

2024-2025 KALAMAZOO COUNTY PRE-K APPLICATION



Dear pre-kindergarten family, we're so excited to be a part of your child's next adventure! A valuable Pre-K experience makes for a great start and a major difference in a child's kindergarten readiness and success.

If you answered "Yes" to the questions above, you are likely eligible for the Kalamazoo County Pre-K program. We encourage you to fill out the Kalamazoo County Pre-K application and submit it with all the required documents listed under the step-by-step instructions to determine eligibility.

Please contact us by email at hsenroll@kresa.org if you have any questions.

EASY AS 1, 2, 3...

Turn in the following three items with your child's application:

- ☐ 1. Child's birth record
- ☐ 2. Proof of yearly family income: work earnings (W-2, tax return, or check stubs), child support, unemployment, SSI, cash assistance and any other proof of income
- ☐ 3. Proof of current address: driver's license, rent receipt, utility bill, letter from shelter or host if between homes

Check out the step-by-step instructions for more detailed information.

KALAMAZOO RESA
INSPIRING EDUCATIONAL EXCELLENCE

KALAMAZOO COUNTY
PRE-K


KC Ready4s


GREAT START
COLLABORATIVE
Kalamazoo County


Great Start
Readiness Program
Michigan's Nationally Recognized Pre-K Program

 KALAMAZOO RESA
Head Start

Step-by-Step Instructions

Step 1: Pre-K Application

- ☐ 1a Fill out the Kalamazoo County Pre-K application, completely. Application is available in both English and Spanish. You can download a copy or fill out a digital form at DreamBigStartSmall.org.

Step 2: Required Documents

All applicants must send the following items with the Kalamazoo County Pre-K application. Eligibility cannot be determined unless all of the following required documents have been submitted.

☐ 2a Proof of age. According to new guidelines, all children must be:

- 3 years old on or before December 1* in order to be age eligible for the 3-year-old programs
- 4 years old on or before December 1* in order to be age eligible for the 4-year-old programs
- *Placement may be prioritized for children who will be 3 or 4 years old on or before September 1.

Submit one of the following:

- Birth certificate (preferred)
- Passport
- Affidavit of parentage/Hospital record
- Baptismal record
- Foster care emergency consent card
- Foster care placement letter
- Court order

☐ 2b Proof of income. **Income is a primary qualifying factor.** You can check the charts available on kresa.org/qualifications for more details. You must submit documents for all sources of income over the last 12 months. These documents may include:

- Last year's tax return (first page), or pay stub with year-to-date listed, W2's, or written statement from employer if tax return is not available
- TANF/FIP
- Social security/SSI check stub or monthly statement
- Unemployment check stub or statement
- Financial aid (grants/scholarships)
- Child support/Alimony/Pension statement

☐ 2c Proof of residency. Submit one of the following:

- Driver's license or County ID with correct address (preferred)
- Recent utility bill for your address
- Rental agreement/Mortgage/Deed to house
- Written letter from shelter, if between homes

☐ 2d Additional documents:

- Current immunization record (prior to the child's first day of class)
- Health appraisal/Physical/Well-child exam within the past year (due within the first 30 days of the program year)
- Medicaid, or insurance card for child

Step 3: Submitting Your Documents

☐ 3a Once you have filled out the application completely and gathered all the required documents:

- Submit application and required documents online at DreamBigStartSmall.org
- Submit paper application and required documents at:
 - » Kalamazoo RESA Head Start/GSRP Administration Office, 422 E. South St., Kalamazoo, MI 49007
 - » Kalamazoo RESA Early Childhood Office, lower level of 4606 Croyden Ave., Kalamazoo, MI 49006
 - » Kalamazoo County Ready 4s Office, 161 E. Michigan Ave., Suite 600, Kalamazoo, MI 49006
 - » Any Kalamazoo County Pre-K provider
 - » Check with your local school district for location
- Email fillable form and required documents to hsenroll@kresa.org

For assistance, please call (269) 250-9333, Monday–Friday, 8:00 a.m.–4:00 p.m.

Step 4: Application Processing Time

☐ 4a Please allow two to four weeks for processing your application. Once your application is processed, you will receive an email or a phone call regarding eligibility. Please make sure you enter a valid email address and phone number in the "Parent or Legal Guardian Information" section so you get notified of your eligibility.

Complete this application and email it to hsenroll@kresa.org with supporting documents, directly to preschool provider, at a location listed in step 3, or apply online at dreambigstartsmall.org.

CHILD INFORMATION

Child's Legal Name:

Last Name

First Name

Middle Initial

 Date of Birth:

mm

 /

dd

 /

yyyy

Sex Assigned at Birth: ☐ Male ☐ Female Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check all that apply): ☐ Black or African American ☐ Asian ☐ White or Caucasian
☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander

Program Preference (Full day not available in all programs): ☐ Full Day ☐ Part Day (If part day, ☐ Morning ☐ Afternoon ☐ Either)

Based on availability, do you have a program location preference? _____

How did you hear about Kalamazoo County Pre-K? ☐ Previous Experience (Pre-K programs) ☐ Previous Experience (Early On or Seeds) ☐ Radio
☐ Flyer ☐ Social Media ☐ Family/Friends — Full Name: _____ ☐ Other: _____

FAMILY INFORMATION

Child Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Joint Custody (If joint, ☐ Physical or ☐ Legal) ☐ Legal Guardian
☐ Grandparent(s) ☐ Foster Care ☐ Other, Explain: _____

Family Language: Primary _____ Secondary _____ ☐ Family Needs an Interpreter

PARENT OR LEGAL GUARDIAN INFORMATION	PARENT OR LEGAL GUARDIAN INFORMATION
Full Name: _____	Full Name: _____
Date of Birth: _____	Date of Birth: _____
Parent Address: _____	Parent Address: _____
Email: _____	Email: _____
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: _____ Phone Number with Area Code: _____	Phone Type: _____ Phone Number with Area Code: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____
Relationship: <input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent	Relationship: <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"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver
Education (Check the highest level):	Education (Check the highest level):
<input type="checkbox"/> No High School Diploma or Highest Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> No High School Diploma or 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 Degree	<input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral 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):	Employment or Other (Check all that apply):
<input type="checkbox"/> Employed Part-time (Less than 35 hours per week)	<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"/> 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	<input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed

LIST OTHER CHILDREN AND OTHER FAMILY MEMBERS SUPPORTED BY INCOME (IF YOU NEED EXTRA SPACE, ATTACH A SHEET OF PAPER)

Last Name	First Name	Attended Head Start?	Date of Birth (mm/dd/yyyy)	Sex Assigned at Birth	Relationship	If child, age of parent when child was born
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		

Please list school(s) where siblings currently attend: _____

FAMILY'S CURRENT LIVING SITUATION

The family currently lives: ☐ 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

ADDRESS INFORMATION (INCLUDE APARTMENT COMPLEX NAME, IF APPLICABLE.)

Address: _____
Street, Apt City State Zip Code County: _____

Child's Pick-up Address (If different): _____ Child's Drop-off Address (If different): _____

What school district do you live in: ☐ Climax-Scotts ☐ Comstock ☐ Galesburg-Augusta ☐ Gull Lake ☐ Kalamazoo ☐ Parchment
☐ Portage ☐ Schoolcraft ☐ Vicksburg ☐ Other: _____

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 Employment ☐ Cash Assistance (FIP) ☐ SSI ☐ Other: _____
☐ Part-time Employment ☐ Unemployment ☐ Child Care Reimbursement _____
☐ Social Security ☐ Child Support _____

SUPPLEMENTAL QUESTIONS

Emergency Contact Name: _____ Phone Number with Area Code: _____
Address: _____
Street/ Apt. City State Zip Code

Before or after School care needed? (Not available in all programs) ☐ Yes ☐ No Are you able to self-transport? ☐ Yes ☐ No

Please list any program or childcare that your child is currently attending: _____

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 ☐ Home Visits – Contact: _____

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

OTHER CONFIDENTIAL INFORMATION THAT MAY PRIORITIZE PLACEMENT

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

PARENT/GUARDIAN SIGNATURE

Information on this application is confidential. Your child's pre-kindergarten program will not discriminate against any family on the basis of race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information or any other legally protected category.

☐ 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 and Kalamazoo County Ready 4s 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 consent to disclose the information in this application to the listed entities and obtain any relevant information from them.

Signature* of Parent/Guardian: _____ Date (mm/dd/yyyy): _____

* If information is given verbally, staff will print the parent/guardian name above with the date, check this box, and initial ☐ _____ (Revised 2/6/2024)