

# KALAMAZOO COUNTY PRE-K APPLICATION 2018-2019

Dear pre-kindergarten family, we're excited to be a part of your child's next adventure! A valuable Pre-K experience makes for a great start and a major difference in a child's kindergarten readiness and success.

## Eligibility Worksheet

NOTE: Please know that the information on this page is provided to give you a general idea about whether or not your child may qualify for low or no-cost Pre-K programming. This information is not meant to give you a specific answer, and an actual decision must be made by a trained staff member.

Upon submission of the application, please plan for two to four weeks for review. When your application is processed, you will receive a letter regarding eligibility. Completed applications will be reviewed in the order they are received. Please keep in mind that Pre-K programs are finalizing the current year before completing enrollment for the upcoming year. Please be patient!

If you complete an application during the summer months, please submit paper applications to your private provider of choice, Kalamazoo County Ready 4s or Kalamazoo RESA locations for quickest processing.

**Will your child be  
3 - 4 years old on or  
before December 1?  
Refer to  
STEP 2a**

**Can you provide  
proof of income for  
the last 12 months?  
Refer to  
STEP 2b**

**Do you reside  
in Kalamazoo  
County?  
Refer to  
STEP 2c**

If you answered "Yes" to all the questions above, you are likely eligible for the Kalamazoo County Pre-K program. Please fill out the Kalamazoo County Pre-K application and submit it with all the required documents listed under the step-by-step instructions to determine eligibility.

If you answered "No" to any of these questions, you may still be eligible for the Kalamazoo County Pre-K program. We encourage you to fill out our Pre-K application. Please contact us by email at [hsenrol@kresa.org](mailto:hsenrol@kresa.org) if you have any questions.

## STEP-BY-STEP INSTRUCTIONS

### Step 1: Pre-K Application

- 1a Fill out the Kalamazoo County Pre-K application completely. Application is available in both English and Spanish.

### Step 2: Required Documents

All applicants must send the following items with the Kalamazoo County Pre-K application. Eligibility cannot be determined unless all of the following required documents have been submitted.

- 2a Proof of age. According to new guidelines, all children must be:

- 3-years-old on or before December 1 in order to be age eligible for the 3-year-old programs
- 4-years-old on or before December 1 in order to be age eligible for the 4-year-old programs

Submit one of the following:

- Birth Certificate (preferred)
- Passport
- Affidavit of parentage/Hospital record
- Baptismal record
- Foster care emergency consent card
- Foster care placement letter
- Court Order

- 2b Proof of income. Income is a primary qualifying factor. You can check the charts available on [kresa.org/qualifications](http://kresa.org/qualifications) for more details. You must submit documents on all sources of income over the last 12 months. These documents may include:

- Last year's tax return (first page), or pay stub with year-to-date listed, W2's, or written statement from employer if tax return is not available
- TANF/FIP/Food stamps
- Social Security/SSI check stub or monthly statement
- Unemployment check stub or statement
- Financial aid (grants/scholarships)
- Child support/Alimony/Pension statement

- 2c Proof of residency. Submit one of the following:

- Driver's license with correct address (preferred)
- Recent utility bill with your address
- Rental agreement/Mortgage/Deed to house
- Written letter from shelter, if between homes

- 2d Additional documents:

- Current immunization record (prior to the child's first day of class)
- Health appraisal/Physical/Well-child exam within the past year (during the first 30 days of the program year)
- Medicaid, or insurance card for child

### Step 3: Submitting Your Documents

- 3a Once you have filled out the application completely and gathered all the required documents:

- Submit application and required documents online at [DreamBigStartSmall.org](http://DreamBigStartSmall.org)
- Submit paper application and required documents at:
  - ▶▶ Kalamazoo RESA Head Start/GSRP Administration Office, 422 E. South St., Kalamazoo, MI 49007
  - ▶▶ Kalamazoo RESA Early Childhood Office, GSRP, lower level, 4606 Croyden Ave., Kalamazoo, MI 49006
  - ▶▶ Kalamazoo County Ready 4's Office, 259 E. Michigan Ave., Suite 409, Kalamazoo, MI 49007
  - ▶▶ Any Kalamazoo County Ready 4's participating provider
  - ▶▶ Any local school district

### Step 4: Application Processing Time

- 4a Please allow two to four weeks for processing your application. Once your application is processed, you will receive a letter regarding eligibility.

**For assistance, please call (269) 250-9333, Monday-Friday, 7:30 am - 3:30 pm**

**CHILD INFORMATION**

Child's Legal Name:

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth:

\_\_\_\_-\_\_\_\_-\_\_\_\_ mm dd yyyy

Gender:

Ethnicity:

Race (Check all that apply)

- Black or Africa American
- Asian
- White or Caucasian
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

Program Preference (Full day not available in all programs):

- Full Day
- Part Day (If part day,  Morning  Afternoon  Either)

Based on availability, do you have a program location preference? \_\_\_\_\_

**FAMILY INFORMATION**

Child Lives with:

- Both Parents
- Mother
- Father
- Joint Custody
- If joint,  Physical or  Legal  Legal Guardian
- Grandparent(s)
- Foster Care
- Other, Explain \_\_\_\_\_

Family Language:

Primary \_\_\_\_\_ Secondary \_\_\_\_\_  Family Needs an Interpreter

**Parent or Legal Guardian Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Email: \_\_\_\_\_

Yes  No Legally Responsible for Financial Support

Phone Type:

Phone Number with Area Code:

Home  Work  Cell  Text Phone Number \_\_\_\_\_

Home  Work  Cell  Text Phone Number \_\_\_\_\_

Relationship:

- Birth or Adoptive or Step Parent
- Foster Parent
- Grandparent
- Other Relative
- Other Caregiver

Education (Check the highest level)

- No High School Diploma or Highest Grade:  9  10  11
- High School Diploma  GED  Associate Degree
- Bachelor's Degree  Master's Degree  Doctoral Degree

Employment or Other (Check all that apply):

- Employed Part-time (Less than 35 hours per week)
- Employed Full-time (More than 35 hours per week)
- Attends School or College  Home by Choice  Unemployed

**Parent or Legal Guardian Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Email: \_\_\_\_\_

Yes  No Legally Responsible for Financial Support

Phone Type:

Phone Number with Area Code:

Home  Work  Cell  Text Phone Number \_\_\_\_\_

Home  Work  Cell  Text Phone Number \_\_\_\_\_

Relationship:

- Birth or Adoptive or Step Parent
- Foster Parent
- Grandparent
- Other Relative
- Other Caregiver

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**LIST OTHER CHILDREN AND OTHER FAMILY MEMBERS SUPPORTED BY INCOME**

Last Name	First Name	Attended Head Start Yes/No	Date of Birth mm/dd/yyyy	Gender Male/Female	Relationship	If child, age of parent when child born

Please list school(s) where siblings currently attend: \_\_\_\_\_

**ADDRESS INFORMATION (INCLUDE APARTMENT COMPLEX NAME, IF APPLICABLE)**

Address: \_\_\_\_\_ County: \_\_\_\_\_

Child's Pick-up Address (if different): \_\_\_\_\_

Child's Drop-off Address (if different): \_\_\_\_\_

What school district do you live in?  Climax-Scotts  Comstock  Galesburg-Augusta  Gull Lake  Kalamazoo  Parchment  Portage  
 Schoolcraft  Vicksburg Other: \_\_\_\_\_

**FAMILY'S CURRENT LIVING SITUATION**

The family currently lives:  in a home you rent or own  in a temporary housing situation  in a hotel/motel  
 in a home owned or rented by someone else  without a fixed nighttime residence  in a shelter

**INCOME OF FAMILY MEMBERS LEGALLY RESPONSIBLE FOR CHILD'S SUPPORT**

Name \_\_\_\_\_ Total Annual Income \$ \_\_\_\_\_  
Name \_\_\_\_\_ Total Annual Income \$ \_\_\_\_\_

Please select **ALL** sources of family income received in the last 12 months:  Other

- Full-time Employment  Cash Assistance (FIP)  SSI
- Part-time Employment  Unemployment  Child Care Reimbursement \_\_\_\_\_
- Food Stamps  Child Support  Social Security \_\_\_\_\_

**SUPPLEMENTAL QUESTIONS**

Emergency Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Before or After School Care Required:  Yes  No Transportation Requested:  Yes  No

Please list any program or childcare your child is currently attending: \_\_\_\_\_

**CHILD (APPLICANT) DISABILITY STATUS**

Does the child have an identified developmental delay?:  Yes  No Please Describe: \_\_\_\_\_

Has your child participated in any of the following programs?  Early On  PET Other \_\_\_\_\_

Has your child received services for:  Vision  Hearing  Speech  Early Childhood Special Education  Occupational Therapy  
 Physical Therapy  IEP or IFSP

**OTHER CONFIDENTIAL INFORMAITON THAT MAY PRIORITIZE PLACEMENT**

- Does child's behavior ever prevent participation in other group settings? \_\_\_\_\_  Yes  No
- Does anyone in the household speak a primary language other than English? \_\_\_\_\_  Yes  No
- Has someone in the household been abused or neglected? \_\_\_\_\_  Yes  No
- Does child live with one adult as result of divorce, separation, incarceration, military service or death? \_\_\_\_\_  Yes  No
- Does child have a chronic illness such as asthma, allergies, frequent ear infections, etc? \_\_\_\_\_  Yes  No
- Is the child in foster care? \_\_\_\_\_  Yes  No
- Does any sibling have a chronic illness, behavior issue, disability or has died? \_\_\_\_\_  Yes  No
- Was either parent under 20 years old when first child was born? \_\_\_\_\_  Yes  No
- Is family without stable housing or is family homeless? \_\_\_\_\_  Yes  No
- Does family live in high-risk neighborhood? (Unsafe due to crime, drug abuse, pollution, insect infestation, etc?) \_\_\_\_\_  Yes  No
- Was child exposed to toxic substances before or after birth? (Alcohol, drugs, led poisoning, nicotine, etc.) \_\_\_\_\_  Yes  No
- Has either parent served in the military? \_\_\_\_\_  Yes  No

**PARENT/GUARDIAN SIGNATURE**

**Information on this application is confidential. Your child's pre-kindergarten program will not discriminate against any family or student on the basis of race, color, national origin, gender or handicap.**

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's pre-kindergarten program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the pre-kindergarten program, my child's learning and development will be assessed and monitored to support further growth, and that some results may be reported as scores and combined with other children's scores for future research related to the general level of impact of kindergarten readiness across the county.

I understand that this information will be entered into a confidential central database system that may be accessed by Kalamazoo RESA Head Start, Great Start Readiness Programs, Kalamazoo County Ready 4's, and Homer Stryker MD School of Medicine in an effort to correctly place my child into a Kalamazoo County Pre-K Program and effectively analyze Kalamazoo county services to families and children. My signature below constitutes a consent to disclose information on this application to the listed entities.

Signature of Parent/Guardian: \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

If information is given verbally, staff will print the parent/guardian name above with the date, check the box and initial  \_\_\_\_\_

How did you hear about Kalamazoo County Pre-K? \_\_\_\_\_