

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
2. Eastern Upper Peninsula Intermediate School District Great Start Readiness Preschools (GSRP). Sites: Detour, Engadine, Newberry, Pickford (Wee Wisdom), Rudyard, Sault Ste. Marie, St. Ignace, Whitefish
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. Little Lambs Early Childhood Center
6. Superior Start: The School Readiness Center & Preschool
7. Soo Co-op Preschool
8. St. Mary's Catholic Preschool
9. Tahqua Tots Learning Center

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, Head Starts and Early 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.

Eastern Upper Peninsula Early Learning Collaborative RELEASE TO SHARE INFORMATION

I, _____, hereby authorize the sharing of information listed on the joint
Parent/Guardian

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: _____

Applying Child's Information (Applicant): Male Female (please check box that applies) Resident School District: _____

Legal Name: _____ Date of Birth: _____ Place of Birth (city, state) _____
Last First M.I.

Race/Ethnicity (optional) Check *all that apply*: Black White Asian Native American Pacific Islander Hispanic Other _____

Home Address: _____ City: _____ Zip Code: _____ County: _____

Mailing Address: _____ City: _____ Zip Code: _____ County: _____

Phones: _____ May we text you at the phone numbers listed? Yes No
 Home Cell Home Cell Home Cell
 Work Message Work Message Work Message

Family Language: English Spanish Other _____
 Do you require an Interpreter? Yes No

Session Preference: AM PM All Day Any Note: We cannot guarantee the session you choose, but we will do our best.

<u>Parent/Guardian Information:</u>	<u>Relationship to applicant</u>	<u>Live with applicant</u>	<u>Employed Part/ Full Time?</u>	<u>Attending School/college</u>	<u>Email Address</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part <input type="checkbox"/> Full	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part <input type="checkbox"/> Full	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If you are not the biological or legal step-parent of the child, do you have court-appointed custody? Yes No *If yes, please attach legal documentation*

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: _____

Private Preschool (For 3 and 4-year-old children) – Tuition Based
 ___ Superior Start (ages 2.5-6) ___ Little Lambs Early Childhood Center
 ___ Sault Coop Preschool ___ St. Mary's Catholic School ___ Tahqua Tots Learning Center

Childcare Centers
 ___ Bay Mills Child Development Center ___ Sault Tribe Child Development Center

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) Yes No
 FIP/DHS Cash Assistance Yes No

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 _____

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

******* Complete both pages 1 and 2 before submitting application *******

***** 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. *****

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 campsite.

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: _____

Please mail or return this application to this address

EUP Intermediate School District
Attn: EUP Early Learning Collaborative
315 Armory Place
Sault Ste. Marie, MI 49783
Phone: 906-259-8031 FAX: 888-975-5250

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For Staff use only: Distributed by: _____ Tracking # _____

Date Received in Data: _____

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 prenatally exposed to drugs
- Yes No –Child suffers from respiratory problems because of environment
_____ yrs. –Age of parent at birth of first child.

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