

Date Submitted \_\_\_\_\_

<i>For Office use Only:</i>		
ELI (1) _____	HS _____	HI _____
Tuition _____	Age Waiver _____	

**School District of the City of Royal Oak**  
**GSRP PRESCHOOL APPLICATION**  
**2222 W. Webster - Royal Oak, MI 48073 - Phone: 248-288-3220**  
*The information contained in this application is confidential.*

Child's Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Name you want your child called at school or see written: \_\_\_\_\_

Child's Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Birthplace (City and State): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Racial/Ethnic Code (circle one): American Indian / Asian / African American / Hispanic / Caucasian

<b>MOTHER'S INFORMATION</b>		<b>FATHER'S INFORMATION</b>	
Name: _____ Age: _____		Name: _____ Age: _____	
Address: _____		Address: _____	
City, State, & Zip: _____		City, State, & Zip: _____	
Home Phone: _____	Cell Phone: _____	Home Phone: _____	Cell Phone: _____
Email Address: _____		Email Address: _____	
Employer: _____	Work Phone: _____	Employer: _____	Work Phone: _____
Highest Education Level Completed: <input type="checkbox"/> Less than 12 <sup>th</sup> Grade <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College		Highest Education Level Completed: <input type="checkbox"/> Less than 12 <sup>th</sup> Grade <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College	

Current Marital Status:  
 Single     Married     Remarried     Divorced     Separated     Living Together     Widowed

Who has legal custody of child?\*

(Name(s)): \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*If guardian or foster parent (other than biological parent), please fill in the space below, as well as any information that is known about the mother and/or father in the above boxes.*

Foster Parent /Legal Guardian (other than parent) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Parents are responsible for transporting their child to and from preschool.***

# FAMILY INFORMATION

This information is necessary to determine your child's eligibility in GSRP Preschool and will be kept confidential.

## 1 - INCOME

Family income:

Monthly (Before Taxes) \_\_\_\_\_ Annual (Before Taxes) \_\_\_\_\_

Include all wages, child support, unemployment, SSI, Social Security, alimony, and all other income. To verify you will need to bring W-2, tax form or 2 consecutive pay stubs at time of application.

For Office Use Only: HS \_\_\_\_\_, ELI \_\_\_\_\_ (100-250) HI \_\_\_\_\_ Tuition( \$\_\_\_\_\_)

## 2 - DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- |   |   |
|---|---|
| <input type="checkbox"/> Low birth weight (___lbs ___oz)        | <input type="checkbox"/> Referral by Doctor, ISD, or parent for screening.  |
| <input type="checkbox"/> Child immature                         | <input type="checkbox"/> Speech difficulties, difficult to understand, difficulty expressing needs, does not speak in whole sentences |
| <input type="checkbox"/> Nutritionally deficient                |   |
| <input type="checkbox"/> IEP (Individualized Education Plan)    |   |
| <input type="checkbox"/> Child has diagnosed disability         |   |
| <input type="checkbox"/> Child has long term or chronic illness |   |

Comments:

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## 3 - CHILD BEHAVIORS

- Child is destructive or violent
- Child in counseling or therapy or referred
- Child has been asked to leave a Preschool or Child Care

Comments:

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## 4 - LANGUAGE

Primary language spoken in our home \_\_\_\_\_.

My child can speak the following languages \_\_\_\_\_

Comments:

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## 5 - PARENT EDUCATIONAL ATTAINMENT

- Parent(s) or older siblings cannot read.
- Parent(s) or older siblings have dropped out of school
- Parent(s) or older siblings struggled in school

Comments:

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**6 - ABUSE, NEGLECT IN HOME**

- Someone in our home was a victim of physical, sexual or emotional abuse or neglect.
- There is a history of substance abuse in our family (alcohol, drugs, prescription drugs, etc).
- Someone in our home has violent, destructive temperament.

Comments:

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**7 - ENVIRONMENTAL FACTORS**

- I am a single parent
- Someone in our home is/was in jail or prison
- My child has experienced the loss of a parent or sibling by death or loss of parent by divorce, military service, out of town employment, etc.
- My child has a chronically ill parent or sibling (behavior issues, physical, mental or emotional illness)
- Teenage parent at birth of any of the children in family.
- My child is/has been in Foster care
- My child has \_\_\_ brothers and \_\_\_ sisters
- We have moved \_\_\_ times in the last 2 years.
- We are living with \_\_\_ family (Grandparents, etc.) \_\_\_ Friends \_\_\_ Shelter \_\_\_ other
- Our home is or may be in foreclosure
- Unemployed parent(s)

Comments:

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**Health Information**

My child's general health is: \_\_\_Excellent \_\_Good \_\_Fair \_\_Frequently ill - Explain: \_\_\_\_\_

List any medication your child is currently taking: \_\_\_\_\_

Total number of people living in the preschooler's home: \_\_\_\_\_ *(include child and parents)*

<u>Please list their names</u>	<u>Age</u>	<u>Relation to child</u>
_____		
_____		
_____		
_____		
_____		

Family Members *(parents, siblings, step-siblings, etc)* living outside of family home: \_\_\_\_\_

<u>Please list their names</u>	<u>Age</u>	<u>Relation to child</u>
_____		
_____		
_____		
_____		

## PREGNANCY & BIRTH INFORMATION

*This information is necessary to determine your child's eligibility in GSRP Preschool and will be kept confidential.*

- 1) Did the child's birth mother receive regular medical care during pregnancy?  Yes  No
- 2) Biological child?  Yes  No
- 3) Adopted?  Yes  No Child's age at adoption \_\_\_\_\_(age)
- 4) Were there any Problems at birth (mother or child)?  (describe):
- 5) Please describe any substance use (alcohol, drugs, tobacco) during pregnancy by mother or father.

Please check all of the services your family is receiving:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Therapy (speech, PT, OT)          | <input type="checkbox"/> WIC                            | <input type="checkbox"/> Early On Services           |
| <input type="checkbox"/> Aggression Management             | <input type="checkbox"/> Food Stamps                    | <input type="checkbox"/> Early Head Start (ages 0-3) |
| <input type="checkbox"/> Counseling                        | <input type="checkbox"/> SSI                            | <input type="checkbox"/> Readiness Groups at ISD     |
| <input type="checkbox"/> Alcohol/Drug Services             | <input type="checkbox"/> Child Protective Services      | <input type="checkbox"/> Child Care Service          |
| <input type="checkbox"/> Parenting Classes                 | <input type="checkbox"/> Special Education Services/ISD |  |
| <input type="checkbox"/> Other (please be specific): _____ |   |  |

Please give a physical description of your child:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Other physical characteristics \_\_\_\_\_

Does your child have any allergies (food, bee stings, medicine)? \_\_\_\_\_

Does your child have any limitations or conditions we should be aware of? \_\_\_\_\_

\_\_\_\_\_(parent initial) I am aware that by completing this application it can be submitted to Head Start, ISD, or Royal Oak Public Schools for enrollment consideration. I understand the services unique to each preschool program. I understand the opportunities, services, or benefits may differ and I may not receive some services based on my choices.

\_\_\_\_\_(parent initial) I give Royal Oak Public Schools GSRP Preschool permission to use photographs of my child for educational or program promotion.

\_\_\_\_\_(parent initial) I certify that the information given on this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN APPLICATIONS TO: Addams Early Child Center, 2222 W. Webster, Royal Oak, MI 48073**

### NOTICE OF NONDISCRIMINATION

*It is the policy of Royal Oak Public Schools not to discriminate on the basis of race, color, national origin, gender, age, disability, religion, height, weight or marital status in its programs, services, employment, or any other activities. For information contact the office of the Superintendent of Schools, 1123 Lexington Blvd. ,Royal Oak, MI 48073, 248-435-8400.*