



2026-2027 COLLABORATIVE PRESCHOOL APPLICATION

(GRATIOT, IONIA, ISABELLA & MONTCALM COUNTIES)



Child Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female
Parent/Guardian1 _____ Date of Birth: _____ Relationship: _____
Parent/Guardian2 _____ Date of Birth: _____ Relationship: _____
County: _____ School District in which you live: _____ E-Mail Address: _____
Address: _____

(Street) (P.O. Box) (City) (Zip)
Phone1 _____ Cell Home Mess Phone2 _____ 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: melissas@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.miearlychildhood.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.
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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? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Used the emergency room? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Received a shut-off notice from a utility company? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Been homeless? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Ever been without heat? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Used a food bank or pantry? | <input type="checkbox"/> yes | <input type="checkbox"/> 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: _____
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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

FREETO FAMILIESTHAT 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)