

**Holt Public Schools  
Great Start Readiness Program  
2011-2012 Pre-Enrollment Screening Application**



Child's Last Name	First	Birth Date
Street Address		Gender ( ) Male ( ) Female
City	State	Zip County

Mother/Guardian's Last Name	First	Father/Guardian's Last Name	First
Street Address (if different from child))		Street Address (if different from child)	
City	State	Zip	City State Zip
Email Address		Email Address	
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone
Place of Employment		Place of Employment	
Marital Status S M Sep D W	Parent Educational Level No HS GED HS Col	Marital Status S M Sep D W	Parent Educational Level No HS GED HS Col
Stepfather's Name (if applicable)		Stepmother's Name (if applicable)	
Names & Ages of Siblings in Home		Others in Home	

**Star Learners Preschool is 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. This program requires that children and families meet certain eligibility requirements. Please tell us about your family to help us determine eligibility. All information is confidential. Submission of this application does not guarantee placement into Star Learners. Placements will be made in coordination with local Head Start Agencies due to collaboration that is required amongst these programs.**

**ENROLLMENT REQUIREMENTS** (all requirements listed below must be met to qualify for Star Learners Preschool)

- Your child must be four years of age by December 1, 2011, but not five.
- You and your child must reside within the geographic boundaries of the Holt Public Schools District.
- You must meet program eligibility criteria as determined by the State of Michigan.

Gross Family Income:	Circle Source of all Income:	DHS Child Care	SSI	Family Size (number of family members living in the home):		
		Public Assistance	Child Support		Wages	Reimbursement
	Other (explain):					

PLEASE COMPLETE BOTH SIDES OF THIS FORM

**Indicate all that apply to your child**

- |  |   |
|--|---|
| <input type="checkbox"/> Handicapping condition or delay   | <input type="checkbox"/> English is the child's second language                     |
| <input type="checkbox"/> Chronic Illness   | <input type="checkbox"/> Challenging Behavior that has hindered group participation |
| <input type="checkbox"/> Difficulty being understood or talking  | <input type="checkbox"/> Foster Child or Adopted                                    |
| <input type="checkbox"/> Premature Birth: Birth Weight _____   | <input type="checkbox"/> Daily exposure to pollutants                               |
| <input type="checkbox"/> <i>Early On</i> Participant   | <input type="checkbox"/> Toxic exposure pre- or post-natal                          |
| <input type="checkbox"/> IEP (Individualized Educational Program)  |   |
| <input type="checkbox"/> Please list any additional information that you feel we should know about your child: |   |

**Indicate all that apply to the immediate family/household**

- |   |   |
|---|---|
| <input type="checkbox"/> English not primary language spoken at home  | <input type="checkbox"/> Moved multiple times in past year                      |
| <input type="checkbox"/> Unemployment within the last year  | <input type="checkbox"/> Someone in family in counseling                        |
| <input type="checkbox"/> Death of an immediate family member  | <input type="checkbox"/> Someone in family handicapped or has chronic illness   |
| <input type="checkbox"/> Someone in family in jail or on probation  | <input type="checkbox"/> Teen parent(s) when 1 <sup>st</sup> child born         |
| <input type="checkbox"/> Family member received special school services   | <input type="checkbox"/> Family member not HS grad or GED or Reading Difficulty |
| <input type="checkbox"/> Child/Spouse abuse in household  | <input type="checkbox"/> Drug/Alcohol abuse in household                        |
| <input type="checkbox"/> Please list any additional information that you feel we should know about your family: |   |

Home School:    ( ) Dimondale    ( ) Elliott    ( ) Horizon    ( ) Midway    ( ) Sycamore    ( ) Wilcox	
Program Preference: ( ) AM    ( ) PM    ( ) Full Day	Reason For Preference:
Will transportation be needed to and from school?    ( ) Yes    ( ) No	

**All information provided on this application 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:** \_\_\_\_\_

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

<i>Office Use Only</i>	Date Received: _____ by: _____
	Date Reviewed: _____ by: _____
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	
Confirmed Home School: _____	by: _____
Other:	

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**