

2014-15 Kent County Preschool Intake

Please complete the below information in order to determine eligibility for free Preschool in Kent County. Return this completed form to: Kent County Preschool Intake, Kent ISD, 2930 Knapp NE, Grand Rapids MI 49525. If you have questions regarding this form, please call the Kent County Preschool Intake at (616) 447-2409. (Please note that completion of this form does not guarantee a free Preschool placement.)

Child Information: List information regarding your child below: Date: _____

First Name: _____ Middle Name: _____ Last Name: _____
Child's legal name Leave blank if none

Suffix: _____ Date of Birth: _____ Gender: Female Male
(Eg. Jr., Sr., I, II, III, leave blank if none)

Race/Ethnicity: Is your child Hispanic/Latino? Yes No Language spoken in the home: _____

Which of the following groups describes your child's race? Please select at least one.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | |

How did you learn about Free Preschool? _____

Head Start Categorically Eligible Factors

Please select all of the Head Start eligibility factors that apply to your child below (check all that apply). If one or more of these factors are selected, your child is eligible for Head Start. In order to make the best decisions about your child's placement, please continue to complete the intake form.

- | | |
|--|---|
| <input type="checkbox"/> Child and family is homeless | <input type="checkbox"/> Child or family is receiving SSI |
| <input type="checkbox"/> Child has an established IEP/IFSP | <input type="checkbox"/> Child lives in foster care |

GSRP Eligibility Factors

Please select all of the eligibility factors that apply to your child below (check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Diagnosed disability or identified developmental delay
Child is eligible for special education services or child's developmental progress is less than that expected for his/her chronological age, or chronic health issues cause development or learning problems. | <input type="checkbox"/> Severe or challenging behavior
Child has been expelled from preschool or child care center. |
| <input type="checkbox"/> Primary home language other than English
English is not spoken in the child's home; English is not the child's first language. | <input type="checkbox"/> Parent/guardian with low educational attainment
Parent has not graduated from high school or is illiterate. |
| <input type="checkbox"/> Abuse/neglect of child or parent
Domestic, sexual, or physical abuse of child or parent; child neglect issues. Child Protective Services report. | <input type="checkbox"/> Environmental risk
Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substance known to cause learning or developmental delays. |

Family Information

Complete the following information about your family. This information is REQUIRED and will be critical for following your child's application.

Guardians: You must enter at least one guardian.

Mother

First Name: _____ Middle Initial: _____ Last Name: _____
Daytime Phone _____

Father

First Name: _____ Middle Initial: _____ Last Name: _____
Daytime Phone _____

Guardian (Relationship): _____

First Name: _____ Middle Initial: _____ Last Name: _____
Daytime Phone _____

Alternate Phone Number: _____ (Whose number is this?) _____

Child Lives With (please check all that apply)

- Mother Joint Custody-Physical Legal Guardian Grandparent
 Father Joint Custody-Legal Both Parents Foster Care
 Sibling in Head Start

Street Address _____ Apt / Suite/ PO Box _____

City _____ Zip _____ Resident District _____

Email Address _____ Check here if you do not have an email address.

Household Members _____ Annual Household Income _____
Enter the total number of people living in your household Enter your family's annual income to the nearest whole dollar

Additional Questions

Is your child currently enrolled in a program? Yes No If yes, where? _____

Program Preference: Morning Afternoon Full Day

Please select a **second** preference if your first preference is not available:

Morning Afternoon Full Day

Site Preference _____

If you prefer to enroll your child in a program outside of your district of residence, we will make every effort to accommodate your request. This placement cannot be guaranteed.

Siblings: Please indicate if you have siblings at particular site if you would like this information to be considered in preschool placement decisions:

Sibling: _____ Site of sibling: _____

Transportation: Is transportation a barrier to getting your child to a program? Yes No

Comments: _____

Location where this form was completed: _____