

Kalamazoo County Pre-K Application Packet
2017-2018 Program Year

For the 3-year-old program, children must turn 3 on or before September 1.

For the 4-year-old program, children must turn 4 on or before September 1.

Steps to complete your application:



Step 1: Fill out the Kalamazoo County Pre-K application completely.



Step 2: Attach all additional required documents listed on the next page. (Proof of income, proof of birth, and proof of address)



Step 3: Return the application and required documents to your local school district, private provider, or Kalamazoo RESA.



Step 4: Allow for processing time and program placement.



Step 5: Submit copy of health appraisal, insurance information, & immunizations. If your child has an IEP, please include a copy if you are able.

If after 2 weeks, you have not heard back from the agency where your application was submitted, please call 269-250-9845 or 269-250-9333.

Please note that if you apply before April, it may take until April before you hear back regarding placement. Your application will be reviewed in the order submitted, but children will be placed in order according to highest need.



Kalamazoo County Pre-K Application Packet 2017-2018 Program Year

Please complete the attached Kalamazoo County Pre-K application and submit it with the following state and federally mandated documents:

Please note:

Eligibility cannot be determined unless all of the following required documents have been submitted.

The following items are **required** to be submitted with your initial application:

- 1) Family income documented over 12 months (**submit all that apply**)
 - a. Last year's tax return (first page)
 - Pay stub with year-to-date listed, W2's, or written statement from employer will be accepted if tax return is not available.
 - b. TANF/FIP/food stamps
 - c. Social Security/SSI statement
 - d. Financial Aid (Grants/Scholarships)
 - e. Unemployment statement
 - f. Child support/alimony/pension statement
- 2) Birth Certificate or other proof of age (**submit one of the following**)
 - a. Birth certificate (preferred)
 - b. Passport
 - c. Hospital record
 - d. Baptismal record
 - e. Affidavit of Parentage
- 3) Proof of Residency (**submit one of the following**)
 - a. Driver's license with correct address (preferred)
 - b. Utility bill
 - c. Tax bill
 - d. Rent receipt
 - e. Copy of Lease/Mortgage
 - f. Written letter from shelter, if between homes

The following items are required for final enrollment, but are not required at the time of initial application:

- 1) Recent health appraisal, physical, or well child visit within past year
- 2) Medicaid or insurance card for child
- 3) Current immunization record
- 4) Current IEP if applicable/possible

If you have questions or need assistance, please contact 269-250-9333.

Kalamazoo County Pre-K Application Program Year 2017-18

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)					
Do you have a program you prefer for placement (based on availability)?						
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						
Child Lives with: <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"/> Grandparent		<input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver		<input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Grandparent		<input type="checkbox"/> Foster Parent <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 _____

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

- Full-time or part-time employment
- Food stamps
- Cash assistance (FIP)
- Unemployment
- Child Support
- SSI
- Child Care Reimbursement
- Social Security
- Other _____

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 childcare 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 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?			Has either parent served in the Military?		

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 _____

