

GSRP CHILD APPLICATION FORM

For office use only

Program/Location: _____

Teacher: _____

Student UIC#: _____

Date of Enrollment: _____ **Date Dropped:** _____

Program Year:

2018- 2019

PARENTS/GUARDIANS COMPLETE THIS SECTION

CHILD'S NAME: _____ **BIRTHDATE:** _____ **SEX:** F M

CHILD'S ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME TELEPHONE: _____ **ALTERNATE TELEPHONE:** _____

BIRTH CERTIFICATE#: _____ **BIRTHPLACE (city, state or nation):** _____

Special Needs: _____ Diagnosed: Yes No

Does the child have an IEP? _____ Date of IEP: _____ Inclusive Classroom specified? Yes No

Parent/Guardian Name: _____ Relationship to Child: _____

Age at 1st Pregnancy: _____ / _____ Marital Status: Single Married Separated Divorced
Father Mother

Race: _____ (see chart below) Child Ethnicity: Hispanic Yes No

American Indian or Alaska Native; Asian; White; Black/African-American; Native Hawaiian or Pacific Islander

List ALL household members for which you are financially responsible

NAME	BIRTHDATE	NAME	BIRTHDATE

Type of MEDICAID Insurance: _____ **Case #:** _____ **Child's Recipient ID#:** _____

OTHER Medical Insurance: (Type): _____ **Policy Number:** _____

NO health insurance

PARENTS/GUARDIANS COMPLETE THIS SECTION

IF NOT PARENT, PROOF OF GUARDIANSHIP CASE#: _____

	FATHER	MOTHER	Foster Parent(s)/Stepparent(s) or Guardian(s)/Relationship
Name:			
Home Address:			
Home Phone:			
Cell Phone:			
Birthdate:			
Home Language:			
Highest Grade or Degree completed:			
Occupation:			
Employer:			
Business Phone:			
Work/School Schedule: (Days & Times)			

The above information is true and correct to the best of my knowledge. I understand that if any of this information changes, or is found to be incorrect, I am obligated to immediately notify this program. I understand that the above information and all information contained in the child's folder will remain **CONFIDENTIAL**. I hereby make application for my child to be enrolled in a Wayne County Great Start Readiness Program based on all the information on the Child's Application Form.

Parent's Name (print)

Parent's Signature

Date

STAFF COMPLETE THIS SECTION

At the time of registration, was proof provided of:

- Birth Certificate** (date received: _____)
- Letters of Guardianship** (date received: _____)
- Income** (date received: _____)
- Immunization** (date received: _____)
- Health Appraisal** (date received: _____)

Parent has been informed of Head Start Eligibility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Head Start Referral Release Form completed? <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> Not Applicable
Date child entered the United States (if birth documents are from a foreign country): _____

RISK FACTORS: STAFF COMPLETE THIS SECTION

<i>CHECK ALL THAT APPLY:</i>	<i>TYPE OF DOCUMENTATION (i.e., parent report, pay stub, IEP, etc.)</i>
<input type="checkbox"/> 1. Low family income: Quintile # ____	
<input type="checkbox"/> 2. Diagnosed disability	
<input type="checkbox"/> 3. Severe or challenging behavior	
<input type="checkbox"/> 4. Primary home language other than English	
<input type="checkbox"/> 5. Parent/guardian with low educational attainment	
<input type="checkbox"/> 6. Abuse/neglect of child or parent	
<input type="checkbox"/> 7. Environmental risk	

Staff Signature

Date

Signature of ECS Reviewing Form Date