

Date Submitted _____

Risk Factors _____

Great Start Readiness Program

(The information contained in this application is confidential)

Child's name: _____

Name you want your child to be called at school or see written: _____

Phone: _____

Address: _____

Date of Birth: _____ Male Female

Birth place: _____

Ethnicity: American Indian/ Asian/ African American/ Hispanic/ Caucasian/ other

FATHER'S INFORMATION	MOTHER'S INFORMATION
Name:	Name:
Address:	Address:
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
Employer:	Employer:
Address:	Address:
Phone: Hours:	Phone: Hours:

Current Marital Status:

Single Married Remarried Divorced Separated Living together Widowed

Who has legal custody of the child?_____

Relationship to child:_____

Total number of people living in the home_____.(Include child and parents)

Please list their names Age Relationship to child

Family Members living outside the home:

Please list their names Age Relationship to child

HEALTH INFORMATION

My child's general health is: ____Excellent ____Good ____Fair

List any medications your child is currently taking:_____

Name of Doctor_____ Phone:_____

Address:_____

Hospital preferred in case of an emergency:_____

Does your child have any allergies(food, bee stings, medicine)?_____

Does your child have any limitations or conditions we should be aware
of?_____

_____.

List all additional services received (counseling, speech, PT/OT, special education/ISD,
parenting classes.....)

PREGNANCY AND BIRTH INFORMATION

Did the child's birth mother receive regular medical care during pregnancy? Y or N

Biological child? Y or N

Adopted? Y or N Child's age at adoption_____

Were there any problems at birth with either mother or child?

Was there any substance use during pregnancy by mother or father? drugs, alcohol,
tobacco.

CHILD RISK FACTORS

(This information is necessary to determine your child's eligibility)

1&2- INCOME

- Family income: (Before taxes)

Monthly_____ Annually_____

List all additional government income.(WIC, S.S., Disability, Food Stamps, etc)_____

3- DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- Low Birth weight (____lbs. ____oz.)
- Child immature
- Nutritionally deficient
- IEP(Individualized Education Plan)
- Child has diagnosed disability
- Child has long term or chronic illness
- Speech difficulties, difficult to understand

Comments:_____

4- CHILD BEHAVIORS

- Child is destructive or violent
- Child is in counseling or therapy
- Child has been asked to leave a Preschool or Child Care Center

Comments:_____

5- LANGUAGE

- Primary language spoken in your home. _____

Comments: _____
_____.

6- PARENT EDUCATIONAL ATTAINMENT

- Parent(s) cannot read.
- Parent(s) dropped out of school. What grade? _____
- Parent(s) struggled in school.

Comments: _____
_____.

7- ABUSE/NEGLECT IN THE HOME

- Someone in your home was a victim of physical, sexual, or emotional abuse or neglect.
- There is a history of substance abuse in our family. (alcohol, drugs, prescription drugs)
- Someone in your home has a violent/destructive temper.

Comments: _____
_____.

8- ENVIRONMENTAL FACTORS

- I am a single parent.
- Someone in your home is/was in jail or prison.
- My child has experienced the loss of a parent or sibling due to death or by divorce, military service, etc.

- My child has a chronically ill parent or sibling.
- Teenage parent at birth of any of the children in the family. Age_____
- My child has _____brothers and _____sisters.
- We have moved _____ in the last 2 years.
- We are living with _____family _____ friends _____shelter _____other
- Our home is or may be in foreclosure.
- Unemployed parent(s).

Comments:_____

_____.

_____ (*parent initial*) I am aware that by completing this application, it can be submitted to Headstart, or Lewis Cass Intermediate School District for enrollment consideration. I understand the services that are unique to each preschool program.

_____ (*parent initial*) I give Great Start Readiness Preschool program permission to use photographs of my child for educational or program promotion.

_____ (*parent initial*) I certify that the information given on this application is true and accurate to the best of my knowledge.

I would prefer that my child be in the _____A.M. _____P.M. _____ either

Parent/ Guardian Signature:_____

Date:_____