

Great Start Readiness Program Pre-Application

A State Funded Pre-School Program

A Four-Day Program

ALL INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

(Please Print)

Child's Name: _____
(Last) (First) (Middle)

Child's Birth date: _____ Male _____ Female _____ Place of Birth _____

Last School Attended _____

With whom does the child reside: _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Home Phone No. _____ Work Phone No. _____

How long at present address: _____

Previous address: _____
(Number) (Street) (City) (State) (Zip Code)

How long at previous address: _____

Marital status of parent(s) _____ Married _____ Single _____ Divorced _____ Widowed _____ Separated

List all persons living in household:

Name	Relationship	Sex	Birth date	Last Grade Completed	School Attending	Registered Voter
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Name and phone number of adult we can contact if parent/guardian cannot be reached.

Name	Relationship to Student	Phone Number	(Alternate Number)
_____	_____	_____	_____

Have any brothers, sisters or parents ever had any school services such as: P.P.I., Speech Therapy, Teacher Consultant, etc.? _____ yes _____ no If yes – who received services? _____

What Services? _____ How Long? _____

Any chronic illness of parent or sibling? _____ Yes _____ No Does this child have an I.E.P? _____ yes _____ no (physical, mental or emotional)

If yes, explain: _____

What is the child's first language? _____ What language is spoken at home? _____

Do parents/guardians speak English? Yes No If no who is the interpreter? _____ Phone _____

Mother's Employer _____

Father's Employer _____

Length of Employment: _____ Work Hours _____

Length of Employment: _____ Work Hours _____

Estimated Income (yearly) _____

Estimated Income (yearly) _____

Has either parent been a client of the State Department of Social Services? Yes No

Explain: _____

Birth Weight: _____ lb. _____ oz. Did your child have a normal birth? _____ Yes _____ No

If no, explain: _____

Has your child had any prior special growth and developmental problems in the infant years? _____ Yes _____ No

Explain: _____

Physical Handicaps: _____ Yes _____ No Does your child show good coordination? _____ Yes _____ No

Long term/chronic illness of child? _____
(ear infections, tubes in ears, asthma, etc.)

Has your child ever been hospitalized? _____ Yes _____ No Is your child covered by health insurance? _____ Yes _____ No

If yes, for what? _____

In your opinion, is your child healthy? _____ Yes _____ No Does your child have special nutritional needs? _____ Yes _____ No

Has your child ever been referred for testing? _____

What type of testing? _____ Referred by whom? _____

What were the results of the testing? _____

Is there anything you can tell us about your child that would be helpful. For example: language deficiency, behavior concerns, personality traits, parent or sibling with substance abuse, loss of parent, speech delays, behavior concerns, special family circumstances etc. (Use additional sheet of paper if needed.)

Parent Signature

Date

Return form to:

GSRP PRE-SCHOOL PROGRAM
WYOMING PUBLIC SCHOOLS
4334 Byron Center Ave SW
WYOMING MI 49519
Phone 530-5671

Return this form without the health form or birth certificate. These will be needed at a later date.

It is the policy of the Wyoming Public Schools District that no person shall on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits, or be subjected to discrimination, in employment or any of its programs or activities.