

# 2016-2017 Kent County Preschool Intake

Please complete the below information in order to determine eligibility for free Preschool in Kent County.  
If you have questions regarding this form, please call the Kent County Preschool Intake at (616) 447-2409.  
*(Please note that completion of this form does not guarantee a free Preschool placement.)*

By completing this application you agree to the release of this information to be shared by Kent Intermediate School District, local school district programs and with Community Based Organizations offering GSRP classrooms, for determining the appropriate pre-school programs for your family

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**CHILD INFORMATION:** List information regarding your child below Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_  Female  Male Child Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Resident District: \_\_\_\_\_

**Race:** Is your child Hispanic/Latino?  Yes  No

Which of the following groups describes your child's race? Please select at least one.

American Indian/Alaska Native  Asian  Black/African American

Native Hawaiian/Other Pacific Islander  White

Primary Language spoken at home: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**FAMILY INFORMATION:** Complete the following information about your family. This information is REQUIRED and will be critical for following your child's application.

Mother First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Father First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Guardian First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Child Lives With:** (Please check all that apply)

Mother  Father  Both Parents  Foster Care  Legal Guardian  Grandparent

Joint Custody – Physical  Joint Custody – Legal  Sibling in Head Start

**HEAD START ELIGIBILITY FACTORS:**

Child and family is homeless  Child or family is receiving SSI

Child has an established IEP/IFSP  Child lives in foster care

**ANNUAL INCOME:**

Household Income: \_\_\_\_\_ # of Household Members: \_\_\_\_\_

Family income to nearest dollar

Total # of people living in home

**GSRP ELIGIBILITY FACTORS:**

- Diagnosed disability or identified developmental delay** Child is eligible for special education services or child’s developmental progress is less than that expected for his/her chronological age, or chronic health issues cause development or learning problems.
- Severe or Challenging Behavior** Child has been expelled from preschool or child care center
- Primary home language other than English** English is not spoken in the child’s home; English is not the child’s first language.
- Parent/guardian with low educational attainment** Parent has not graduated from high school or is illiterate.
- Abuse/neglect of child or parent** Domestic, sexual, or physical abuse of child or parent; child neglect issues. Child Protective Services report.
- Environmental risk** Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substance known to cause learning or developmental delays.

**PROGRAM INFORMATION:**

Program Preference:  Morning  Afternoon  Full Day

Second Preference:  Morning  Afternoon  Full Day

Is your child currently enrolled in a program? If yes, where: \_\_\_\_\_

Does your child have an Active IEP?  Yes  No

Site Preference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Transportation: Is transportation a barrier to getting your child to a program?  Yes  No

**How Did You Learn About Free Preschool?**

- School/Preschool
- Flyer
- Newsletter
- Yard Sign
- Friend
- Agency
- Facebook/ Social Media
- Home Visiting Program
- Print Advertising
- Clinic/ Doctor’s Office

**Return this completed form to: Kent County Preschool Intake, Kent ISD,  
2930 Knapp NE, Grand Rapids MI 49525**