

Date Submitted _____

For Office use Only:
ELI (1) _____ LI (2) _____
NA _____ Tuition _____

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

MOTHER'S INFORMATION		FATHER'S INFORMATION	
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 th 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 th 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 & 2 - 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: ___ ELI (100, 120, 130 FPL) ___ LFI (200, 300, FPL, GRSP) ___ Tuition(\$_____)

3 - 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:

4 - 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:

5 - LANGUAGE

Primary language spoken in our home _____.

My child can speak the following languages _____

Comments:

6 - 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:

7 - 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:

8 - 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:

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)

Please list their names	Age	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please list their names	Age	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.