

**PERRY PUBLIC SCHOOLS**  
**2017-18 PREKINDERGARTEN PROGRAM APPLICATION**

Date of Application \_\_\_\_\_/\_\_\_\_\_/2017\_\_\_\_\_

NAME OF Step/ Mother \_\_\_\_\_ NAME OF Step/Father \_\_\_\_\_  
 (circle one) (circle one)

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

MARITAL STATUS: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ MARITAL STATUS: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_

Highest Grade Completed: \_\_\_\_\_ Live in Perry School District: Yes or NO Highest Grade Completed: \_\_\_\_\_ Live in Perry School District: Yes or NO

Employed \_\_\_ Laid Off \_\_\_ Looking for work \_\_\_ Stay at home \_\_\_ Employed \_\_\_ Laid Off \_\_\_ Looking for work \_\_\_ Stay at Home \_\_\_

<b>ALL CHILDREN IN HOUSEHOLD</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>RACE</b>	<b>School Attending</b>
1.				
2.				
3.				
4.				
5.				
6.				

**Please check all statements that apply to your PreKindergarten student.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Eating Problems                        | <input type="checkbox"/> Challenging Behavior    | <input type="checkbox"/> Hearing/Vision Problems           |
| <input type="checkbox"/> Speech/Language Concerns               | <input type="checkbox"/> Often Seems Unhappy     | <input type="checkbox"/> Joint Custody Agreement           |
| <input type="checkbox"/> Diagnosed Disability                   | <input type="checkbox"/> Dental Problems         | <input type="checkbox"/> Low Birth Weight (under 6 lbs.)   |
| <input type="checkbox"/> Overly Aggressive                      | <input type="checkbox"/> Timid and/or Fearful    | <input type="checkbox"/> Premature Birth-less than 36 week |
| <input type="checkbox"/> Earaches/Tubes                         | <input type="checkbox"/> Vision Problems/Glasses | <input type="checkbox"/> WIC Eligible                      |
| <input type="checkbox"/> Chronic Illness (such as Asthma, etc.) | <input type="checkbox"/> TANF or Cash Assistance |  |

**EXPLAIN ALL ITEMS CHECKED:**

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I have applied for other PreK programs in my school district: Yes or No

If eligible for the Head Start Program, please share my information: Yes or No

I am interested in the following PreK Program Model : **Part-Day** or **Full-Day**

I am unavailable for care during school hours due to school or work schedule: Yes or No

**PERRY PUBLIC SCHOOLS**  
***PREKINDERGARTEN PROGRAM APPLICATION – part 2***

Child's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

A WORD TO FAMILIES: Your complete answers to the following questions will help us better understand your child and determine if they would be eligible to attend our program FREE.

1. Describe a typical day for your preschool child.
  
  
  
  
  
  
  
  
  
  
2. Describe any concerns (past/present) about your child's growth or development (physical, social, emotional, language, etc.)
  
  
  
  
  
  
  
  
  
  
3. Were there any complications during the birth of your child?
  
  
  
  
  
  
  
  
  
  
4. Has your child had any surgery, hospitalizations, or medical procedures? Does your child take any medications regularly? Please explain.
  
  
  
  
  
  
  
  
  
  
5. Has anyone in the family (parents/siblings) had difficulty or challenges in school? If yes, please describe.
  
  
  
  
  
  
  
  
  
  
6. Does anyone in the family receive special health and/or education services? If yes, please describe.
  
  
  
  
  
  
  
  
  
  
7. Do you currently find yourself in any of the situations below:  
  
\_\_\_\_ Children and immediate family have moved in with other relatives or friends  
\_\_\_\_ Foster child, or living in transitional housing through a shelter, or in a temporary residence facility  
\_\_\_\_ Living in a welfare sponsored room or rooms in a hotel/motel  
\_\_\_\_ Living in a makeshift shelter such as a car, tent, abandoned building, etc., or living on the street
  
  
  
  
  
  
  
  
  
  
8. Do you have a custody/visitation agreement for your preschool child? If yes, please describe.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

GSRP Staff Signature \_\_\_\_\_ Review Date \_\_\_\_\_

**PERRY PUBLIC SCHOOLS**  
**PREKINDERGARTEN PROGRAM APPLICATION – part 3**

Child's Legal Name \_\_\_\_\_

The Michigan Department of Education requires families who attend GSRP (Great Start Readiness Program) to complete the income documentation form as part of the enrollment process:

Please complete the worksheet below. Include income for all family members responsible for financial support of the PreK child. You may calculate your income using an average from your last 3 months or from your 2016 income tax form. List your gross income, before deductions. Income documentation (payroll check stubs, income tax forms, DHS child care verification forms, etc.) may be required.

(X)	Income Source	Monthly amount received
	Employment – Mother/Stepmother/Guardian	
	Employment – Father/Stepfather/Guardian	
	Unemployment	
	Child Support	
	Alimony	
	Pension (s)	
	Retirement SSI	
	Disability SSI	
	TANF eligible (daycare payments or cash assistance?)	
	Other:	

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being collected to determine eligibility for the state-funded Great Start Readiness Program and/or CACS Head Start.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

GSRP Staff Signature \_\_\_\_\_ Review Date \_\_\_\_\_

(EC Coordinator only) \_\_\_\_\_ I.E. \_\_\_\_\_ % \_\_\_\_\_ O.I. \_\_\_\_\_ date accepted \_\_\_\_\_ slot \_\_\_\_\_ s. fee \_\_\_\_\_ tuition