

ENROLLMENT APPLICATION

Applying for **24-25 Year** **OR** **25-26 Year** **(Check 1 only)**

Child's Name (as printed on Birth Certificate) First: _____ Middle: _____ Last: _____	Birth Date / /	Race <small>Check all that apply</small> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None	Other Language <input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other _____ Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None	Special Needs <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> SUSPECTED <input type="checkbox"/> IEP in Process <input type="checkbox"/> Current IEP Concern: _____ IEP For: _____
	Gender M F					

Currently enrolled in Early Head Start? YES NO	Primary Health Coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Ins. <input type="checkbox"/> No Ins. <input type="checkbox"/> Other _____	Doctor/Medical Home Dr. _____	Clinic Name _____	Dentist/Dental Home Dr. _____	Clinic Name _____
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Adult 1 First Name _____ Last Name _____ Email _____		Birth Date / /	Race <small>Check all that apply</small> <input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None	Other Language <input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other _____ Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None	Highest Education Completed <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Highest grade completed _____	
Cell Phone () _____ <input type="checkbox"/> Opt In for Text Messages		Home Phone () _____		Gender M F	Child's Relationship <input type="checkbox"/> Parent: Biological/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other: _____	Does this individual have custody? Yes No	Does this individual live with the family? Yes No	Does this individual provide financial support for the family? Yes No

Adult 2 First Name _____ Last Name _____ Email _____		Birth Date / /	Race <small>Check all that apply</small> <input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None	Other Language <input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other _____ Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None	Highest Education Completed <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Highest grade completed _____	
Cell Phone () _____ <input type="checkbox"/> Opt In for Text Messages		Home Phone () _____		Gender M F	Child's Relationship <input type="checkbox"/> Parent: Biological/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other: _____	Does this individual have custody? Yes No	Does this individual live with the family? Yes No	Does this individual provide financial support for the family? Yes No

List all children and any other family members living in the same household **who are supported by the parent/guardian income** and related to the child's parents/guardians by blood, marriage or adoption or the child's authorized caregiver or legally responsible party. **DO NOT INCLUDE CHILD APPLICANT OR ADULT(S) LISTED ABOVE.**

First Name	Last Name	Birth Date	Gender	Race	Hispanic/Latino	English Proficiency	Other language	Other Language Proficiency
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____	_____	_____	_____

FAMILY INFORMATION

Living Address		City	State MI	Zip Code	County	Is your mailing address the same as your living address? Yes No		
Acquiring/learning another language in addition to English Yes No	Homeless Family (See Student Residency Questionnaire) Yes No	Active Military Yes No	Referral Referred by Child Welfare Agency (DHHS): Yes No OR Other Agency: Yes No		Does your family receive Public Assistance?			Does your family receive WIC? Yes No
		Military Veteran Yes No	If yes, _____		SNAP (food stamps) Yes No	SSI (Supplemental Security Income) Yes No	TANF (FIP) Yes No	

RISK FACTOR ASSESSMENT (Check all that apply)

✓	RISK FACTOR	DEFINITION
	Severe or challenging behavior	Child has been expelled from preschool or child care center.
	Primary home language other than English	English is not spoken in the child's home; English is not the child's first language.
	Parent/s with low educational attainment	Parent has not graduated from high school or is illiterate.
	Abuse/neglect of child or parent.	Domestic, sexual, or physical abuse of child or parent; child neglect issues.
	Environmental risk.	Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.

PARENT/GUARDIAN PERMISSION

<p>Parent/Guardian Signature</p> <p>I attest that I have submitted complete and accurate eligibility information including my income and living situation.</p> <p>Signature: _____ Date: _____</p>	<p><i>Second Year Participation</i></p> <p>I have reviewed and updated (if necessary) this application for my child's second year participation in the program.</p> <p>Parent/Guardian Initials: _____ Date: _____</p>
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FOR PROGRAM USE ONLY (OPTIONAL)

Additional comments to assist with Eligibility:	
Type of eligibility interview conducted: <input type="checkbox"/> In-Person <input type="checkbox"/> Audio or Video Call	Explain why the interview was not in-person:
Staff Signature:	Date: