



# Jackson County Quality Preschool Interest Form 2017-2018

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 \_\_\_\_\_

Child's race/ethnicity (check all that apply):  American Indian or Alaska Native  Asian

Black or African-American  Native Hawaiian or Other Pacific Islander  White  Hispanic or Latino

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 of Siblings \_\_\_\_\_

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  
Bennett (CAA) FULL DAY  
Chalet Terrace (CAA) FULL DAY  
Columbia Preschool FULL DAY  
Concord Community Schools (ABC Academy) FULL DAY  
da Vinci Primary School FULL DAY  
Dibble Elementary (ABC Academy) FULL DAY  
Early Impressions FULL DAY  
East Jackson Schools (Phoenix) FULL DAY  
Frost Elementary (CAA) FULL DAY  
Grass Lake Community Schools FULL DAY  
Hanover-Horton Schools (Early Impressions) FULL DAY  
Hunt Elementary (ABC Academy) FULL DAY

Little Rainbows FULL DAY  
Lyle Torrant (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 DAY  
Phoenix Child Care & Academy – Prospect St. FULL DAY  
Phoenix Child Care & Academy – Kibby Rd. FULL DAY  
Salvation Army (CAA) PART DAY  
Shahan-Blackstone Apartments (CAA) FULL DAY  
Springport Public Schools FULL DAY  
St. Mary Child Development Center FULL DAY  
Vandercook Lake Public Schools PART DAY  
Western – Little Panthers Daycare PART DAY

First Preschool Site Preference \_\_\_\_\_ Second Preschool Site Preference \_\_\_\_\_

Third Preschool Site Preference \_\_\_\_\_

Will you need transportation to preschool? \_\_\_\_\_

**In the 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 (FIP) or supplemental security insurance (SSI) benefits through the Department of Human Services for this child? Yes \_\_\_\_\_ No \_\_\_\_\_

**3 – DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY (Check all that apply)**

- 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.

**4 - LANGUAGE**

Is English the primary language spoken in your home?

\_\_\_\_ Yes

\_\_\_\_ No

If no, what language is spoken in your home?

\_\_\_\_\_

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 Community Action Agency (CAA) Children's Programs. CAA is the local grantee of 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 \_\_\_\_\_