



Huron County Great Start Readiness & Head Start Programs Preschool Application/Intake

Locations include: Bad Axe at the Huron Learning Center, and Caseville, Harbor Beach, Lakers, North Huron, Owen-Gage, and Ugly Schools

Helping children prepare for success in kindergarten & beyond!

There are tuition free preschool programs throughout Huron County for children 3 and 4 years of age. To apply, complete the front and back page of this application and mail it to: Huron County Great Start, 1299 S. Thomas Road Bad Axe, MI 48413, fax to 989-269-3403 or call 989-269-6533 or 989-269-3458. **YOU MUST ALSO SUBMIT DOCUMENTATION OF PROOF OF OUR CHILD'S AGE, IMMUNIZATION RECORD, YOUR INCOME TAX RETURN, AND DRIVERS LICENSE.**

Preschool placement is based on a child's age, family income, child's need and availability of programming. The state and federal governments have determined that government funded preschool programs will be available at no cost for families who have low income.

Please excuse the personal nature of some of the questions. Your answers will help determine if your child is eligible for a Great Start Readiness or Head Start Preschool Program. Feel free to attach a separate sheet documenting any additional information we may need in determining eligibility. **If you are eligible for Head Start you will need to complete additional enrollment forms with a Head Start representative.**

Child's Last Name	First Name	Middle Name
Birth Date	Gender Male Female	Child's Nickname
Street Address	City	Zip Code
Child's race (circle one or all that apply): American Indian Alaskan Native Asian/Pacific Islander Hispanic/Latino African/Black White/Non-Hispanic	Language(s) spoken in the house	Resident School District
Parents are: Married Divorced Separated Widowed Never married Other		
Who does the child live with and what is their relationship to the child? Please list all persons living in the home and ages of siblings.		
Parent's Name	Phone Number Prefer Text? Yes No	Email
Second Parent's Name	Phone Number Prefer Text? Yes No	Email
Parent #1 Place of Employment	Parent #2 Place of Employment	
Number of people in your household? _____ What is your family's total gross (before taxes) annual income? _____		
Does your family receive cash assistance? Yes No Does your family receive food assistance through DHHS? Yes No		
Is your child homeless? Yes No Note: this includes any situation where you do not have permanent housing.		
Is this a foster child? Yes No Do you or your child receive Supplemental Security Income or SSDI? Yes No		
Does your child have a developmental delay? Yes No Not Sure		
Do you think your child talks, moves or acts the same as other children who are the same age? Yes No Not sure		
If no or unsure, explain		
Have you been told your child is eligible for special education services? Yes No		
Is your child receiving or has he/she ever received Early On services, speech, physical, or occupational therapy? Yes No		
If yes, explain		
Does your child have a diagnosed medical condition? Yes No		
If yes, explain		

Has your child's behavior ever prevented his/her participation in a group setting? Yes No If yes, explain
Circle any/all of the following that apply to your child's recent or present behavior: Overactive Withdrawn Poor attention span Does not play well with others Anxiety Sleeping problems Impulsiveness Low tolerance for frustration Cries easily Separates from parents with difficulty Easily distracted Temper outbursts Destructive or violent Aggressive Depression
Has your child ever been referred for mental health services? Yes No If yes, explain
Do all adults living in your home have a high school diploma or GED? Yes No Are both parents to read? Yes No Do any of your child's siblings have any difficulties in school or are you concerned about their development? Yes No
Has anyone in your home ever been a victim of physical/domestic/sexual abuse or neglect? Yes No Unsure
Has your family ever been involved with or investigated by Child Protective Services? Yes No
Does anyone in your household have a suspected alcohol or substance abuse problem? Yes No Unsure
Has your child suffered a parental loss due to death, divorce, incarceration, military service, or absence? Yes No If yes, explain
Has your child been negatively affected by issues related to a sibling (chronic illness, behavior issues, disability, death)? Yes No If yes, explain
How old were you at the birth of your first child? Mother _____ Father _____
Do you reside in a high-risk neighborhood (high poverty, crime or limited access to critical resources)? Yes No Unsure If yes, explain
Has your child ever been exposed to toxic substances (tobacco, lead, pesticides, other)? Yes No Unsure Do you suspect your child may have been exposed to toxic substances (tobacco, fumes, pesticides, drugs, alcohol, other) before birth? Yes No Unsure

Please check the box for the preschool you are applying to:

Head Start—Bad Axe 1299 S. Thomas Road Bad Axe, MI 48413	North Huron Head Start 69 Michigan Street Kinde, MI 48445
Caseville Eagle's Nest Head Start & Great Start Readiness Program 6609 Vine Street Caseville, MI 48725	North Huron School Great Start Readiness Program 69 Michigan Street Kinde, MI 48445
Harbor Beach Head Start & Great Start Readiness Program 402 5 th Street Harbor Beach, MI 48441	Owen-Gage Great Start Readiness & Tuition Based 3 Year Old Program 7166 Main Street Owendale, MI 48754
Huron Learning Center Great Start Readiness Program 1299 S. Thomas Road Bad Axe, MI 48413	Ubly Head Start 2020 Union Street Ubly, MI 48475
Laker Head Start 6436 Pigeon Road Pigeon, MI 48755	Ubly School Great Start Readiness Program & Tuition Based 3 & 4 Year Old Program 2020 Union Street Ubly, MI 48475

Do you need bus transportation or will you be transporting your child? _____ bus _____ I will transport _____ unsure

By completing, signing and submitting this form, you are giving permission for this information to be shared among the Head Start & Great Start Readiness Preschool Programs in Huron County to determine eligibility. From there, a representative will contact you to discuss your options.

Parent/Guardian's Signature

Date

Return this application along with copies of the following documents: proof of your child's age, immunization record, proof of residence (drivers license), and proof of income (tax return). Your application will not be processed without these records. Mail or drop off to: Huron County Great Start, 1299 S. Thomas Rd. Bad Axe, MI 48413 or fax to 989-269-3403. Please call 989-269-6533 if you have questions or concerns.