

# Eastern Upper Peninsula Early Learning Collaborative Preschool Application Information

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## **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, St. Ignace and Three Lakes; Chippewa-Luce-Mackinac Community Action Agency, Great Start Readiness Preschools (GSRP). Sites: Soo Township, Cedarville and Brimley.
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. Immanuel Lutheran- Little Lambs Preschool
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 Nutrition Assistance Program (SNAP), 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: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone: \_\_\_\_\_      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    Home Base    Any      Note: We cannot guarantee the session you choose, but we will do our best.

Parent/Guardian Information:	Relationship to applicant	Live with applicant	Employed Part/Full Time?	Attending School/college	Email Address
<u>Name</u>	<u>Date of birth</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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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. 1<sup>st</sup>)**

**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  
 SNAP (Supplemental Nutrition Assistance Program)     Yes    No  
 FIP/DHS Cash Assistance     Yes    No

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

Previous involvement with program     Sign at center     Newspaper     Radio  
 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 return this application to this address

**EUP Intermediate School District or**  
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.