

**Holt Public Schools
Great Start Readiness Program Application
2010-2011 School Year**



Child's Name: _____	Birth Date: _____	Gender: M F
Parent / Guardian's Name (s): _____		
Home Phone: _____	Daytime Phone: _____	Cell Phone: _____
Address: _____		
(Street)	(City)	(Zip Code)
Email Address: _____		

Star Learners Preschool is a preschool program designed to help prepare children for kindergarten. This program is licensed by the Department of Human Services and funded by the Great Start Readiness Program Grant through the Michigan Department of Education / State of Michigan.

Please note that we have removed a deadline date to apply for this program. Applications will be accepted on an on-going basis, but placement is dependent on the level of each individual child's needs. Submission of this application does not guarantee placement into Star Learners. More information in regards to placement will be made available in the spring. Placements will be made in coordination with local Head Start Agencies due to collaboration that is required amongst these programs. **Early submission of this application is encouraged.**

ENROLLMENT REQUIREMENTS

The following requirements must be met in order to qualify your child for Star Learners Preschool:

- Your child must be four years of age by December 1, 2010.
- You and your child must reside within the geographic boundaries of the Holt Public School District.
- You must meet program eligibility criteria as determined by the State of Michigan. (Applicants must qualify for two of eight risk factors to be considered for this program).

It is very important that you fill this form out completely as all requested information is pertinent in regards to qualifying your child for this program. Please attach additional sheets to this form as needed.

- 1) Annual Gross Household Income: \$ _____
- 2) Number of children in household: _____ Number of adults in household: _____
- 3) List the primary language spoken in your home: _____
If English is not the primary language spoken in the home, is English also spoken? Y N
- 4) Please list any pertinent information in regards to the individuals living in the household (i.e. adoptions, foster children, step parents, deceased parent, teen parent (not yet 20 when first child was born), if parents completed high school, etc.):

Please complete both sides of form.

5) Is there additional information that you can share about your child (i.e. disability, medical concerns, allergies, developmental delays, challenging behaviors, abuse, etc.)? _____

6) Please share any additional information that may be of assistance in qualifying your child for this program:

7) Will transportation be needed to and from school? Y N

8) Do you prefer that your child attends a morning or afternoon program? AM PM
Please explain the reason for your preference (this does not guarantee AM or PM placement): _____

All information provided on this application or any attached sheets is truthful to the best of my knowledge. Additionally, I hereby release this information to be shared with Head Start or any other agency that is involved in the process of qualifying my child for the Great Start Readiness Program (Star Learners).

Parent/guardian Signature: _____ **Date:** _____

Your application will be reviewed by our Star Learners personnel and you will be contacted in approximately three to four weeks of when you submit this form. You may be asked to provide us with documents at that time. Final placements are not determined until late spring.

Please return to:

Holt Community Education
5885 Holt Road
Holt, MI 48842
Phone: 517-694-3411
Office Hours: 7 AM-5 PM
(Monday-Friday)

We do not discriminate against any family because of ethnicity, color, national origin, sex, age, religion, or disability.

Office Use Only		
Date Received: _____	Received by: _____	
Reviewed by: _____	Date: _____	
Qualifiers: _____ _____ _____		
Referred to Head Start: Y N	Release from Head Start: Y N	Birth Certificate: Y N
Proof of Residency: Y N	Type: _____	
Proof of Income: Y N	Type: _____	
Immunizations Received: Y N		
Other: _____ _____ _____		

Please complete both sides of form.