Home:** _____ **Name of Child's Dentist or Dental Home:** _____

Special Needs, Disability, and Health Concerns - Do you know or suspect your child needs support in the following areas? **(Check all that apply)**

□Needs Medication at school □ Medical Condition □ Food Allergies □ Behavioral Concerns □ Speech Concerns □ Mental Health Diagnosis □ Developmental Delay □ Autism □ Current IEP/IFSP □ None

PARENT OR LEGAL GUARDIAN INFORMATION

Child Lives with: □ Both Parents (same home) □ Mother □ Father □ Joint Custody (Both Parents, separate homes) □ Legal Guardian □ Grandparent(s) □ Foster Care □ Other, Explain: _____

Parent or Legal Guardian 1

Full Name: _____

Currently Pregnant? □ No □ Yes Expected due date: _____

Date of Birth:_____ Gender: □ Male □ Female

Relationship to Applicant: _____

*Education Level _____ *Employment Status _____

Cell Phone Number: ( ) _____

Opt-In for Text Messages: □ Yes □ No

Email: _____

***Highest Education Completed Codes**

BA or MA - Bachelor's Degree or Master's Degree **HSG**-High School Grad

Parent or Legal Guardian 2

Full Name: _____

Currently Pregnant? □ No □ Yes Expected due date: _____

Date of Birth:_____ Gender: □ Male □ Female

Relationship to Applicant: _____

*Education Level _____ *Employment Status _____

Cell Phone Number: ( ) _____

Opt-In for Text Messages: □ Yes □ No

Email: _____

***Employment Status Codes**

F-Full Time (35+hrs/wk) **S**-Seasonally Employed **AA**- Associates Degree/Training Cert **GED**-General Education Diploma **SC** - Some College/Training **Highest Grade Completed (Please Specify)** **P**-Part Time **R**-Retired or Disabled **U**-Unemployed **T**-Training or School

LIST *OTHER* CHILDREN AND OTHER FAMILY MEMBERS SUPPORTED BY INCOME (IF YOU NEED EXTRA SPACE, ATTACH A SHEET OF PAPER)

Name (First and Last)	Date of Birth	Gender	Relationship to Applicant

	/ / / /	□ Male □ Female □ Male □ Female	
	/ /	□ Male □ Female	
	/ /	□ Male □ Female	

FAMILY INFORMATION

Living Address: _____ City _____ State: MI Zip Code:_____

Current Living Situation: □ Own/rent/share by choice □ Hotel/motel/car □ Sharing due to loss of housing/hardship □ Shelter □ Home in foreclosure/getting evicted □ Other: _____

Current Teen Parent (under 20 yrs of age)**:** □ Yes □ No **Active Military:** □ Yes □ No **Military Veteran:** □ Yes □ No

How did you hear about our programs? (Check all that apply)
□ Child Welfare Agency (DHHS) □ Doctor/Social Worker □ Early On (EO) □ WIC □ EHS/Preschool Staff □ Family/Friend □ Another child in Preschool □ Community Event □ Other _____

Does your family receive public assistance? SNAP SSI TANF WIC (food stamps) (Supplemental Security Income) (FIP) □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No

RISK FACTOR ASSESSMENT (Check all that apply)

✓	RISK FACTOR	DEFINITION
	Severe or challenging behavior	Child has been expelled from preschool or child care center.
	Primary home language other than English	English is not spoken in the child's home; English is not the child's first language.
	Parent/s with low educational attainment	Parent has not graduated from high school or is illiterate.
	Abuse/neglect of child or parent.	Domestic, sexual, or physical abuse of child or parent; child neglect issues.
	Environmental risk.	Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.

PARENT/GUARDIAN SIGNATURE

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. **Signature_____ Date:**

_____

Second Year Participation
I have reviewed and updated (if necessary) this application for my child's second year participation in the program. Initials: _____ Date_____

FOR PROGRAM USE ONLY (OPTIONAL)	
Additional comments to assist with Eligibility:	
Type of eligibility interview conducted: □ In-Person □ Audio or Video Call	Explain why the interview was not in-person:
Staff Signature:	Date: