

## GSRP CHILD APPLICATION FORM

*For office use only*

**Program/Location:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Student UIC#:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_ **Date Dropped:** \_\_\_\_\_

**Program Year:**

20\_\_\_\_ - 20\_\_\_\_

### PARENTS/GUARDIANS COMPLETE THIS SECTION

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** F \_\_\_\_\_ M \_\_\_\_\_

**CHILD'S ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **ALTERNATE TELEPHONE:** \_\_\_\_\_

**BIRTH CERTIFICATE#:** \_\_\_\_\_ **BIRTHPLACE (city, state or nation):** \_\_\_\_\_

Special Needs: \_\_\_\_\_ Diagnosed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child have an IEP? \_\_\_\_\_ Date of IEP: \_\_\_\_\_ Inclusive Classroom specified? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Age at 1<sup>st</sup> Pregnancy: \_\_\_\_\_ / \_\_\_\_\_ Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
Father      Mother

Race: \_\_\_\_\_ (see chart below) Child Ethnicity: Hispanic \_\_\_\_\_ Yes \_\_\_\_\_ No

*American Indian or Alaska Native; Asian; White; Black/African-American; Native Hawaiian or Pacific Islander*

### List **ALL** household members for which you are financially responsible

NAME	BIRTHDATE	NAME	BIRTHDATE

**Type of MEDICAID Insurance:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **Child's Recipient ID#:** \_\_\_\_\_

**OTHER Medical Insurance: (Type):** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

\_\_\_\_\_ **NO health insurance**

**PARENTS/GUARDIANS COMPLETE THIS SECTION**

IF NOT PARENT, PROOF OF GUARDIANSHIP CASE#: \_\_\_\_\_

	FATHER	MOTHER	Foster Parent(s)/Stepparent(s) or Guardian(s)/Relationship
Name:			
Home Address:			
Home Phone:			
Cell Phone:			
Birthdate:			
Home Language:			
Highest Grade or Degree completed:			
Occupation:			
Employer:			
Business Phone:			
Work/School Schedule: (Days & Times)			

The above information is true and correct to the best of my knowledge. I understand that if any of this information changes, or is found to be incorrect, I am obligated to immediately notify this program. I understand that the above information and all information contained in the child's folder will remain **CONFIDENTIAL**. I hereby make application for my child to be enrolled in a Wayne County Great Start Readiness Program based on all the information on the Child's Application Form.

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**STAFF COMPLETE THIS SECTION**

At the time of registration, was proof provided of:

**Birth Certificate** (date received: \_\_\_\_\_)

**Letters of Guardianship** (date received: \_\_\_\_\_)

**Income** (date received: \_\_\_\_\_)

**Immunization** (date received: \_\_\_\_\_)

**Health Appraisal** (date received: \_\_\_\_\_)

Parent has been informed of Head Start Eligibility? ____ Yes ____ Not Applicable
Head Start Referral Release Form completed? ____ Yes (please attach) ____ Not Applicable
Date child entered the United States (if birth documents are from a foreign country): _____

**RISK FACTORS: STAFF COMPLETE THIS SECTION**

<b>CHECK ALL THAT APPLY:</b>	<b>TYPE OF DOCUMENTATION</b> (i.e., parent report, pay stub, IEP, etc.)
1. Low family income: Quintile # ____	
2. Diagnosed disability	
3. Severe or challenging behavior	
4. Primary home language other than English	
5. Parent/guardian with low educational attainment	
6. Abuse/neglect of child or parent	
7. Environmental risk	

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ECS Reviewing Form

\_\_\_\_\_  
Date