

# Eastern Upper Peninsula Early Learning Collaborative Preschool Application Information

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## **COLLABORATIVE PARTNERS**

Joint Recruitment and Enrollment procedures are used to service families who reside in Chippewa, Luce and Mackinac counties. The procedures encompass Head Start, Great Start Readiness, child development centers and private preschools in the tri-county area. Those agencies include:

### *Free or Low Cost Programs for Eligible Children*

1. Chippewa-Luce-Mackinac Community Action Agency Head Start and Early Head Start
2. Eastern Upper Peninsula Intermediate School District Great Start Readiness Preschools (GSRP). Sites: Detour, Engadine, Newberry, Pickford (Wee Wisdom), Rudyard, Sault Ste. Marie, St. Ignace, Whitefish
3. Inter-Tribal Council of Michigan- Bay Mills Head Start, Early Head Start, and Child Development Center
4. Sault Tribe of Chippewa Indians Head Start, Early Head Start, and Child Development Center

### *Tuition Based Programs*

5. Central Child Care Center
6. Immanuel Lutheran- Little Lambs Preschool
7. Superior Start: The School Readiness Center & Preschool
8. Soo Co-op Preschool
9. St. Mary's Catholic Preschool

## **PURPOSE**

The purpose of the Eastern Upper Peninsula Early Learning Collaborative joint recruitment and enrollment procedures is:

1. To offer a more streamlined process for families when enrolling their child in preschool.
2. To ensure that every eligible family who needs or wants preschool for their child is informed of their options.
3. To ensure that all programs reach capacity if there are children without a preschool.
4. To establish a universal "wait list" so families are enrolled in programs according to mandated priorities.
5. To establish an on-line intake form to allow families and providers easy access.

Program enrollment is determined by family preference, eligibility criteria, available slots, transportation needs, and other identified needs.

## **REQUIRED INFORMATION FOR ENROLLMENT**

**If applying to a GSRP or Head Start Program the following information will be required before the application can be processed.**

- **Certified Birth Certificate**
- **Income Verification:** This information is confidential and will only be used for enrollment purposes. All the programs operated through GSRP and Head Starts have a variety of income guidelines. Income for the immediate 12 months prior to submission of the previous tax year must be verified. Income verification must include either W-2 forms, tax returns, statements from employers, the last 12 month of child support if receiving and/or verification of any other form of income. If your family receives Supplemental Security Income (SSI) or cash assistance (FIP) from the Department of Human Services, verification must be submitted with the application. If the child is Foster Child verification in the form of court documents or a letter from the child's case worker must be submitted with the application.
- **Health Information:** Appraisals by physicians, completed health requirements, and updated immunizations are strongly encouraged to be completed prior to enrollment.
- **Other Information:** If you are in a situation where a parent or other person may not have access to your child due to custody or other issues, a current copy of the court order which indicates the restriction is required at the time of enrollment.

The in-take form will be reviewed by the Eastern Upper Peninsula Early Learning Collaborative and sent to the appropriate program. The program will contact the family and assist them in completing the enrollment process for the individual program.

## Eastern Upper Peninsula Early Learning Collaborative RELEASE TO SHARE INFORMATION

I, \_\_\_\_\_, hereby authorize the sharing of information listed on the joint  
Parent/Guardian

recruitment and enrollment in-take form regarding \_\_\_\_\_, \_\_\_\_\_  
Child's Name Date of Birth

to be shared with the programs and agencies who are members of the Eastern Upper Peninsula Early Learning Collaborative.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Applying Child: \_\_\_\_\_ DOB: \_\_\_\_\_

**This section is intended to address the homeless needs by McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the applicant may be eligible to receive.**

1. Is your current address a temporary living arrangement?  Yes  No

2. **If no**, please skip the rest of this section.

If yes, please answer the questions below.

Is this temporary living arrangement due to loss of housing or economic hardship?

Yes  No

Where is the child presently living? (Check one box)

- In a motel  Moving from place to place  
 In a shelter  With more than one family in a house or apartment  
 In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite.

*I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail  
or return this  
application  
to this  
address*

**CLMCAA  
Sewell Avery Center  
524 Ashmun Street  
Sault Ste. Marie, MI 49783  
Phone: 906-632-3363**

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For Staff use only: Distributed by: \_\_\_\_\_ Tracking # \_\_\_\_\_

Date Received in Data: \_\_\_\_\_

### **Early Childhood Risk Factors**

**Please complete only if applying for Head Start or GSRP Programs**

- Yes  No –Child has active IEP and is receiving special education services  
If yes, then list providing school/agency? \_\_\_\_\_
- Yes  No –Child has an IFSP and receives Early On Services
- Yes  No –Child has health issues that could result in a developmental delay or learning difficulty.  
Specialist or Medical Provider name: \_\_\_\_\_
- Yes  No –Physician has referred for special education services
- Yes  No –Child has received a low score on a developmental screening
- \_\_\_\_\_
- Yes  No –Child's behavior has repeatedly prevented him/her from participating in a group setting (for example: preschool, church, or day care)
- Yes  No –A mental health professional has referred child for services.
- \_\_\_\_\_
- Yes  No –Your child is entering school not able to speak English and must learn the language.
- Yes  No –English is your child's second language.
- \_\_\_\_\_
- Yes  No –One or both parents did not graduate from high school
- Yes  No –One or both parents have difficulty with reading or cannot read.
- \_\_\_\_\_
- Yes  No –Child has been abused/neglected or there has been domestic/spousal abuse of parent/sibling.
- Yes  No –There has been abuse of alcohol, prescription or non-prescription drugs by family members or in the home.
- \_\_\_\_\_
- Yes  No –Parent deployed in the military
- Yes  No –Parent incarcerated
- Yes  No –Parent suffers from chronic illness/disability (physical, emotional, mental)
- Yes  No –Frequent changes in custody of child.
- Yes  No –Grandparent is raising grandchild
- Yes  No –Single parent or parents have divorced or separated
- Yes  No –Child is in foster care.
- Yes  No –Child's situation is negatively affected by issues related to a sibling (chronic illness, behavior issues, disability, death)
- Yes  No –Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations).
- Yes  No –Neighborhood has a high crime rate, violence, injury, drug abuse or death rates
- Yes  No –Home is unsafe or crowded
- Yes  No –Home has lack of utilities or no space for children's play.
- Yes  No –Child born with Fetal Alcohol Syndrome
- Yes  No –Child born addicted to drugs
- Yes  No –Child suffers from respiratory problems because of environment  
\_\_\_\_\_ yrs. –Age of parent at birth of first child.

*Your response is voluntary and the information provided about your child is confidential.*