



Jackson County Quality Preschool Interest Form 2015-2016

FOR OFFICE USE ONLY:

ELFI _____ LF _____

Head Start _____

GSRP _____

Child's Name _____ Date of Birth _____ M _____ F _____
First Middle Last

Child's Address _____ City _____ Zip Code _____

Is this a permanent address? _____

If this is not permanent, is it? A shelter Transitional housing Awaiting placement/temporary foster care

Living with friends or family Hotel/motel Other _____

Mother/Guardian Name _____ Mother/Guardian Date of Birth _____

Email Address _____ Home Phone _____ Cell Phone _____

Mother/Guardian Employer _____ Work Phone _____

Father/Guardian Name _____ Father/Guardian Date of Birth _____

Email Address _____ Home Phone _____ Cell Phone _____

Father/Guardian Employer _____ Work Phone _____

Child lives with: _____

Number of Siblings _____ Ages _____

Preschools/Schools Siblings Attend: _____

County of Residence _____ School District of Residence _____

Jackson County Quality Preschool Program Sites

ABC Academy – Jackson College FULL DAY
ABC Academy – Lansing Ave. FULL DAY
ABC Academy – Laurence Ave. FULL DAY
Ashton Ridge (CAA) FULL DAY
Columbia Preschool FULL and PART DAY
Concord Community Schools (CAA) FULL DAY
da Vinci Primary School FULL DAY
East Jackson Schools NEW PROGRAM OPENING
Frost Elementary (CAA) FULL DAY
Grass Lake Community Schools PART DAY
Hanover Horton School District (CAA) FULL DAY
Hunt Elementary (CAA) FULL DAY
Lil Kiddos – Napoleon FULL DAY
Lincoln School (CAA) FULL and PART DAY
Little Rainbows FULL DAY

Lyle Tarrant (CAA) PART DAY
McCulloch Academy of Technology & Science (CAA) FULL DAY
Michigan Center School District PART DAY
Napoleon – Pirate's Cove PART DAY
Northeast Elementary (CAA) FULL DAY
Northwest Community Schools FULL and PART DAY
Phoenix Child Care & Academy – Prospect St. FULL DAY
Phoenix Child Care & Academy – Kibby Rd. FULL DAY
Salvation Army (CAA) PART DAY
Springport Public Schools FULL DAY
St. Mary Child Care FULL DAY
Vandercook Lake Public Schools PART DAY
Western – Little Panthers Daycare PART DAY

First Preschool Preference _____ Second Preschool Preference _____

Third Preschool Preference _____

Will you need transportation to preschool? _____

July 9, 2015

In the 8 areas below, please check the boxes that apply to your child(ren) and your family.

1 & 2 – FAMILY INCOME

Monthly (before taxes) _____ Annual (before taxes) _____
Include all wages, child support, unemployment, SSI, Social Security, alimony, and all other income (include all household members).

How many people currently live in your household? _____

Are you receiving cash assistance or supplemental security insurance (SSI) benefits through the Department of Human Services for this child? Yes _____ No _____

3 – DIAGNOSIS DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- Low birth weight (5lbs 8oz or less)
- Concern about child's development
- Nutritionally deficient (diagnosed as failure to thrive)
- IEP (Individualized Education Plan)
- Received Early On services
- Child has a diagnosed disability
- Child has a long term or chronic illness
- Referral by Doctor, ISD, or parent to screen child for Special Education services.
- Speech difficulties, difficult to understand, difficulty expressing needs, does not speak in whole sentences.

Explanations of checked areas _____

4 – CHILD BEHAVIORS

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

Explanations of checked areas _____

5 – LANGUAGE

- English is not the primary language spoken in the home.
What language is spoken in your home?

6 – PARENT EDUCATIONAL ATTAINMENT

- Parent(s) or sibling(s) cannot read
- Parent(s) or older sibling(s) have dropped out of school
- Parent(s) or older sibling(s) struggled in school

7 – ABUSE, NEGLECT IN HOME

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

Explanations of checked areas _____

8 – ENVIRONMENTAL FACTORS

- I am a single parent
- Someone in our home is/was in jail or prison
- My child has experienced the loss of a parent or sibling by death, divorce, military service, or parent is absent for long periods of time due to out-of-town employment, etc.
- My child has a chronically ill parent or sibling (emotional, mental, or physical)
- Teen parent (not yet twenty when first child was born)
- Child is in foster care or is living with a relative other than parent(s).
- There are _____ people living in our home.
- We have moved _____ times in the past two years
- My child has been exposed to prenatal or postnatal toxic substances known to cause learning or developmental delays (ex. Fetal Alcohol Syndrome)

Explanations of checked areas _____

Thank you for your interest in Jackson County's preschool programs. By completing and submitting this form you are giving your permission for us to contact you regarding your child's potential eligibility for the Head Start or Great Start Readiness Programs. If you are income eligible for Head Start, you will be contacted by a representative from Head Start. Head Start is a federally funded program and can offer additional supports that may be of help with your child and family. After speaking with the representative, you can decide if you would prefer not to attend Head Start. If you choose to enroll in a state funded Great Start Readiness site, you agree to waive Head Start services by submitting this form.

Parent/Guardian Signature _____ Date _____