

Kalamazoo County Pre-K Application

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

Section 1: Basic 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; priority given to parents working or going to school full time)</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)		
Section 2: Address Information (Include apartment complex name, if applicable.)			
Street 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?			
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 3: Child Information			
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 <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Primary: _____ Secondary: _____ <input type="checkbox"/> Family Needs an Interpreter
Section 4: 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 (if different):		Parent Address (if different):	
e-mail		e-mail	
Phone Type: (Circle one)		Phone Type: (Circle one)	
Home Work Cell Message		Home Work Cell Message	
Home Work Cell Message		Home Work Cell Message	
<input type="checkbox"/> Birth or Adoptive <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Caregiver		<input type="checkbox"/> Birth or Adoptive <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <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"/> GED or High School Diploma <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"/> GED or High School Diploma <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	
Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No		Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please enter emergency contact information:			
Name:	Phone Number w/Area Code:	Address:	May pick up child: Y N

Section 5: 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 6: Family's Current Living Situation

Is the child or your family currently living: in your own or rented home in a hotel/motel in a temporary housing situation
 with another family due to loss of housing or economic hardship in a shelter without a fixed nighttime residence

Section 7: 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 8: Child (Applicant) Disability Status

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? OR Live with grandparents? OR Is in foster care?			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.)		

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 (not attached to my child's name) 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, and Kalamazoo County Ready 4s in an effort to correctly place my child into a Kalamazoo County Pre-K Program.

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 _____

