

## 2024-2025 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**

<b>Child's First Name:</b>	<b>Child's Last Name:</b>	<b>Birth Date:</b>
<b>Gender:</b>	<b>Street Address:</b>	<b>City AND Zip:</b>
<b>Race</b> (please circle): American Indian/Alaska Native; Asian; Black/African American; White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Neither	<b>Previously Attended Program:</b> <input type="checkbox"/> None <input type="checkbox"/> Head Start <input type="checkbox"/> GSRP <input type="checkbox"/> Childcare <input type="checkbox"/> ECSE
<b>Resident School District</b> (please circle): Akron-Fairgrove; Caro; Cass City; Kingston; Mayville; Millington; Reese; USA; Vassar  <b>Preferred School District</b> (please name one of the above schools):	<b>Does your family, or anyone in the household receive:</b> <input type="checkbox"/> Cash Assistance <input type="checkbox"/> SSI <input type="checkbox"/> SNAP benefits <input type="checkbox"/> None  <b>Is the child a Foster Child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Does the child receive special education services (such as an IEP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How did you hear about our program?</b>  <b>What is your family's approximate gross earnings in the last 12 months?</b>  <b>Please list the names of people in the home supported by this income (include yourself):</b>
<b>Will your child need transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		

<b>Parent/Guardian Name:</b>	<b>Phone Number:</b>	<b>Alternate Number/Email:</b>	<b>Place of Employment:</b>
<b>Parent/Guardian Name:</b>	<b>Phone Number:</b>	<b>Alternate Number/Email:</b>	<b>Place of Employment:</b>

<b>Relationship Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Together, not married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed  <b>Does either parent receive child support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Child Lives With</b> (check all that apply): <input type="checkbox"/> Both Parents <input type="checkbox"/> Joint Custody <input type="checkbox"/> Mother <input type="checkbox"/> Mother/step-parent <input type="checkbox"/> Father <input type="checkbox"/> Father/Step-parent <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian	<b>Child's Current Living Situation:</b> <input type="checkbox"/> Living in home I own <input type="checkbox"/> Apartment/home I rent <input type="checkbox"/> Child/family lives with parent/grandparent <input type="checkbox"/> Sharing housing with another family member or friend <input type="checkbox"/> Living in motels, cars, or camp grounds due to hardship <input type="checkbox"/> In a shelter (transitional or emergency) <input type="checkbox"/> 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.**

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