

## Overview of the Great Start Readiness Program

The Great Start Readiness Program is a free state-funded preschool program. Children and their families qualify for the program based on pre-determined factors set by the Michigan Department of Education. Our program follows the Early Childhood Standards of Quality and Curriculum Guidelines set by the Michigan State Board of Education as well as following the licensing requirements of the Department of Human Services. Program planning is developmentally appropriate with the goal of preparing students for the rigors of Kindergarten upon completion.

Research indicates that children provided with a high quality preschool experience show significant positive developmental differences when compared to children from the same backgrounds that did not attend a preschool program. The Great Start Readiness Program (GSRP) is for children who may be at risk of becoming educationally disadvantaged and who may have extraordinary need of special assistance. A specific situation or condition is considered a risk factor if that situation puts the child at a direct risk of school failure.

When determining a child's eligibility for the program, the following factors are considered:

- Financial factors (90% of our students must qualify based on income)
- Child development factors
- Parent/parenting factors
- Environmental/family circumstance factors

Please be assured that any information shared on the following pages will be strictly confidential and only viewed by professionals who may be involved in screening or servicing your child should they be eligible. These would include teaching staff, social worker, speech pathologist or program director.

### How to Apply for Student Enrollment:

- Complete the entire application. (Please complete each blank)
- Attach a copy of your child's immunization records.
- Attach a copy of your child's birth certificate.
- Attach proof of income from the list below that applies to your family situation.

**(We cannot process your application without this information)**

- |  |  |
|--|--|
| <input type="checkbox"/> Income tax form 1040      | <input type="checkbox"/> SSI documentation               |
| <input type="checkbox"/> W-2                       | <input type="checkbox"/> Child support                   |
| <input type="checkbox"/> TANF documentation        | <input type="checkbox"/> Alimony Pension(s)              |
| <input type="checkbox"/> Pay stub or pay envelope  | <input type="checkbox"/> Written statement from employer |
| <input type="checkbox"/> Unemployment statement    | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Foster care reimbursement |  |

- Sign and date application.

Please check which GSRP Program you are applying for

- Wakefield-Marensico
- Ironwood Area

Please email completed applications or any questions to [mlane@goisd.org](mailto:mlane@goisd.org)

General Information			
Child's Legal Name :		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last:	First:	Middle:	
Address:		City:	Resident School District:
Mother's/Guardian Information Name:		Phone:	E-mail:
Address:		City:	State: Zip
Father's/Guardian Information Name:		Phone:	E-mail:
Address:		City:	State: Zip
Who does the child live with? <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other:		Current legal custody agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Currently Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary language:		Any other languages spoken in home?	
Child's Race (all that apply): <input type="checkbox"/> -African Amer. <input type="checkbox"/> -Asian <input type="checkbox"/> -White <input type="checkbox"/> -Amer. Indian <input type="checkbox"/> -Latino/Hispanic <input type="checkbox"/> -Pacific Islander <input type="checkbox"/> -Multi-Racial/Other			
Mother's Race:		Father's Race:	
Check any of the following the child attended or participated in: <input type="checkbox"/> Early On Services <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Speech Services <input type="checkbox"/> Other: _____			
Does this child have any special needs, health problems, disabilities? <input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> No			
Are you concern about your child's ability to learn or social-emotional behavior? <input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> No			
Does this child currently have or ever had an IEP? <input type="checkbox"/> Yes, Currently <input type="checkbox"/> Yes, Previously <input type="checkbox"/> No			
Highest Grade Completed (Mother):		Highest Grade Completed (Father):	
<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Diploma	<input type="checkbox"/> General Education Diploma (GED) <input type="checkbox"/> Associates Degree <input type="checkbox"/> College Degree/Training <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher	<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Diploma	<input type="checkbox"/> General Education Diploma (GED) <input type="checkbox"/> Associates Degree <input type="checkbox"/> College Degree/Training <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher
Family Income			
List first and last name and age of others in the household supported by income of the parent/guardian(s):			
1. _____ Age: _____		4. _____ Age: _____	
2. _____ Age: _____		5. _____ Age: _____	
3. _____ Age: _____		6. _____ Age: _____	
Please check if you receive any of the following:			
<input type="checkbox"/> Employment Income	<input type="checkbox"/> Child Support	<input type="checkbox"/> Family Independence Cash Payment (FIP)	<input type="checkbox"/> Social Security (SS)
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Childcare subsidy	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Other: _____
Employment Status (Mother):		Employment Status (Father):	
<input type="checkbox"/> Full Time (35 hours or more/wk)	<input type="checkbox"/> Unemployment and Training	<input type="checkbox"/> Full Time (35 hours or more/wk)	<input type="checkbox"/> Unemployment and Training
<input type="checkbox"/> Part Time (under 35 hours/wk)	<input type="checkbox"/> Full Time and Training/School	<input type="checkbox"/> Part Time (under 35 hours/wk)	<input type="checkbox"/> Full Time and Training/School
<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Part Time and Training/School	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Part Time and Training/School
<input type="checkbox"/> Training or School	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Training or School	<input type="checkbox"/> Seasonally Employed
<input type="checkbox"/> Active Duty Military/Veteran	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Active Duty Military/Veteran	<input type="checkbox"/> Unemployed
Insurance: <input type="checkbox"/> Medicaid / CHIP/ State <input type="checkbox"/> Private health insurance <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Other _____			

### ELIGIBILITY FACTOR LIST

Eligibility Criteria	Check all that apply:	
Total Income—before taxes	Weekly _____ Monthly _____ Annually _____	
Diagnosed Disability or identified developmental delay	<input type="checkbox"/> Low birth weight __lbs __oz <input type="checkbox"/> Child Immature <input type="checkbox"/> Nutritionally deficient <input type="checkbox"/> Referral by doctor, ISD, or parent for screening <input type="checkbox"/> IEP <input type="checkbox"/> Speech difficult to understand, expressing needs, does not speak in full sentences <input type="checkbox"/> Child has diagnosed disability <input type="checkbox"/> Child has a long term or chronic illness	
Severe or challenging behavior	<input type="checkbox"/> It is difficult to find a babysitter, due to behavior <input type="checkbox"/> Child has been refer to or is in counseling or therapy <input type="checkbox"/> Child is destructive or violent <input type="checkbox"/> Child has been asked to leave a preschool or childcare.	
Primary home language is other than English	<input type="checkbox"/> Primary language spoken in child's home _____ My child can speak the following languages: _____	
Parent(s)/Guardian with low educational attainment	<input type="checkbox"/> Parent or older sibling cannot read <input type="checkbox"/> Parent or older sibling has dropped out of school <input type="checkbox"/> Parent or older sibling struggle in school	
Abuse/neglect of child or parent	<input type="checkbox"/> Someone in child's home was a victim of physical, sexual or emotional abuse or neglect. <input type="checkbox"/> There is a history of substance abuse in the child's family (alcohol, drugs, etc.) <input type="checkbox"/> Someone in the child's home has violent, destructive behavior.	
Environmental Risk	<input type="checkbox"/> Single parent <input type="checkbox"/> Someone in the house is/was in jail or prison <input type="checkbox"/> The child has experience the loss of a parent or sibling by death or loss of parent by divorce, military service, out of town employment, etc. <input type="checkbox"/> Child has a chronically ill parent <input type="checkbox"/> Child has a sibling with behavior issues, physical, mental or emotional illness <input type="checkbox"/> Teenage parent at birth of any of the children in the family. <input type="checkbox"/> Child has is/been in foster care <input type="checkbox"/> Child has ____ brothers and ____ sisters <input type="checkbox"/> We have moved ____ times in the last 2 years <input type="checkbox"/> We are living with ____family, ____ Friends ____ Shelter ____ Other <input type="checkbox"/> Home is or may be in foreclosure	
Other: Please check all that apply	<input type="checkbox"/> Therapy(speech, OT, PT) <input type="checkbox"/> WIC <input type="checkbox"/> Early on Services <input type="checkbox"/> Aggression management <input type="checkbox"/> Food Stamps <input type="checkbox"/> Early Head Start (0-3yrs) <input type="checkbox"/> Counseling <input type="checkbox"/> SSI	<input type="checkbox"/> Head Start (3-5yrs) <input type="checkbox"/> Alcohol/Drug Services <input type="checkbox"/> Parenting classes <input type="checkbox"/> Imagination Library <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Special education services /ISD Wrap around service <input type="checkbox"/> Other _____
	List any other factors that may qualify this child for the program:	

I certify the information provided in support of this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_