

Kalamazoo County Pre-K Application

Complete this application OR register online at www.DreamBigStartSmall.org

Section 1: Child Information			
Child's Legal Last Name:	Child's First Name:	Child's Middle Initial:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____/_____/_____	Program Preference: <i>(Full day not available in all programs)</i> <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day (If part day, <input type="checkbox"/> Morning or <input type="checkbox"/> Afternoon or <input type="checkbox"/> No preference)		
Race (Check all that apply)		Ethnicity	Family Language
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Primary: _____ Secondary: _____ <input type="checkbox"/> Family Needs an Interpreter

Section 2: Family Information			
<i>Child Lives with:</i> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint Custody (If Joint, <input type="checkbox"/> Physical or <input type="checkbox"/> Legal) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (Explain) _____			

Parent or Legal Guardian Information		Parent or Legal Guardian Information	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Parent Address:		Parent Address (if different):	
e-mail:		e-mail:	
Legally responsible for financial support: <input type="checkbox"/> Yes <input type="checkbox"/> No		Legally responsible for financial support: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Type: (Circle one) Phone Numbers w/ Area Code:		Phone Type: (Circle one) Phone Numbers w/ Area Code:	
Home Work Cell Message		Home Work Cell Message	
Home Work Cell Message		Home Work Cell Message	
<input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver		<input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver	
Education (Check highest level): <input type="checkbox"/> No High School Diploma – Highest Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree		Education (Check highest level): <input type="checkbox"/> No High School Diploma – Highest Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	
Employment or Other (check all that apply): <input type="checkbox"/> Employed Part-time (less than 35 hours per week) <input type="checkbox"/> Employed Full-time (more than 35 hours per week) <input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed		Employment or Other (check all that apply): <input type="checkbox"/> Employed Part-time (less than 35 hours per week) <input type="checkbox"/> Employed Full-time (more than 35 hours per week) <input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed	

Section 3: List Other Children and Other Family Members Supported by Income						
Last Name:	First Name:	Attended Head Start?	Date of Birth:	Gender:	Relationship:	If child, age of parent when child was born:
		Y N		M F		
		Y N		M F		
		Y N		M F		
		Y N		M F		

Please list school(s) where siblings currently attend:

Section 4: Address Information (Include apartment complex name, if applicable.)		
Address:	City, State, and Zip:	County:
Child's Pick-up Address (If different):	Child's Drop-off Address (if different):	
What school district do you live in (circle one)? Climax-Scotts / Comstock / Galesburg-Augusta / Gull Lake / Kalamazoo / Parchment / Portage / Schoolcraft / Vicksburg Other District not listed: _____		

Section 5: Family's Current Living Situation

Is the family currently living: in a home you rent or own in a temporary housing situation in a hotel/motel
 in a home owned or rented by someone else without a fixed nighttime residence in a shelter

Section 6: Income of Family Members Legally Responsible for Child's Support

Name:	Total Annual Income:	\$
Name:	Total Annual Income:	\$

Please Select All Sources of Family Income Received in the last 12 Months

- | | |
|--|---|
| <input type="checkbox"/> Full-time or part-time employment | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Child Care Reimbursement |
| <input type="checkbox"/> Cash assistance (FIP) | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Child Support | _____ |

Section 7: Supplemental Questions

Emergency Contact Name:	Phone Number w/ Area Code:	Address:
Before or After School Care Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any program or daycare that your child is currently attending:		

Section 8: Child (Applicant) Disability Status

Does the child have an identified developmental delay? No Yes – Please describe:

Has your child participated with any of the following programs: Early On FIT PET Great Start

Has your child received services for: Vision or Hearing Speech Early Childhood Special Education
 Occupational Therapy Physical Therapy IEP or IFSP

Section 9: Other Confidential Information That May Prioritize Placement

	Yes	No		Yes	No
Does child's behavior ever prevent participation in other group settings?			Does any sibling have a chronic illness, behavior issue, disability or has died?		
Does anyone in the household speak a primary language other than English?			Was either parent under 20 years old when first child was born?		
Has someone in household been abused or neglected?			Is family without stable housing or is family homeless?		
Does child live with one adult as result of divorce, separation, incarceration, military service, or death?			Does family live in high risk neighborhood? (unsafe due to crime, drug abuse, pollution, insect infestation, etc.)		
Does child have a chronic illness such as asthma, allergies, frequent ear infections, etc.?			Was child exposed to toxic substances before or after birth? (alcohol, drugs, lead poisoning, nicotine, etc.)		
Is the child in foster care?					

Section 10: Information on this application is confidential. Your child's pre-kindergarten program will not discriminate against any family or student on the basis of race, color, national origin, gender, or handicap.

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's pre-kindergarten program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the pre-kindergarten program, my child's learning and development will be assessed and monitored to support further growth; and that some results may be reported as scores and combined with other children's scores for future research related to the general level of impact of kindergarten readiness across the county.

I understand that this information will be entered into a confidential central database system that may be accessed by Kalamazoo RESA Head Start, Great Start Readiness Programs, Kalamazoo County Ready 4s, and Homer Stryker M.D. School of Medicine in an effort to correctly place my child into a Kalamazoo County Pre-K Program and effectively analyze Kalamazoo County services to families and children. My signature below constitutes a consent to disclose the information on this application to the listed entities.

Signature* of Parent/Guardian: _____ **Date:** _____

*If information is given verbally, staff will print the parent/guardian name above with date, check this box, and initial _____

