

Great Start Early Childhood Scholarship Intake Form

	YES	NO
1. Is the child eligible for special education services or have an identified developmental delay and/or chronic health issues causing development or learning problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the child's behavior prevented participation in a group setting, or has your child received a mental health referral?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the child's primary home language other than English?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child's parent not graduated from high school or had low educational attainment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there been abuse or neglect of the child or parent?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has there been parent loss by death, divorce, incarceration, military service or absence?	<input type="checkbox"/>	<input type="checkbox"/>
7. Sibling issues – chronic illness, behavior issues, disability, or death	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the child's parent/s younger than 20 at the birth of their first child?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the child's family homeless or without a stable residence?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the child reside in a high-risk neighborhood? (high poverty, crime, limited access to community services)	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the child have prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays?	<input type="checkbox"/>	<input type="checkbox"/>

Tell us any additional information about your child to assist with referral. (allergies, etc.)

- I verify the above information is true.
- I understand that a voluntary declaration of income and number of persons in my family is necessary to make sure funds are directed to families least able to secure services from other sources. I understand that I am required to verify my/our family's income. Failure to provide correct verification may result in our application being denied.
- I understand that any amount of tuition scholarship received will go directly to the preschool. The preschool will be responsible for submitting a bi-weekly statement and will track my child's attendance to remain eligible for the tuition assistance. It is expected that my/our child's attendance will be at least 90%. If attendance does not meet 90% and my child's absences are unexcused (examples of excused absences include child illness, family crisis,) then the preschool provider will talk with me. Ongoing attendance problems may result in the loss of preschool tuition scholarship assistance.
- I understand that my child will participate in assessment and evaluation by the preschool and that I will be expected to meet with the teacher to discuss my child's progress.
- I understand that I will be expected to participate in activities designed to support the preschool. Options for participation will be provided to me by my child's teacher/program.
- I understand that involvement in my local Great Start Collaborative and/or Parent Coalition is strongly encouraged.

I hereby release this information to be share among participating Great Start Early Childhood Scholarship Programs.

Parent/Guardian Signature
Date

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What are your Preschool/childcare needs? (days and times) _____

Please circle the location of your choice.

Merrill Community Child Development Center <i>Attn: Kim Clark</i> 775 W. Alice St. Merrill, MI 48637 (989) 643.7283	Faith Lutheran Preschool <i>Attn: Crystal Claus</i> 4241 Williamson PO Box 242 Bridgeport, MI 18722 (989) 777.2600	Michigan Child Care Centers dba Kinder Kare <i>Attn: Debbie Weadock</i> 8800 Carter Rd. Freeland, MI 48623 (989) 695.5388
Wee Care Christian Child Development Center <i>Attn: Corey & Rose Phillips</i> 1605 Amanda Saginaw, MI 48638 (989) 797.7529	Pilgrim Lutheran Preschool <i>Attn: Linda Gittins</i> 1705 Nebobish Ave. Essexville, MI 48732 (989) 893.7224	Michigan Child Care Centers dba Kinder Kare <i>Attn: Debbie Weadock</i> 1504 W. Thomas St. Bay City, MI 48706 (989) 686.9666
Bay Area Family Y Preschool <i>Attn: Angie Buda</i> 111 N. Madison Bay City, MI 48706 (989) 895.8596	Learning Town <i>Attn: Pam Gerard</i> 301 s. William St. Bay City, MI 48706 (989) 892.5637	Li'l Sprouts Child Development Center <i>Attn: Lorrie Foor</i> 5614 S. Huron Rd. Pinconning, MI 48650 (989) 846.4120

Please return this completed form to your preferred location.

DO NOT WRITE BELOW THIS LINE. FOR STAFF USE ONLY

Date application received: _____ Received by: _____

Phone intake: Verbal permission to release this information taken above:

Referring Agency: _____

Name

Telephone number

Head Start review: _____ Date: _____

Name

Action Taken: _____

Head Start waives this placement (H.S. Staff signature) _____

Program Assignment: _____ Date: _____

State and Federally funded programs do not discriminate against any family because of race, color, national origin, sex, age or handicap.