St. Joseph County Preschool Application for the 2014-2015 School Year

If you have any questions regarding this preschool application	on please contact the Early Childhood Departme	ent at the St. Joseph County ISD at 269-467-5477.
Child's First and Last Name:	Date of Birth:	Gender: _Female Male
Race/Ethnicity: (check all that apply) American Indian/Alaska	n Native 🗆 Asian 🗆 Black or African American 🗆	Hispanic 🗆 Native Hawaiian or Pacific Islander
🗆 White 🗆 Other 🗆 I don't know		
What language(s) are spoken in the home? English Spa	nish 🗆 Other (specify)	
Home Address: (be sure to include PO box numbers)	City	/:Zip:
Is your current address temporary? 🗆 Yes 🗆 No		
If yes, where is the child currently living? \Box In a motel \Box in a	a shelter \square moving from place to place \square with m	nore than one family in a house or an apartment
\square in a place not designed for ordinary sleeping accommodat	ions such as a car, park, or campsite \Box Other (sp	oecify)
Phone Number(s):	Email:	
1 st Parent First and Last Name:	Date of Birth:	Relationship to child:
2 nd Parent First and Last Name:	Date of Birth:	_ Relationship to child:
List all other adults and children in the family: (Please include	e name, date of birth, and relationship to the child yc	ou are applying for)
Does the child you are applying for receive Special Education	on services? 🗌 Yes 🗌 No 🛛 If yes, please explain	:
Is the child you are applying for in foster care? Yes No		
Does anyone in the family receive SSI (Supplemental Securi	ity Income)? 🗆 Yes 🗆 No	
Do you receive DHS Cash Assistance, FIP, DHS Dollars or TA	NF Money? 🗌 Yes 🗌 No	
Type(s) of income received in the past 12 months: (Check all that apply) 🗆 Employment 🗆 Unemployment 🗆 Child Support 🗆 Alimony 🗆 Retirement Pension		
🗆 Social Security Retirement 🗆 Social Security Disability 🗆 None 🗆 Unknown 🗆 Other (specify):		
What is the number of the people in your family? (Pla	ease only include the number of people who are supported	by the income of the parent/guardian of the applying child
What is the total gross income of your family? (If your family r	received no income in the past 12 months please put zero)_	
The income amount listed is how much the family makes p	er: (check one) 🗌 Week 🗆 Every 2 Weeks 🗆 Month	n 🗆 Year

Preschool Programs Available in St. Joseph County

Please keep in mind the following age requirements for preschool: For the Great Start Readiness Program (GSRP), your child must be 4 years old on or before Oct. 1, 2014. For Head Start your child must be 3 years old or 4 years old on or before Oct. 1, 2014. Any child older than 4 years old on or before Oct. 1, 2014 is not eligible for preschool in St. Joseph County. Please see your local school district about enrolling your child into kindergarten. Any child younger than 3 years old on or before Oct. 1, 2014, you could potentially be eligible for the Early Head Start program located in Three Rivers.

Please indicate below which St. Joseph County Preschool Program you are interested in:

- (Please only check one!)
 I have no preference
 Burr Oak GSRP
 Centreville GSRP
 Colon GSRP
 Constantine GSRP
 Mendon GSRP
 Sturgis GSRP
 Sturgis Head Start
 Three Rivers Barrows GSRP
 Three Rivers Building Blocks GSRP
 Three Rivers Head Start
 White Pigeon GSRP
- □ White Pigeon Head Start

When your application is complete mail or return to the following address:

St. Joseph County ISD – Early Childhood Department 62445 Shimmel Rd Centreville, MI 49032

You may also return the application to your local school district elementary building or any Head Start site in St. Joseph County:

Please include any other information you feel is important when considering your child's application for preschool in the space below:

Agreement Statement

By submitting this application, you are agreeing to following: I understand that the completion of this application does not guarantee child is qualified or enrolled in any program. I certify that all the information submitted is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information submitted will be held in confidence and used to determine eligibility for preschool only. I consent to have the St. Joseph County ISD share my child's preschool application Building Blocks Preschool, Community Action Head Start, Child Care Resources, Great Start Collaborative, your local school district, and other ISD birth to 5 programs.

Date: _____