



# 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](mailto:melissas@8cap.org)** Apply online: **[www.8cap.org](http://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](http://www.miearlychildhood.org)**

**How did you hear about your local preschool program:** (circle)Advertisement Community Organization Event  
 Friend/FamilyMember 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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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\*

**FREETO 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)**