

Kalamazoo County Pre-Kindergarten Application

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: <input type="checkbox"/> Part Day <input type="checkbox"/> Full Day (Not available in all programs; priority given to parents working or going to school full time)		

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?		

Section 3: Child Information

Race (Check all that apply) <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	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Family Language Primary: _____ Secondary: _____ <input type="checkbox"/> Parent or Legal Guardian Needs an Interpreter
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Section 4: Family Information

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

Parent or Legal Guardian Information

Full Name: _____ Date of Birth: _____ Parent Address: _____ e-mail: _____ Type: (Circle one) Phone Numbers w/Area Code: 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 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 Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name: _____ Date of Birth: _____ Parent Address: _____ e-mail: _____ Type: (Circle one) Phone Numbers w/Area Code: 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 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 Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please enter emergency contact information:

Name:	Phone Number w/Area Code:	Address:	May pick up child: Y N
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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		

Attach additional sheet if necessary

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:	Gross Annual Wages:	\$
Name:	Gross Annual Wages:	\$

Is your family receiving any of the following? Check all that apply

- Food stamps
- Cash assistance (FIP)
- Unemployment
- Child Support
- SSI
- Child Care Reimbursement
- Social Security

Other income not listed above?

Section 8: Child (Applicant) Disability Status

Participated in Fit or Early –On Evaluated by PET **Parent Concern:** Please Explain, _____

Diagnosed Disability Please provide documentation: IEP IFSP Assessment Diagnosing Agency: _____

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 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 9: Information on this application is confidential. Your child's prekindergarten 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 prekindergarten 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 prekindergarten program, my child's learning and development will be assessed 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 research related to the general level 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 County Head Start, Great Start Readiness Programs, and Great Start Readiness Program Private Providers in an effort to correctly place your child into a Kalamazoo County Pre-Kindergarten Program.

Signature* of Parent/Guardian: _____ **Date:** _____

*If via phone, staff will check this box and initial _____; and print the parent/guardian name above with date.

Signature of Staff (if required): _____ **Date:** _____

