



Return this application to:
 Early Childhood Programs
 2630 W. Howell Rd
 Mason, MI 48854

Ingham Early Childhood Application 2017-2018

This application does not guarantee enrollment or placement.

Application Date: _____

CHILD INFORMATION					
Child's Legal Last Name	Child's First 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: _____		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:			
Parent/Guardian 2		Phone Number		Relationship to Child	
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:		
# of Adults In Household: _____		Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email		I have a child birth to 3 and would like information on birth to 3 program options. <input type="checkbox"/> Yes <input type="checkbox"/> No	
# 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"/> I would like my child referred for an evaluation for developmental concern(s)? If checked, your child will be referred to Build Up Michigan. You will receive a letter and a contact from the special education director of your resident school district regarding an evaluation.					
<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)					
Explain any concerns checked: (ie, evaluations, specialists, parent concern, primary language)					
Is your child's current address a temporary living arrangement? If yes... Is this due to loss of income or economic hardship?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have reliable transportation? (for planning purposes only) <input type="checkbox"/> Yes <input type="checkbox"/> No
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			How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Community Organization <input type="checkbox"/> Event <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> Teacher/Education Professional <input type="checkbox"/> Website <input type="checkbox"/> Other _____		
<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: _____		