

2022-2023 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 the items listed below. Placement is not guaranteed with submission. Placement is prioritized based on the child's age, family income, eligibility factors, and availability of programming. **See back of this form to eligibility factors (mark as apply) and information for processing this form.**

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 | Has your child ever received either of the following? <input type="checkbox"/> Imagination Library <input type="checkbox"/> Mix-in-Math |
| Resident School District (please circle): Akron-Fairgrove; Caro; Cass City; Kingston; Mayville; Millington; Reese; USA; Vassar Preferred School District (please name): Will your child need transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided | 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 | How did you hear about our program? What is your family's approximate gross earnings in the last 12 months? 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 <input type="checkbox"/> NA | 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 <input type="checkbox"/> Mother/Step-parent <input type="checkbox"/> Father/Step-parent | 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 |