Eastern Upper Peninsula Early Learning Collaborative
Preschool Application Information

COLLABORATIVE PARTNERS
Joint Recruitment and Enrollment procedures are used to service families who reside in Chippewa, Luce and Mackinac counties. The procedures encompass Head Start, Great Start Readiness, child development centers and private preschools in the tri-county area. Those agencies include:

Free or Low Cost Programs for Eligible Children

1. Chippewa-Luce-Mackinac Community Action Agency Head Start and Early Head Start
3. Inter-Tribal Council of Michigan- Bay Mills Head Start, Early Head Start, and Child Development Center
4. Sault Tribe of Chippewa Indians Head Start, Early Head Start, and Child Development Center

Tuition Based Programs

5. Central Child Care Center
6. Immanuel Lutheran- Little Lambs Preschool
7. Superior Start: The School Readiness Center & Preschool
8. Soo Co-op Preschool
9. St. Mary's Catholic Preschool

PURPOSE
The purpose of the Eastern Upper Peninsula Early Learning Collaborative joint recruitment and enrollment procedures is:

1. To offer a more streamlined process for families when enrolling their child in preschool.
2. To ensure that every eligible family who needs or wants preschool for their child is informed of their options.
3. To ensure that all programs reach capacity if there are children without a preschool.
4. To establish a universal “wait list” so families are enrolled in programs according to mandated priorities.
5. To establish an on-line intake form to allow families and providers easy access.

Program enrollment is determined by family preference, eligibility criteria, available slots, transportation needs, and other identified needs.

REQUIRED INFORMATION FOR ENROLLMENT
If applying to a GSRP or Head Start Program the following information will be required before the application can be processed.
• Certified Birth Certificate
• **Income Verification:** This information is confidential and will only be used for enrollment purposes. All the programs operated through GSRP and Head Starts have a variety of income guidelines. Income for the immediate 12 months prior to submission of the previous tax year must be verified. Income verification must include either W-2 forms, tax returns, statements from employers, the last 12 month of child support if receiving and/or verification of any other form of income. If your family receives Supplemental Security Income (SSI) or cash assistance (FIP) from the Department of Human Services, verification must be submitted with the application. If the child is Foster Child verification in the form of court documents or a letter from the child’s case worker must be submitted with the application.
• **Health Information:** Appraisals by physicians, completed health requirements, and updated immunizations are strongly encouraged to be completed prior to enrollment.
• **Other Information:** If you are in a situation where a parent or other person may not have access to your child due to custody or other issues, a current copy of the court order which indicates the restriction is required at the time of enrollment.

The in-take form will be reviewed by the Eastern Upper Peninsula Early Learning Collaborative and sent to the appropriate program. The program will contact the family and assist them in completing the enrollment process for the individual program.

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**Eastern Upper Peninsula Early Learning Collaborative**

**RELEASE TO SHARE INFORMATION**

I, ___________________, hereby authorize the sharing of information listed on the joint recruitment and enrollment in-take form regarding ____________________________, _______________

Child’s Name            Date of Birth

to be shared with the programs and agencies who are members of the Eastern Upper Peninsula Early Learning Collaborative.

___________________________  ________________
Parent/Guardian Signature          Date
**ENROLLMENT APPLICATION**

**EUP EARLY LEARNING COLLABORATIVE**

**SCHOOL YEAR APPLYING FOR:**

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**Applying Child’s Information (Applicant):**
- [ ] Male
- [ ] Female

(please check box that applies)

- Resident School District: ____________________________

**Legal Name:** ____________________________

First: ____________________________
M.I.: ____________________________

Day of Birth: ____________________________

Place of Birth (city, state) ____________________________

**Race/Ethnicity (optional):**
- [ ] Black
- [ ] White
- [ ] Asian
- [ ] Native American
- [ ] Pacific Islander
- [ ] Hispanic
- [ ] Other

**Home Address:** ____________________________

City: ____________________________
Zip Code: ____________________________

County: ____________________________

**Email Address:** ____________________________

**Relationship to applicant:** ____________________________

**Employed Part/Full Time?**
- [ ] Yes
- [ ] No

**Live with:**
- [ ] Part
- [ ] Full

**School/college:** ____________________________

**Mail Address:** ____________________________

City: ____________________________
Zip Code: ____________________________

County: ____________________________

**Phones:**

- [ ] Home
- [ ] Cell

- [ ] Home
- [ ] Cell

- [ ] Work
- [ ] Message

- [ ] Work
- [ ] Message

May we text you at the phone numbers listed?  [ ] Yes  [ ] No

**Family Language:**
- [ ] English
- [ ] Spanish
- [ ] Other

**Do you require an Interpreter?**  [ ] Yes  [ ] No

**Session Preference:**
- [ ] AM
- [ ] PM
- [ ] All Day
- [ ] Any

**Parent/Guardian Information:**

**Name**

**Date of birth**

**Relationship to applicant**

**Live with**

**Employed Part/Full Time?**

**Attending**

**School/college**

**Email Address**

- [ ] Yes
- [ ] No

**Note:** We cannot guarantee the session you choose, but we will do our best.

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**Program of Choice (please rank 1st, 2nd, and 3rd choice for programs of interest):**

**Early Head Start - EHS (For children 0-3)**

- [ ] Bay Mills EHS
- [ ] CLMCAA EHS
- [ ] Sault Tribe EHS

**Head Start (For 3 and 4 year old children)**

- [ ] Bay Mills Head Start
- [ ] CLMCAA Head Start
- [ ] Sault Tribe Head Start

**Great Start Readiness Program (GSRP) (For children 4 on or before Sept. 1st)**

**Site Location Preferred:**

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**Private Preschool (For 3 and 4 year old children) – Tuition Based**

- [ ] Superior Start
- [ ] Little Lams Early Childhood Center
- [ ] Sault Coop Preschool
- [ ] St. Mary’s Catholic School
- [ ] Tahqua Tots Learning Center

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**Childcare Centers**

- [ ] Bay Mills Child Development Center
- [ ] Central Child Care Center
- [ ] Sault Tribe Child Development Center

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**This application may be shared with all programs listed on cover page?**

- [ ] Yes
- [ ] No

If transportation is unavailable, are you willing to transport?  [ ] Yes  [ ] No

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**Income Information – REQUIRED for Head Start and GSRP**

Number of people in the family _____  Number of parents in Household _____

(count people in household supported by parents of applying child)

Family’s **Total Yearly Income** for past 12 months

or else income reported on last year’s income taxes $ ____________

(Please include copies of income verification: tax forms, W-2’s, etc.)

**Do you receive:**

- [ ] SSI (Supplemental Security Income)
- [ ] FIP/DHS Cash Assistance

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**Where did you hear about our programs?**

- [ ] Local free paper
- [ ] Radio
- [ ] Previous involvement with program
- [ ] Sign at center
- [ ] Newspaper
- [ ] Yard sign
- [ ] Friend or relative involved in program
- [ ] Billboard
- [ ] Flyer on bulletin board
- [ ] From other agency/school
- [ ] Flyer/brochure/post card in mail
- [ ] From Intermediate School District
- [ ] Other

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*** Filling out this application does not mean your child is enrolled or is qualified for any program. The agencies involved will determine what program your child may be eligible for and will send your paperwork to the appropriate program. ***

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**REVISED 01/31/2017**
### Early Childhood Risk Factors

*Please complete only if applying for Head Start or GSRP Programs*

- [ ] Yes ☐ No – Child has active IEP and is receiving special education services
  - If yes, then list providing school/agency: ____________________
- [ ] Yes ☐ No – Child has an IFSP and receives Early On Services
- [ ] Yes ☐ No – Child has health issues that could result in a developmental delay or learning difficulty.
  - Specialist or Medical Provider name: ____________________
- [ ] Yes ☐ No – Physician has referred for special education services
- [ ] Yes ☐ No – Child has received a low score on a developmental screening ________________
- [ ] Yes ☐ No – Child’s behavior has repeatedly prevented him/her from participating in a group setting (for example: preschool, church, or day care)
- [ ] Yes ☐ No – A mental health professional has referred child for services.
- [ ] Yes ☐ No – Your child is entering school not able to speak English and must learn the language.
- [ ] Yes ☐ No – English is your child’s second language.
- [ ] Yes ☐ No – One or both parents did not graduate from high school
- [ ] Yes ☐ No – One or both parents have difficulty with reading or cannot read.
- [ ] Yes ☐ No – Child has been abused/neglected or there has been domestic/spousal abuse of parent/sibling.
- [ ] Yes ☐ No – There has been abuse of alcohol, prescription or non-prescription drugs by family members or in the home.
- [ ] Yes ☐ No – Parent deployed in the military
- [ ] Yes ☐ No – Parent incarcerated
- [ ] Yes ☐ No – Parent suffers from chronic illness/disability (physical, emotional, mental)
- [ ] Yes ☐ No – Frequent changes in custody of child.
- [ ] Yes ☐ No – Grandparent is raising grandchild
- [ ] Yes ☐ No – Single parent or parents have divorced or separated
- [ ] Yes ☐ No – Child is in foster care.
- [ ] Yes ☐ No – Child’s situation is negatively affected by issues related to a sibling (chronic illness, behavior issues, disability, death)
- [ ] Yes ☐ No – Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations).
- [ ] Yes ☐ No – Neighborhood has a high crime rate, violence, injury, drug abuse or death rates
- [ ] Yes ☐ No – Home is unsafe or crowded
- [ ] Yes ☐ No – Home has lack of utilities or no space for children’s play.
- [ ] Yes ☐ No – Child born with Fetal Alcohol Syndrome
- [ ] Yes ☐ No – Child born addicted to drugs
- [ ] Yes ☐ No – Child suffers from respiratory problems because of environment

Your response is voluntary and the information provided about your child is confidential.

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**Applying Child:** ____________________  **DOB:** ____________________

This section is intended to address the homeless needs by McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the applicant may be eligible to receive.

1. **Is your current address a temporary living arrangement?**  
   - [ ] Yes ☐ No

2. **If no, please skip the rest of this section.**
   - **If yes, please answer the questions below.**
   - **Is this temporary living arrangement due to loss of housing or economic hardship?**  
     - [ ] Yes ☐ No

Where is the child presently living? (Check one box)

- [ ] In a motel  ☐ Moving from place to place
- [ ] In a shelter  ☐ With more than one family in a house or apartment
- [ ] In a place not designed for ordinary sleeping accommodations, such as a car, park, or campground.

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I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.

**Applicant’s Signature:** ____________________  **Date:** ____________________

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**Please mail or return this application to this address**

Rudyard GSRP  
Attn: Kristin Jarvie  
11185 W. 2nd Street  
Rudyard, MI 49780  
Phone: 906-478-3771

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**For Staff use only:** Distributed by: ________ Tracking # ________  
**Date Received in Data:** ________