

2017-2018 St. Clair County Early Head Start, Head Start and Great Start Readiness Programs Application



Child **MUST** be:

4 years old by Sept. 1, 2017 for the Great Start Readiness Program.

Return by mail, fax or email:

Great Start Readiness Program/Port Huron Schools
Attn: Tracee Blake
2720 Riverside Dr., PO Box 5013, Port Huron, MI 48061-5013

Phone: (810)984-3101 EXT 4066
Fax: (810)989-2780
Email: tblake@phasd.us
jgardner1@phasd.us

APPLICANT				DOB 9/2/12 - 9/1/13 ONLY	
First Name	Middle Name	Last Name	Birthdate	Gender	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		City	State	Zip	

Race (not considered for eligibility)

Hispanic Yes No

Check all that apply: Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White

MOTHER/GUARDIAN NAME

First Name	Middle Name	Last Name	Birthdate	Phone Number
Address (if different than child)		City	State	Zip

Email Address

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate Current college student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Child support order <input type="checkbox"/> Visitation <input type="checkbox"/> Pregnant Due Date: _____

FATHER/GUARDIAN NAME

First Name	Middle Name	Last Name	Birthdate	Phone Number
Address (if different than child)		City	State	Zip

Email Address

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate Current college student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Child support order <input type="checkbox"/> Visitation

ADDITIONAL INFORMATION

School district in which child lives <input type="checkbox"/> Anchor Bay <input type="checkbox"/> Marysville <input type="checkbox"/> Algonac <input type="checkbox"/> Memphis <input type="checkbox"/> Capac <input type="checkbox"/> Port Huron <input type="checkbox"/> East China <input type="checkbox"/> Yale Elementary school closest to home: _____	Emergency contact number How did you hear about Head Start / GSRP? _____	Transportation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, bused from: <input type="checkbox"/> Home <input type="checkbox"/> Childcare (Not provided in all areas)	Program preference (check all that apply): <input type="checkbox"/> Full Day (4-year-olds only) <input type="checkbox"/> Part Day <input type="checkbox"/> Home Based (Head Start only) Classroom location preference
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Annual income (past 12 months)	Number of family members (A family includes all persons related by blood, marriage, or adoption living in the same household)			
\$ _____	# of children 0-2	# of children 3-4	# of children 5 and over	# of adults
				Total in family:

Proof of current income is required before final eligibility determination and must be turned in with this application. Proof of income includes: 2016 Federal Tax Form, 2016 W-2's, Child Support Reports, Current DHS Cash Statement, Current SSI Statement, previous 12 months of pay stubs, or college scholarships/grants.

****IMPT NOTE ABOVE: PROOF OF ANY/ALL INCOME MUST BE TURNED IN WITH THIS APPLICATION - REFER TO INCOME WORKSHEET ATTACHED FOR SPECIFIC DETAILS**



These materials were developed under a grant awarded by the Michigan Department of Education and the U.S. Department of Health and Human Services (SCRESA REV 1/2017)

Staff use	Risk number	Risk Factors: Answer all of the following questions by placing an X in the Yes or No box	Yes	No
	CEHS	• Is this child in Foster Care or a Ward of the Court?		
		• Is this family homeless? (e.g., living in a shelter/hotel/car/campground or doubled-up with relatives or friends)		
		• Is this family currently receiving Cash Assistance from DHS?		
		• Does this family currently receive Supplemental Security Income?		
Low or no earned income/income not adequate for meeting basic needs			If you mark yes for any of the above, call for income submission requirements	
Proof of current income is required before final eligibility determination and must be turned in with this application				
	1	• Annual family income below 100% of Federal Poverty Guidelines		
		• Annual family income equal to or less than 250% of Federal Poverty Guidelines		
Diagnosed disability or identified developmental delay				
	2	• Does your child have a referral or diagnosis from a physical or mental health system or provider, or other early childhood program?		
		• Does your child have an Early On transition referral at age three?		
		• Does your child have a Special Education referral; with developmental concerns, noted but not eligible for services?		
		• Does your child have an Individualized Education Plan from the school district (IEP) or an Individualized Family Service Plan from Early On (IFSP)?		
Severe or challenging behavior				
	3	• Has your child been expelled from preschool or a child care center?		
		• Does your child demonstrate intense anger or aggression, hit, pinch, bite or throw things when he/she is angry?		
		• Has your family participated in Family Counseling or any other program to help deal with your child's behavior?		
Primary home language other than English				
	4	• Is your child's native tongue a language other than English?		
		• Is the primary language* used in your child's home or environment a language other than English? If yes, what is the language?: _____ **"Primary language" means the dominant language used by a person for communication.		
Parent/Guardian with low educational attainment				
	5	• Did either parent not graduate from high school or attend special/remedial classes in school?		
		• Does either parent have trouble reading to your child?		
Physical/sexual abuse/neglect of child or parent/substance abuse/addiction				
	6	• Is or has your child been abused physically or sexually?		
		• Is or has there been domestic or spousal abuse of a parent or sibling?		
		• Has your child been removed from home for neglect or has a parent been charged with neglect?		
		• Has there been abuse of alcohol, prescription, or non-prescription drugs by family members who live in the home?		
Environmental risk				
	7	• Has the enrolling child lost a parent or sibling by death?		
		• Does this child have a parent in jail/prison?		
		• Is this child living with a relative or person other than the biological parent(s)?		
		• Has the enrolling child lost a parent to divorce?		
		• Does the enrolling child have a parent who is currently away due to active military service?		
		• Is this a single parent family?		
		• Is your child negatively affected by issues related to a sibling? (e.g., chronic illness, behavior issues, disability, death)		
		• Does the child or family member(s) in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.) *Specific documentation from physical or mental health system or provider will be required*		
		• Does the child or family member(s) in the home suffer from chronic illness or life threatening disease? (i.e., cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) *Specific diagnosis documentation from physical health system provider will be required*		
		• Were you a teenage parent?		
		• Has the enrolling child ever been diagnosed as failure to thrive?		
		• Was the enrolling child exposed to toxic substances known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead?		
		• Is your family currently without stable housing? (home in foreclosure, living with another family because you have no other choice, or have you moved 3 or more times this year)		

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with St. Clair County Early Head Start, Head Start and/or the Great Start Readiness Program.

Parent/Guardian signature _____

Date _____



St Clair County GSRP Income Worksheet

Last Name of Child: _____ First: _____

PLEASE ANSWER ALL QUESTIONS BELOW - IF ANSWER YES>	YOU WILL NEED TO PROVIDE THE FOLLOWING DOCUMENTATION:
Do child's biological parents live separately and have 50/50 physical custody ordered? NO YES>	IF YES: BOTH parents income information is REQUIRED and # in family for both. It will be split in half as family income. 1040 Fed Tax form for both parents.
IN 2016, DID PARENT/GUARDIANS RECEIVE MONEY FROM:	IF ANSWER IS YES, YOU WILL NEED TO PROVIDE:
WAGES FROM EMPLOYER NO YES>	W2s FROM ALL JOBS OR 1 ST PAGE OF FEDERAL 1040 TAX FORM FILED FOR 2016
ALIMONY NO YES>	DOCUMENTATION SHOWING AMOUNT ORDERED
CHILD SUPPORT NO YES>	COPY OF FRIEND OF COURT DOCUMENTATION SHOWING MONTHLY AMOUNT ORDERED AND/OR AMOUNT REC'D FOR 2016 YEAR – Whether paid or unpaid documentation is required
UNEMPLOYMENT NO YES>	COPY OF UNEMPLOYMENT BENEFIT FORM SHOWING WEEKLY/MONTHLY AMOUNT ORDERED
SELF EMPLOYMENT NO YES>	TAX FORMS OR DOCUMENTATION TO SHOW AMOUNT EARNED in 2016
PENSION/RETIREMENT NO YES>	COPY OF DOCUMENTATION SHOWING MONTHLY AMOUNT AND/OR AMOUNT REC'D FOR 2016 YEAR
DISABILITY OR SSI NO YES>	COPY OF DOCUMENTATION SHOWING MONTHLY AMOUNT ORDERED AND/OR AMOUNT REC'D FOR EA RECEIPT for 2016
DHS CASH ASSISTANCE (NOT FOOD STAMPS) NO YES>	COPY OF DOCUMENTATION SHOWING MONTHLY AMOUNT
SECTION 8 OR SUBSIDIZED HOUSING NO YES>	COPY OF DOCUMENTATION SHOWING MONTHLY AMOUNT PAID BY THEM AND/OR AMOUNT YOU PAY
ADOPTION SUBSIDY NO YES>	COPY OF DOCUMENTATION SHOWING MONTHLY AMOUNT ORDERED AND/OR AMOUNT REC'D FOR EA RECEIPT
COLLEGE GRANTS NO YES>	COPY OF DOCUMENTATION SHOWING AMOUNT REC'D FOR 2016
ANY OTHER INCOME SOURCES IF MONEY REC'D? NO YES>	COPY OF DOCUMENTATION SHOWING AMOUNT

~IF APPLICABLE, OR YOUR INCOME IS LESS THAN \$8,000 FOR THE YEAR – PLEASE COMPLETE BELOW:

I live with other family member(s)/or/ a friend who pays for my housing/utility bills etc.

A letter signed by this person noting the fact you live there and they pay all bills needs to be attached to this form.

I live in subsidized house/Section 8: my rent/utilities paid by them. **A copy of this document needs to be attached.**

I certify that the information contained in this application is true and correct and that all income is being reported.

I understand that this information is being collected to determine eligibility for the state-funded GSRP program. I also

understand that this is an APPLICATION and DOESN'T GUARANTEE placement into the program. I understand that I must

keep the GSRP program informed of any changes in address or phone number.

Signature of parent/guardian

Date

* If form completed in behalf of the parent/guardian – Form completed by: _____

with info obtained from: _____ on: _____



ENROLLMENT PACKET

The items below will be required **for enrollment into the GSRP program.**

1. Registration/Enrollment Form (ATTACHED-COMplete & RETURN w/ BELOW ITEMS)
2. Original Birth Certificate NEEDED (or 30 day waiver if applicable)
3. Immunization record (most recent) NEEDED
4. 2 proofs of residency NEEDED

**BRING ALL DOCUMENTS IN TO
PORT HURON SCHOOLS – EARLY CHILDHOOD SERVICES
2720 RIVERSIDE DR, PORT HURON
MON – FRI 7:30 AM – 4:00 PM (LUNCH 11:30-12:30)**

These materials were developed under a grant awarded by the Michigan Department of Education

Port Huron Area School District Student Registration Form

Today's Date _____

Student Information		
Student's Full Legal Name (Last Name, First Name, Middle Name)		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Student's Date of Birth		Grade
Student Order of Birth (if multiple) Please circle 01 02 03 04		Birth City/State (if born in US)
Home Street Address (with apt/suite)		Home City & Zip
Mailing Address		Home Phone <input type="checkbox"/> One Call Number
Mailing City & Zip		Cell Phone <input type="checkbox"/> One Call Number
Student lives with (circle one) Mother/Father Guardian Mother Father Joint Custody Mother/Stepfather Father/Stepmother		
Part A. Is this student (or are you) Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		
<i>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.</i>		
Part B. What is the student's (or your) race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).		
Home Language Survey: 1. Is your child's native language a language other than English? Yes No If yes, what is that language _____ 2. Is the primary language * used in your child's home or environment a language other than English? Yes No If yes, what is that language _____ *Primary language means the dominate language used by a person for communication		
Services Received at Former School <input type="checkbox"/> Special Ed <input type="checkbox"/> English Learner <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Work <input type="checkbox"/> Other Services <input type="checkbox"/> Transportation <input type="checkbox"/> Physical <input type="checkbox"/> 504 Plan <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> No Special Services		
Please List All Other Children in the Household:		
Last Name	First Name	DOB
Last Name	First Name	DOB
Last Name	First Name	DOB
Last Name	First Name	DOB
Contact 1 Parent/Guardian ONLY		
First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address	Home Phone	Cell Phone
City, State & Zip	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	If No Would You Like To Receive Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2 Parent/Guardian ONLY		
First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address	Home Phone	Cell Phone
City, State & Zip	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	If No Would You Like To Receive Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous School Information			
School District	School Name	Address	City, State, Zip Code
School Phone	School Fax	Last Grade Completed	Date Requested CA-60

NOTE: Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of parents and students, Title 34: Education, Part 99, Subpart D, §99.31, it is not necessary to have the written request of the parent to release school records to officials of other schools or school system in which the student seeks or intends to enroll.

NOTICE OF NONDISCRIMINATION Port Huron Area School District does not discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to Ed Breslin, Supervisor of Administrative Services, Port Huron Area School District, 2720 Riverside Drive, Port Huron, MI 48060/ Nondiscrimination inquiries related to disability should be directed to: Department of Exceptional Children, Director (same as address above) 810-984-3101

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify my child for enrollment possibility and, if my child is enrolled, may be grounds for removal from Port Huron Area School District. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Parent/Guardian Signature (Student if over 18)

Date

Office Use Only	
Proof of Birth (Initial next to document received) Birth Certificate ____ Birth Registration ____ Passport/VISA ____ Official Court Document ____	
Proof of Residence Recent bill sent to the home ____ Signed rental agreement ____ Property tax bill (current) ____ Driver's License ____ Rent receipt ____ Mortgage statement/bill ____ Deed (with owner's name and street address) ____	
Immunization Records: Proof of MCIRS ____ Clinic/Physician record ____	

School	Resident School District <input type="checkbox"/> Port Huron Area School District (74010) <input type="checkbox"/> Other		Date Starting
Student Number	UIC	SRM Date	
Bus #	Counselor	Caseload Teacher	
Fill in Section Below for Students That Are School-of-Choice ONLY			
Grade Started SOC	District of Residence	District Entry Date	

Copies to: Transportation ____ Pupil Accounting Office ____ CA-60 ____

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