

2021-2022 Tuscola County Early Childhood Programs Preschool Intake



Tuscola County has several free and low cost preschool programs for children 3 and 4 years of age. To find out if you qualify for these options, please complete this form and provide a copy of your child's birth certificate, proof of income, and a proof of residency. Placement is not guaranteed with submission. Preschool placement is based on child's age, family income, eligibility factors, and availability of programming. **See the back of this form and check off the eligibility factors (mark all that apply).** Please provide the following: ___Birth Certificate ___Proof of Income ___Proof of Residency

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| Child's First Name: | Child's Last Name: | Birth Date: |
| Gender: | Street Address: | City AND Zip: |
| Race (please circle): American Indian/Alaska Native; Asian; Black/African American; White Ethnicity: Hispanic or Latino | Previously Attended Program: <input type="checkbox"/> None <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> GSRP <input type="checkbox"/> Childcare <input type="checkbox"/> ECSE | Learning Preference: <input type="checkbox"/> Virtual <input type="checkbox"/> In Person <input type="checkbox"/> Undecided |
| Resident School District (please circle): Akron-Fairgrove; Caro; Cass City; Kingston; Mayville; Millington; Reese; USA; Vassar <input type="checkbox"/> None of these Preferred School District (please name): | Does your family, or anyone in the household receive: <input type="checkbox"/> Cash Assistance <input type="checkbox"/> SSI Is the child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive special education services (such as an IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No | What is your family's approximate gross earnings in the last 12 months? Have there been income changes in the last 6-12 months due to COVID or other reasons? Please list the names of people in the home supported by this income (include yourself): |

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|------------------------------|----------------------|--------------------------------|-----------------------------|
| Parent/Guardian Name: | Phone Number: | Alternate Number/Email: | Place of Employment: |
| Parent/Guardian Name: | Phone Number: | Alternate Number/Email: | Place of Employment: |

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| Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Together, not married Does either parent receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Lives With (check all that apply): <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother <input type="checkbox"/> Foster Care <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Joint Custody | Child's Current Living Situation: <input type="checkbox"/> Apartment/home I rent <input type="checkbox"/> Home I own <input type="checkbox"/> In a relative's home (ex. grandparent) <input type="checkbox"/> Sharing housing with another family <input type="checkbox"/> Hotel or campground <input type="checkbox"/> Homeless/without permanent housing/not sheltered |
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Please review and check off all factors that apply to your child and family. This will help determine your child's enrollment and placement into a program.

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| 2 | <p>Child has diagnosed disability or identified developmental delays:</p> <ul style="list-style-type: none"> ○ Eligible for special education services or developmental progress is less than that expected for his/her age, or has chronic health issues causing developmental or learning problems | <ul style="list-style-type: none"> ○ Referral or diagnosis from physical or health provider on health form ○ Early On transition/referral at age three ○ Concerns noted, but not eligible for special education services ○ Individual Education Plan (IEP) ○ Screening assessment results & professional/parent referral |
| 3 | <p>Child has severe or challenging behavior:</p> <ul style="list-style-type: none"> ○ Child has been suspended or expelled from a preschool or child care center | <ul style="list-style-type: none"> ○ Exclusion from other preschool/ child care program ○ Social Services or medical referrals ○ Parent or Guardian legal documentation ○ Parent questions/interview ○ Staff observation/documentation on home visit or other contact |
| 4 | <p>Primary home language is not English:</p> <ul style="list-style-type: none"> ○ English is not spoken in the child's home; English is not the child's first language | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Interview ○ Observation ○ Home Visit |
| 5 | <p>Parent or Guardian has low educational attainment:</p> <ul style="list-style-type: none"> ○ Parent or guardian has not graduated from high school or is illiterate | <ul style="list-style-type: none"> ○ Parent Report ○ School report, record, or referral |
| 6 | <p>Abuse/Neglect of child or parent:</p> <ul style="list-style-type: none"> ○ Domestic, sexual, or physical abuse of child or parent/guardian; child neglect issues ○ Includes abuse/neglect of child as well as domestic/spousal/partner abuse of parent or sibling ○ Abuse of alcohol, prescription or non-prescription drugs by family members or in the home | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Court or police report ○ Restraining order in domestic violence situation ○ Discovered on home visit ○ Medical report |
| 7 | <p>Environmental Risks</p> | |
| | <p>a. Parental loss due to death, divorce/separation, incarceration, military service absence</p> | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Divorce/Custody papers ○ Deployment orders ○ Legal documents |
| | <p>b. Child's situation is negatively affected by issues related to sibling (chronic illness, behavior issues, disability, death)</p> | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Agency referral ○ Medical report |
| | <p>c. Teen parent (parent not yet 20 at birth of <i>first</i> child)</p> | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Ages of siblings ○ ID with date of birth of parent |
| | <p>d. Family is homeless or without stable housing</p> | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Custody orders/legal documents ○ Agency referrals/documentation |
| | <p>e. Residence in a high-risk neighborhood (high poverty, crime, limited access to community services)</p> | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Staff report |
| | <p>f. Prenatal or postnatal exposures of toxic substances known to cause health concerns, learning or developmental delays</p> | <ul style="list-style-type: none"> ○ Parent or guardian report ○ Interview ○ Medical/hospital records ○ Social services referral |