



2024-2025 COLLABORATIVE PRESCHOOL APPLICATION (GRATIOT, IONIA, ISABELLA & MONTCALM COUNTIES)



Child Name: _____ Date of Birth: _____ Sex: Male Female
 Parent/Guardian 1 _____ Date of Birth: _____ Relationship: _____
 Parent/Guardian 2 _____ Date of Birth: _____ Relationship: _____
 County: _____ School District in which you live: _____ E-Mail Address: _____
 Address: _____

(Street) (P.O. Box) (City) (Zip)

Phone 1 _____ Cell Home Mess Phone 2 _____ Cell Home Mess TEXT Messages Yes No

Please identify the closest crossroads near your home: _____

Day Care Address (if different): _____

Has your child attended any Early Childhood Programs?: Yes No if yes, where _____

Does your child have an IEP (Individualized Education Plan)?: Yes No

Was your child ever involved with *Early On*?: Yes No

Does your child have an up to date well child exam?: Yes No

Are your child's immunizations up to date? Yes No

Is this child in a foster care placement?: Yes No

Are you homeless (lack of a fixed, regular, and adequate nighttime residence)? Yes No

Additional information we should know about your child (parental/behavioral/developmental concerns or health issues, etc.):

Family Income Information: Eligibility is based on child's age, family income, child's need, and available openings.

	Total Gross Income	Time Period of Total Income		Source of Income (check all that apply)		
Parent 1	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Working	<input type="checkbox"/> Child Support	<input type="checkbox"/> DHHS Financial
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD	<input type="checkbox"/> Other: _____
Parent 2	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Working	<input type="checkbox"/> Child Support	<input type="checkbox"/> DHHS Financial
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD	<input type="checkbox"/> Other: _____

Child lives with? Mother Father Other _____

Does your family receive any of the following? SNAP (Supplemental Nutrition Assistance Program) WIC

Any income changes in the last 6-12 months (i.e. unemployment, wage increase/decrease, recently started working)?

This is an application **only** and **does not** guarantee your child will be enrolled into a program. The recruitment committee will review your child's application and determine which program(s) for which your child appears most eligible. **Documentation required. Not all program options are available in all areas.** Should you be interested in a particular program, please indicate that program on the following line so parent preference may be considered: _____. Local protocol will be followed regarding specific program placement. I authorize the release of this information, educational records, and immunization records to be shared between the Great Start Readiness Preschool Program, local school districts, local Intermediate School Districts, local Health Departments, and the EightCAP, Inc. 0-5 Head Start Program. My signature verifies that the above information is correct and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Please return to: Preschool Registration, 5827 Orleans Rd Orleans, MI 48865
 Fax: **616-754-9310** E-mail: **deniseb@8cap.org** Apply online: **www.8cap.org** or your local school district

For more information, call 1-866-754-9315, option 2 or Michigan Relay Center: 1-800-649-3777 (Voice & TDD)
 Gratiot and Isabella County apply online at: **www.michiganpreschool.org**

How did you hear about your local preschool program: (circle) Advertisement Community Organization Event
 Friend/Family Member Older Children Attended School EightCAP, Inc. Website/Staff Other: _____

State & Federally funded programs will not discriminate against anyone because of race, color, national origin, sex, age, or disability.
 These materials were funded in whole or in part under a grant awarded by the Michigan Department of Education.

FOR OFFICE USE ONLY Reviewed by: _____ Date: _____ Inc : _____ Age (as of 9-1) _____

CHILD'S NAME _____ COUNTY _____

PARENT'S NAME _____ PHONE NUMBER _____

NEEDS ASSESSMENT

1. Are you: single married divorced widowed separated
2. How much schooling have you completed?
 6th 7th - 8th grade 9th - 10th grade 11th grade 12th grade GED College
3. Were you under 20 years old when your first child was born?: yes no
4. Have you lived in more than 2 homes in the past three (3) years?: yes no
5. Has anyone in your home ever been a victim of physical/domestic/sexual abuse or neglect?: yes no
6. Do you reside in a high-risk neighborhood (high poverty, crime or limited access to critical resources)?: yes no
7. Have your children suffered a parental loss due to death, divorce, incarceration, military service or absence?: yes no
8. Has your child ever been expelled from a child care center?: yes no
9. Has your child ever been exposed to a toxic substance?: yes no If yes, what substance _____
10. In the past 2 years have you or members of your household:
Experienced difficulty in obtaining medical services? yes no
Used the emergency room? yes no
Received a shut-off notice from a utility company? yes no
Been homeless? yes no
Ever been without heat? yes no
Used a food bank or pantry? yes no
11. How many people are living in your home? (including yourself and the child you are applying for): _____

Name: _____ Date of Birth: _____ Relationship to applicant child: _____
Name: _____ Date of Birth: _____ Relationship to applicant child: _____
Name: _____ Date of Birth: _____ Relationship to applicant child: _____
Name: _____ Date of Birth: _____ Relationship to applicant child: _____
Name: _____ Date of Birth: _____ Relationship to applicant child: _____
Name: _____ Date of Birth: _____ Relationship to applicant child: _____
12. Primary Language spoken in your home?: English Spanish Other _____
13. What is the Primary Language spoken by your child(ren)?: English Spanish Other _____

The information gathered is used to help develop a Community Needs Assessment and will assist in determining the eligibility of your child in a preschool program. No personal information will ever be shared outside of the Joint Recruitment and Enrollment process.

Head Start, Great Start Readiness Program, and other Preschool Opportunities

Serving Montcalm, Ionia, Gratiot & Isabella Counties

FREE TO FAMILIES THAT QUALIFY!

Pre-Reading & Pre-Math Activities

Art Opportunities

Music & Rhyming Activities

Exercise & Outdoor Play

Tooth brushing/Health Instruction

Nutritious Meals & Snacks

Special Education Services

Parent Engagement &

Volunteering Opportunities

Transportation (in most areas)