

# Clare and Gladwin Counties Quality Preschool Partnership

Pre-Enrollment Intake Form 2015 - 2016

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F  
 Address: \_\_\_\_\_ School District: \_\_\_\_\_  
 (Street) (City) (Zip)

Ethnicity: ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American ( ) White  
 ( ) Native Hawaiian or Other Pacific Islander ( ) Hispanic of any race ( ) Unknown

**Please indicate with a #1 and #2 your First and Second choice of the preschool programs that you would prefer your child to attend. Please DO NOT mark your preferences with an X or a check:**

<b>CLARE COUNTY PRESCHOOLS:</b>	
<b>Clare Community Action Preschool</b>	Mid Michigan Community Action Agency 1574 E. Washington Rd., Farwell, MI 48622
<b>Clare Great Start Readiness Preschool</b>	Mid Michigan Community Action Agency 306 Schoolcrest Ave., Clare, MI 48617
<b>Clare Great Start Readiness Preschool</b>	Mid Michigan Community Action Agency 205 E. Wheaton St., Clare, MI 48617
<b>Farwell Community Action Preschool</b>	Mid Michigan Community Action Agency 2050 W. Cadillac Dr., Farwell, MI 48622
<b>Farwell Community Action Preschool</b>	Mid Michigan Community Action Agency 268 E. Ohio St., Farwell, MI 48622
<b>Harrison Community Action Preschool</b>	Mid Michigan Community Action Agency 579 N. Clare Ave., Harrison, MI 48625
<b>Harrison Great Start Readiness Preschool</b>	Harrison Community Schools - Larson Elementary 455 W. Spruce St., Harrison, MI 48625

<b>GLADWIN COUNTY PRESCHOOLS:</b>	
<b>Beaverton Community Action Preschools</b>	Mid Michigan Community Action Agency 106 Tonkin St., Beaverton, MI 48612
<b>Gladwin Community Action Preschool Head Start Only</b>	Mid Michigan Community Action Agency 1302 Chatterton St. Gladwin, MI 48624
<b>Gladwin Great Start Readiness Preschool</b>	Gladwin Community Schools - Gladwin Elementary 600 W. First St., Gladwin, MI 48624
<b>Gladwin Head Start Preschool</b>	NEMCSA Head Start - Gladwin Elementary 600 W. First St., Gladwin, MI 48624

Parent / Guardian 1 Name: \_\_\_\_\_ Parent / Guardian 2 Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Text Message Phone No: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred Way of Contact: ( ) Phone ( ) Text ( ) Email  
 Marital Status: \_\_\_\_\_ Child Lives With: \_\_\_\_\_  
 Number of Children in Household: \_\_\_\_\_ Number of Adults in Household: \_\_\_\_\_

### Parent / Guardian 1 Income Information

Gross Income: \$ \_\_\_\_\_ ( ) Weekly, ( ) Bi-weekly, ( ) Monthly, ( ) Annually  
 Income Source: ( ) Working ( ) Child Support ( ) Supplemental Security Income - SSI ( ) Other: \_\_\_\_\_  
 Is this more than stated on Parent / Guardian 1's 2014 income tax return? ( ) Yes ( ) No

## Parent / Guardian 2 Income Information

Gross Income: \$ \_\_\_\_\_ ( ) Weekly, ( ) Bi-weekly, ( ) Monthly, ( ) Annually

Income Source: ( ) Working ( ) Child Support ( ) Supplemental Security Income - SSI ( ) Other: \_\_\_\_\_

Is this more than stated on Parent / Guardian 2's 2014 income tax return? ( ) Yes ( ) No

**Have there been any income changes to either Parent / Guardian in the last 6-12 months? (i.e. unemployment, wage increase/decrease, etc.)** ( ) Yes ( ) No

## Additional Information

Is there additional information that you can share about your child/family? *select all that apply*

- |                                                         |                                               |                                                              |
|---------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Abuse/Neglect                  | <input type="checkbox"/> Health Concerns      | <input type="checkbox"/> Parent Did Not Graduate High School |
| <input type="checkbox"/> Challenging Behavior           | <input type="checkbox"/> Hearing Concerns     | <input type="checkbox"/> Speech/Language Concerns            |
| <input type="checkbox"/> Diagnosed Overactive           | <input type="checkbox"/> High Lead            | <input type="checkbox"/> Vision Concerns                     |
| <input type="checkbox"/> Disability/Developmental Delay | <input type="checkbox"/> Non-English Speaking | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Environmental Risk             | <input type="checkbox"/> Orthopedic Concerns  |                                                              |

**Please explain any concerns selected:** \_\_\_\_\_

Has your child been referred / involved in: *select all that apply*

- Early Childhood Special Education ( ) Early Head Start ( ) Early On ( ) Head Start

Current services received by family: *select all that apply*

- DHS Child Care Assistance ( ) DHS Financial ( ) DHS Food Assistance ( ) Medicaid

Childcare Provider: \_\_\_\_\_

Childcare Address: \_\_\_\_\_

(Street)

(City)

(Zip)

**I hereby release this information to be shared among the member agencies of the Clare-Gladwin Quality Preschool Partnership and the Clare-Gladwin Great Start Collaborative:**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN TO:** Clare and Gladwin Counties Quality Preschool Partnership, 4041 E. Mannsiding Rd., Clare, MI 48617

Phone: 989-386-8075 | Fax: 989-386-3238 | Submit Intake Information Online: [www.claregladwinpreschool.org](http://www.claregladwinpreschool.org)

*State and Federally funded programs do not discriminate against any family because of race, color, national origin, sex, age, or disability.*

