



Return this application to:
 Early Childhood Department Attn: GSRP
 2630 W. Howell Rd
 Mason MI 48854
 ecapplication@inghamisd.org 517-244-1246

Ingham Early Childhood Interest Form 2015-2016

This interest form does not guarantee enrollment or placement.
 To fill out this application online go to:
www.inghampreschool.org

Application Date _____

CHILD INFORMATION					
Child's First Name	Child's Legal Last Name	M.I.	Child's Birthday (M,D,Y)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity
ADDRESS					
Living Address: Street / Apt		City / State / Zip		County	Phone Number
Which school district do you live in?		First Program Preference		Second Program Preference	
Comments about program preference:					
PARENT/GUARDIAN INFORMATION:					
Parent/Guardian 1		Phone Number		Relationship to Child	
Email Address			Parent/Guardian 1 Gross Income: Verification of income will be required. \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
Parent/Guardian 1 Income Source: (Check all that apply) <input type="checkbox"/> Working <input type="checkbox"/> Social Security Income SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____		Is this more than stated on 2014 income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have there been any income changes in the last 6-12 months? (ie. unemployment, wage increase/decrease, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian 2		Phone Number		Relationship to Child	
Email Address			Parent/Guardian 2 Gross Income: Verification of income will be required. \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
Parent/Guardian 2 Income Source (Check all that apply) <input type="checkbox"/> Working <input type="checkbox"/> Social Security Income SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____		Is this more than stated on 2014 income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have there been any income changes in the last 6-12 months? (ie. unemployment, wage increase/decrease, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current services received by family: (Check all that apply) <input type="checkbox"/> DHS Child Care Assistance <input type="checkbox"/> DHS Financial or Food Assistance <input type="checkbox"/> Medicaid			Child Lives With: (Check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Joint Custody (Physical) <input type="checkbox"/> Joint Custody (Legal) <input type="checkbox"/> Foster Care <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other:		
# of Adults In Household: _____		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
# of Children In Household: _____					
ADDITIONAL INFORMATION					
Is there additional information that you can share about your child/family? (Check all that apply)					
<input type="checkbox"/> Abuse/Neglect (Domestic, Physical, or Sexual Abuse of child or parent. Child Neglect Issues. Child protective services report) <input type="checkbox"/> Challenging Behavior (Child has been expelled from preschool or child care center) <input type="checkbox"/> Disability/Developmental Delay (Child is eligible for Special Education Services or development is less than expected for his/her age) <input type="checkbox"/> Environmental Risk (*Parental loss due to death, divorce, incarceration, military service or absence; * Sibling issues; *Teen parent; *Family is homeless or without stable housing; *Residence in a high risk neighborhood (area of high poverty, crime with limited access to critical community services or * Prenatal/Postnatal exposure to toxic substances known to cause learning or developmental delays.) <input type="checkbox"/> Non-English Speaking (English is not spoken in the home or is not the child's first language) <input type="checkbox"/> Parent Education (Parent has not graduated from high school or is illiterate) <input type="checkbox"/> Health Issues <input type="checkbox"/> Hearing Issues <input type="checkbox"/> Speech/Language Issues <input type="checkbox"/> Vision Issues <input type="checkbox"/> Orthopedic Issues <input type="checkbox"/> Diagnosed Overactive <input type="checkbox"/> High Lead Exposure Explain any concerns checked: (ie, evaluations, specialists, parent concern, primary language) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
Has your child been referred/involved in: (Check all that apply) <input type="checkbox"/> Early Childhood Special Ed <input type="checkbox"/> Early On <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start					
<input type="checkbox"/> I understand and agree to have my information shared with local Head Start and Great Start Readiness Program providers.					
Signed: _____			Date: _____		
Name: _____			Relation to Child: _____		