



THE FOLLOWING INFORMATION MUST BE SUBMITTED BEFORE YOUR CHILD CAN BE CONSIDERED FOR PLACEMENT IN THE GREAT START READINESS PROGRAM:

_____ DRIVER'S LICENSE

_____ 2 PROOFS OF MACOMB COUNTY RESIDENCY

_____ LAST YEAR'S INCOME TAX RETURN

_____ CHILD'S SHOT RECORD

_____ CHILD'S ORIGINAL BIRTH CERTIFICATE



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.

Your child may qualify for other Early Childhood programs in Roseville. Every effort will be made to place your child in the most appropriate program based on their needs. By signing below, you give permission for us to share your application with other programs to determine placement. Placements in other programs will not occur without you first being contacted for consent, evaluation or registration. Other programs that your child may qualify for are Head Start (a federally funded preschool program) or Early Childhood Special Education (ECSE).

Parent/Guardian Signature _____ Date: _____

Staff Signature _____ Date: _____

Date Submitted _____



Roseville Community Schools
18975 Church Street Roseville, MI 48066
Phone: (586) 445-5724 or (586) 445-5500

MICHIGAN GREAT START READINESS PROGRAM APPLICATION

The information contained in this application is confidential.

Child's Name: _____
Last First Middle

Child's Current Age: _____ Date of Birth: _____ Male Female

Birthplace (City and State): _____ Home Phone: _____

Racial/Ethnic Code (circle one): American Indian/Asian/African/American/Hispanic/Caucasian/Other

MOTHER'S INFORMATION		FATHER'S INFORMATION	
Name:	Age:	Name:	Age:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email Address:		Email Address:	
Employer:	Work Phone:	Employer:	Work Phone:
Highest Education Level Completed:		Highest Education Level Completed:	
<input type="checkbox"/> Less than 12 th Grade	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Less than 12 th Grade	<input type="checkbox"/> HS Graduate
<input type="checkbox"/> Technical Training	<input type="checkbox"/> College	<input type="checkbox"/> Technical Training	<input type="checkbox"/> College

Current Marital Status:

Single Married Remarried Divorced Separated Living Together Widowed

Who has legal custody of child?*

Name(s): _____ Relationship: _____

**If guardian or foster parent (other than biological parent), please fill in the space below as well as any information that is known about the mother and/or father in the above boxes.*

Foster Parent/Legal Guardian (other than parent) Name: _____

Address: _____ Phone Number: _____

Teacher Preference: _____

FAMILY INFORMATION

This information is necessary in order to determine your child's eligibility in the program and will be kept confidential.

1. INCOME

Family Income:

Monthly (Before Taxes) _____ Annual (Before Taxes) _____

Include all wages, child support, unemployment, SSI, Social Security, alimony, and all other income.

To verify, you will need to bring tax forms or 2 consecutive pay stubs at time of application.

Mother employed: Yes/No

Father employed: Yes/No

* Total number of family living in the preschooler's home: _____ *(include child and parents)*

***A family includes all persons living within a household who are supported by the income of the parent(s)/guardian(s) of the child enrolling in the program**

Please list their names	Age	Relation to Child

2. DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- IEP (Individualized Education Plan)
- Child has diagnosed disability
- Child has long term or chronic illness
- Referral by Doctor, ISD or parent for screening

Comments:

3. SEVERE OR CHALLENGING BEHAVIOR

- Child has been asked to leave a Preschool or Child Care
- Child is destructive or violent
- Child is in counseling or therapy or referred

Comments:

4. LANGUAGE

Primary language spoken in our home: _____

My child can speak the following languages: _____

Comments:

FAMILY INFORMATION

This information is necessary in order to determine your child's eligibility in the program and will be kept confidential.

5. PARENT EDUCATIONAL ATTAINMENT

- Parent(s) cannot read
- Parent(s) did not graduate from high school
- Parent(s) struggled in school

Comments:

6. ABUSE, NEGLECT IN HOME

- Someone in our home was a victim of physical, sexual or emotional abuse or neglect
- There is a history of substance abuse in our family (alcohol, drugs, prescription drugs, etc.)

Comments:

7. ENVIRONMENTAL FACTORS

- I am a single parent
- Someone in our home is/was in jail or prison
- My child has experienced the loss of a parent or sibling by death or loss of parent by divorce, military service, out of town employment, etc.
- My child has a chronically ill parent or sibling (behavior issues, physical, mental or emotional illness)
- Teenage parent at birth of any of the children in family
- My child is/has been in Foster Care
- We have moved ___ times in the last 2 years
- We are living with ___ family (grandparents, etc.) ___ friends ___ shelter ___ other
- Our home is or may be in foreclosure

Comments:

____ (parent initial) I give Roseville Community Schools permission to use photographs of my child for educational or program promotion.

____ (parent initial) I certify that the information given on this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____



Macomb County Community Services Agency
Head Start 0-5

Macomb County Referral Form for the Great Start Readiness Program to Head Start

(Print) Child's Last Name First Name Birth Date: _____

(Print) Parent/Guardian's Last Name First Name Phone Number: _____

Address: _____ City: _____ Zip: _____

Home School District: _____ Enrolling for School Year: _____

Have you previously applied for Head Start or been enrolled? _____

I understand my child may be eligible for Head Start and that Head Start programs have a higher level of funding that may provide more services to my child/family. However, the Great Start Readiness Program best meets the needs for our family due to the following reasons:

Check all that apply:

- Zero Available Slots Hours of Operation
- Transportation/Distance Sibling Attends Same School
- Schedule (parent working/ in school) Other: Explain _____
- Sibling was in Program

Parent/Guardian Signature: _____ Date: _____

By signing I agree this information may be shared with appropriate early childhood agencies.

I have discussed this family's eligibility for Head Start and the family services they provide. As indicated, the family chooses to be enrolled in GSRP.

GSRP Location: _____ Fax No: _____

Phone Number: _____ Contact Person: _____

GSRP Authorized Signature: _____ Date: _____

Head Start Use Only

I have reviewed the above information, and/or parent's documentation.

Head Start releases this child to be enrolled in GSRP Child is enrolled in Head Start for
2016-17 school year

Head Start Representative Signature: _____ Date: _____



Head Start Release Guidelines for GSRP

Referral Process:

- All GSRP families that are under the 100% FPL must be referred to Head Start. **As stated in the GSRP Implementation Manual GSRP enrollment is deferred while the referral to Head Start is completed (Recruitment and Enrollment Page 4 of 7)**
- Families must be informed of the services that Head Start has to offer.
- In addition, Head Start will refer families over the 100% FPL to GSRP programs.
- Families eligible for Head Start who wish to enroll in Great Start Readiness Program (GSRP) must fill out a Release Form and it **must be faxed within 48 hours of the family applying to GSRP.**
- The Release Form must be faxed by the GSRP staff to:
 - Alaina Wood at the Head Start office.
 - Fax: 586-493-5753
 - **Release form will be returned to GSRP programs within a week.**
- Release Form will be returned to GSRP staff after signing and a copy kept at the Head Start office for audit purposes.
- If the release form indicates a child that has been enrolled in Head Start, Head Start will contact the family to determine which program the family wants to enroll in. The release form will indicate which option the family has chosen.