

# ENROLLMENT APPLICATION

Applying for

☐ 23-24 Year

OR

☐ 24-25 Year

(Check 1 only)

## Child's Name

(as printed on Birth Certificate)

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

## Birth Date

/ /

## Gender

M F

## Race

Check all that apply

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian or Pacific Islander  
☐ White  
☐ Other \_\_\_\_\_

## Hispanic/Latino

- ☐ Yes  
☐ No

## English Proficiency

- Proficiency**  
☐ Proficient ☐ Little  
☐ Moderate ☐ None

## Other Language

- ☐ None ☐ Spanish  
☐ American Sign Language  
☐ Other \_\_\_\_\_

## Proficiency

- ☐ Proficient ☐ Little  
☐ Moderate ☐ None

## Special Needs

- ☐ NO ☐ YES ☐ SUSPECTED

- ☐ IEP in Process ☐ Current IEP

Concern: \_\_\_\_\_

IEP For: \_\_\_\_\_

Did this child attend Early Head Start?

YES NO

## Primary Health Coverage

- ☐ Medicaid ☐ Private Ins. ☐ No Ins. ☐ Other \_\_\_\_\_

Doctor/Medical Home

Dr. \_\_\_\_\_

Clinic Name

\_\_\_\_\_

Dentist/Dental Home

Dr. \_\_\_\_\_

Clinic Name

\_\_\_\_\_

## Adult 1

First Name Last Name

Email

## Birth Date

/ /

## Gender

M F

## Race

Check all that apply

- ☐ Am. Indian or Alaska Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian or Pacific Islander  
☐ White  
☐ Other \_\_\_\_\_

## Hispanic / Latino

- ☐ Yes  
☐ No

## English Proficiency

- Proficiency**  
☐ Proficient ☐ Little  
☐ Moderate ☐ None

## Other Language

- ☐ None ☐ Spanish  
☐ American Sign Language  
☐ Other \_\_\_\_\_

## Proficiency

- ☐ Proficient ☐ Little  
☐ Moderate ☐ None

## Highest Education Completed

- ☐ High School Graduate ☐ GED ☐ Some College  
☐ College Degree ☐ Highest grade completed \_\_\_\_\_

## Employment Status

- ☐ Full Time ☐ Training/School ☐ Seasonal  
☐ Part Time ☐ Retired/Disabled ☐ Unemployed

## Cell Phone

( ) \_\_\_\_\_

☐ Opt In for Text Messages

## Home Phone

( ) \_\_\_\_\_

## Child's Relationship

- ☐ Parent: Biological/Adopted/Step-Child ☐ Grandchild  
☐ Foster Child ☐ Other Relative ☐ 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

Current Teen Parent:  
 (Under 20 yrs of age)

Yes No

## Adult 2

First Name Last Name

Email

## Birth Date

/ /

## Gender

M F

## Race

Check all that apply

- ☐ Am. Indian or Alaska Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian or Pacific Islander  
☐ White  
☐ Other \_\_\_\_\_

## Hispanic / Latino

- ☐ Yes  
☐ No

## English Proficiency

- Proficiency**  
☐ Proficient ☐ Little  
☐ Moderate ☐ None

## Other Language

- ☐ None ☐ Spanish  
☐ American Sign Language  
☐ Other \_\_\_\_\_

## Proficiency

- ☐ Proficient ☐ Little  
☐ Moderate ☐ None

## Highest Education Completed

- ☐ High School Graduate ☐ GED ☐ Some College  
☐ College Degree ☐ Highest grade completed \_\_\_\_\_

## Employment Status

- ☐ Full Time ☐ Training/School ☐ Seasonal  
☐ Part Time ☐ Retired/Disabled ☐ Unemployed

## Cell Phone

( ) \_\_\_\_\_

☐ Opt In for Text Messages

## Home Phone

( ) \_\_\_\_\_

## Child's Relationship

- ☐ Parent: Biological/Adopted/Step-Child ☐ Grandchild  
☐ Foster Child ☐ Other Relative ☐ 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

Current Teen Parent:  
 (Under 20 yrs of age)

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
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____	_____	_____

See Reverse Side

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  Military Veteran  Yes No	Referral Referred by Child Welfare Agency (DHHS): Yes No OR Other Agency: Yes No If yes, _____		Does your family receive Public Assistance?  SNAP (food stamps) Yes No SSI (Supplemental Security Income) Yes No TANF (FIP) Yes No		Does your family receive WIC?  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	
<b>Parent/Guardian Signature</b>  I attest that I have submitted complete and accurate eligibility information including my income and living situation.  <b>Signature:</b> _____ <b>Date:</b> _____	<b>Second Year Participation</b>  I have reviewed and updated (if necessary) this application for my child's <b>second year</b> participation in the program.  <b>Parent/Guardian Initials:</b> _____ <b>Date:</b> _____

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: