EARLY HEAD START/HEAD START PRESCHOOL/GSRP ENROLLMENT APPLICATION 2025-2026

APPLICANT (CHILD INFORMATION)						
Child's Name (as printed on Birth Certificate) First Name Middle N	Name Last Name		Date of Birth			
Gender: □ Male □ Female Ethnicity: □ Hispanic or Latino	□ Not Hispanic or L	atino Currently en	nrolled in EHS: Yes No			
Race (Check all that apply): Black or African American Asian Native Hawaiian or	American					
Primary Language at Home:	□ American Sign La □ American Sign La □ No	-				
Primary Health Coverage						
Special Needs, Disability, and Health Concerns - Do you know or suspect your child needs support in the following areas? (Check all that apply) Needs Medication at school						
PARENT OR LEGAL GUARDIAN INFORMATION						
Child Lives with: Both Parents (same home)						
Parent or Legal Guardian 1	Parent or Legal Guardian 2					
Full Name: Currently Pregnant? □ No □ Yes Expected due date: Date of Birth: Relationship to Applicant: *Education Level Cell Phone Number: () Opt-In for Text Messages: □ Yes □ No Email:	Date of Birth: Gender: Gender: Male Female Relationship to Applicant:					
AA- Associates Degree/Training Cert GED-General Education	ster's Degree HSG-High School Grad F-Full Time (35+hrs/		k) S -Seasonally Employed R -Retired or Disabled			
LIST <u>OTHER</u> CHILDREN AND OTHER FAMILY MEMBERS SUPPORTED BY INCOME (IF YOU NEED EXTRA SPACE, ATTACH A SHEET OF PAPER)						
Name (First and Last)	Date of Birth	Gender	Relationship to Applicant			
	1 1	□ Male □ Female				

1

1

1

1

□ Male □ Female

□ Male □ Female

□ Male □ Female

FAMILY INFORMATION							
Livii	ng Address:		_ City	State: MI Zip Code:			
Current Living Situation: Own/rent/share by choice Hotel/motel/car Sharing due to loss of housing/hardship Shelter Home in foreclosure/getting evicted Other:							
Current Teen Parent (under 20 yrs of age): Yes No Active Military: Yes No Military Veteran: Yes No							
How did you hear about our programs? (Check all that apply) □ Child Welfare Agency (DHHS) □ Doctor/Social Worker □ Early On (EO) □ WIC □ EHS/Preschool Staff □ Family/Friend □ Another child in Preschool □ Community Event □ Other							
Does your family receive public assistance? SNAP (food stamps) (Supplemental Security Income) (FIP) Yes No Yes No Yes No Yes No Yes No							
RISK FACTOR ASSESSMENT (Check all that apply)							
1	RISK FACTOR	DEFINITION	DEFINITION				
	Severe or challenging behavior	Child has been expelled from preschool or child care center.					
	Primary home language other than English	English is not spoken in the child's home; English is not the child's first language.					
	Parent/s with low educational attainment	Parent has not graduated from high school or is illiterate.					
	Abuse/neglect of child or parent.	Domestic, sex	Domestic, sexual, or physical abuse of child or parent; child neglect issues.				
	Environmental risk.	Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.					
PARENT/GUARDIAN SIGNATURE							
I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. Signature							
Second Year Participation I have reviewed and updated (if necessary) this application for my child's second year participation in the program. Initials: Date							
FOR PROGRAM USE ONLY (OPTIONAL)							
Additional comments to assist with Eligibility:							
Type of eligibility interview conducted: □In-Person □Audio or Video 0			Explain why the interview was not in-person:				
Staff Signature:			Date:				