



Shiawassee Preschool Application



Application Date: ___/___/___

Child Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Sex: M ___ F___ District of Residence: _____

Name of Step/Mother/Guardian: _____ **Name of Step/Father/Guardian:** _____

Address: _____ Address: _____

City : _____ Zip: _____ City : _____ Zip: _____

County: _____ Phone: _____ County: _____ Phone: _____

Email: _____ Email: _____

Marital Status : Married ___ Single ___ Div. ___ Sep. ___ Marital Status : Married ___ Single ___ Div. ___ Sep. ___

Legal Custody? Y ___ N ___ Highest Grade Completed: _____ Legal Custody? Y ___ N ___ Highest Grade Completed: _____

Employed ___ (hrs. ___) Laid Off ___ Looking ___ Stay at Home ___ Employed ___ (hrs. ___) Laid Off ___ Looking ___ Stay at home ___

List ALL Members of Household	Date of Birth	Sex	Race	Rel. to Child	School Attending
1.					
2.					
3.					
4.					
5.					
6.					

Please check all statements that apply to your Prekindergarten child

- () Parent on military deployment () Challenging Behavior () Expelled from preschool or child care
- () Pre-or Postnatal toxic exposure () Parent did not graduate High School () Family Member Incarcerated
- () History of Abuse/Neglect in family () Chronic Illness/Health Issues () Diagnosed Disability/IEP/ISFP
- () TANF Eligible or Cash Assistance () Receives SSI () Foster Child
- () DHHS Child Care Reimbursement () Homeless/Temporary Housing () Home Language Other than English
- () Public Assistance/WIC () Parent not yet 20 when 1st child born () Loss of Parent

Explain Items Checked: _____

I am interested in the following program scheduled (if offered) ___ Part Day ___ School Day

RELEASE: I give my permission to share this application with state and federal preschool programs for which I may qualify

Name

Date

Income Eligibility Information

Verification of income is required for all state and federally funded preschool programs. Please complete the worksheet below. Include income for all family members responsible for financially supporting the preschool child. Income means total cash receipts before taxes.

Income Source	Annual Amount Received
Employment: Mother/Stepmother/Guardian <input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> Pay Stub	
Employment: Father/Stepfather/Guardian <input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> Pay Stub	
Unemployment	
Child Support	
Alimony	
Pension(s)	
SSI Documentation	
Federal Food Service Direct Certification Form	
Foster Care Reimbursement	
TANF (day care payments or cash assistance)	
TOTAL <div style="text-align: right; font-size: small;">For staff use only</div>	FPL% _____ Quintile _____ <div style="text-align: right; font-size: small;">For staff use only</div>

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being collected to determine eligibility for preschool tuition assistance.

Parent/Guardian Signature

Date

I verify I have reviewed the documentation indicated above, recording the information as reflected on said documentation.

Staff Signature & Title

Date

MORRICE AREA SCHOOLS
PREKINDERGARTEN PROGRAM APPLICATION- PART 2

Child's Legal Name: _____ DOB: _____ Birth Weight _____

A WORD TO FAMILIES: Your complete answers to the following questions will help us better understand your child and determine eligibility for our FREE, Scholarship or Tuition program.

1. Describe a typical day for your preschool child.
2. Describe any concerns (past/present) about your child's growth or development (physical, social, emotional, language, etc.)
3. Were there any complications during the birth of your child?
4. Has your child had any surgery, hospitalizations, or medical procedures? Does your child take any medications regularly? Please explain.
5. Has anyone in the family (parents/siblings) had difficulty or challenges in school? If yes, please describe.
6. Has anyone in the family received special education and/or health services (including but not limited to 501 Plan, IEP, Early-In, etc.)? If yes, please describe.
7. Please describe your current housing arrangement? How long have you lived there?
8. Do you have custody/visitation agreement for your preschool child? If yes, please describe.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Review Date: _____