



# 2025-2026 COLLABORATIVE PRESCHOOL APPLICATION (GRATIOT, IONIA, ISABELLA & MONTCALM COUNTIES)



Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
 Parent/Guardian 1 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 County: \_\_\_\_\_ School District in which you live: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

(Street) (P.O. Box) (City) (Zip)

Phone 1 \_\_\_\_\_  Cell  Home  Mess Phone 2 \_\_\_\_\_  Cell  Home  Mess TEXT Messages  Yes  No

Please identify the closest crossroads near your home: \_\_\_\_\_

Day Care Address (if different): \_\_\_\_\_

Has your child attended any Early Childhood Programs?:  Yes  No if yes, where \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)?:  Yes  No

Was your child ever involved with *Early On*?:  Yes  No

Does your child have an up to date well child exam?:  Yes  No

Are your child's immunizations up to date?  Yes  No

Is this child in a foster care placement?:  Yes  No

Are you homeless (lack of a fixed, regular, and adequate nighttime residence)?  Yes  No

Additional information we should know about your child (parental/behavioral/developmental concerns or health issues, etc.):?

**Family Income Information:** Eligibility is based on child's age, family income, child's need, and available openings.

	Total Gross Income	Time Period of Total Income		Source of Income (check all that apply)		
Parent 1	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Working	<input type="checkbox"/> Child Support	<input type="checkbox"/> DHHS Financial
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD	<input type="checkbox"/> Other: _____
Parent 2	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Working	<input type="checkbox"/> Child Support	<input type="checkbox"/> DHHS Financial
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD	<input type="checkbox"/> Other: _____

Child lives with?  Mother  Father  Other \_\_\_\_\_

Does your family receive any of the following?  SNAP (Supplemental Nutrition Assistance Program)  WIC

Any income changes in the last 6-12 months (i.e. unemployment, wage increase/decrease, recently started working)?

This is an application **only** and **does not** guarantee your child will be enrolled into a program. The recruitment committee will review your child's application and determine which program(s) for which your child appears most eligible. **Documentation required. Not all program options are available in all areas.** Should you be interested in a particular program, please indicate that program on the following line so parent preference may be considered: \_\_\_\_\_. Local protocol will be followed regarding specific program placement. I authorize the release of this information, educational records, and immunization records to be shared between the Great Start Readiness Preschool Program, local school districts, local Intermediate School Districts, local Health Departments, and the EightCAP, Inc. 0-5 Head Start Program. My signature verifies that the above information is correct and true to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:** Preschool Registration, 5827 Orleans Rd Orleans, MI 48865  
 Fax: **616-754-9310** E-mail: **deniseb@8cap.org** Apply online: **www.8cap.org** or your local school district

For more information, call 1-866-754-9315, option 2 or Michigan Relay Center: 1-800-649-3777 (Voice & TDD)  
 Gratiot and Isabella County apply online at: **www.michiganpreschool.org**

**How did you hear about your local preschool program:** (circle) Advertisement Community Organization Event  
 Friend/Family Member Older Children Attended School EightCAP, Inc. Website/Staff Other: \_\_\_\_\_

State & Federally funded programs will not discriminate against anyone because of race, color, national origin, sex, age, or disability.  
 These materials were funded in whole or in part under a grant awarded by the Michigan Department of Education.

**FOR OFFICE USE ONLY** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Inc : \_\_\_\_\_ Age (as of 9-1) \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### NEEDS ASSESSMENT

1. Are you:  single  married  divorced  widowed  separated
2. How much schooling have you completed?  
 6<sup>th</sup>  7<sup>th</sup> - 8<sup>th</sup> grade  9<sup>th</sup> - 10<sup>th</sup> grade  11<sup>th</sup> grade  12<sup>th</sup> grade  GED  College
3. Were you under 20 years old when your first child was born?:  yes  no
4. Have you lived in more than 2 homes in the past three (3) years?:  yes  no
5. Has anyone in your home ever been a victim of physical/domestic/sexual abuse or neglect?:  yes  no
6. Do you reside in a high-risk neighborhood (high poverty, crime or limited access to critical resources)?:  yes  no
7. Have your children suffered a parental loss due to death, divorce, incarceration, military service or absence?:  yes  no
8. Has your child ever been expelled from a child care center?:  yes  no
9. Has your child ever been exposed to a toxic substance?:  yes  no If yes, what substance \_\_\_\_\_
10. In the past 2 years have you or members of your household:  
Experienced difficulty in obtaining medical services?  yes  no  
Used the emergency room?  yes  no  
Received a shut-off notice from a utility company?  yes  no  
Been homeless?  yes  no  
Ever been without heat?  yes  no  
Used a food bank or pantry?  yes  no
11. How many people are living in your home? (including yourself and the child you are applying for): \_\_\_\_\_  
  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to applicant child: \_\_\_\_\_  
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12. Primary Language spoken in your home?:  English  Spanish  Other \_\_\_\_\_
13. What is the Primary Language spoken by your child(ren)?:  English  Spanish  Other \_\_\_\_\_

The information gathered is used to help develop a Community Needs Assessment and will assist in determining the eligibility of your child in a preschool program. No personal information will ever be shared outside of the Joint Recruitment and Enrollment process.

# Head Start, Great Start Readiness Program, and other Preschool Opportunities

\*Serving Montcalm, Ionia, Gratiot & Isabella Counties\*

**FREE TO FAMILIES THAT QUALIFY!**

**Pre-Reading & Pre-Math Activities**

**Art Opportunities**

**Music & Rhyming Activities**

**Exercise & Outdoor Play**

**Tooth brushing/Health Instruction**

**Nutritious Meals & Snacks**

**Special Education Services**

**Parent Engagement &**

**Volunteering Opportunities**

**Transportation (in most areas)**