

Almont Preschool Application

2024-2025 School Year

For teacher use only:

Child's name: _____

GSRP (full day): _____ Tuition (half day): _____

Birthdate: _____

Original birth certificate: _____

Copy of immunizations: _____

Income verification: _____

Date/time: _____

To return this application, please call Star Sutphin at [248-736-1550](tel:248-736-1550). Thank you!



Child's Name: _____

Transition Status

- Transitioning from EHS (NEMCSA or other grantee)
- Transitioning from other than NEMCSA HS/program

Eligibility and Prioritization Criteria (Check all that Apply)

- Child is eligible for special education services. (2 – documentation viewed: _____)
- Child's developmental progress is less than expected for his/her chronological age. (2 – documentation viewed: _____)
- Child has chronic health issues causing development or learning problems. (2 – documentation viewed: _____)
- Severe or challenging behavior (child has been expelled from preschool or child care center). (3)
- Primary home language other than English (English is not spoken in the child's home or English is not the child's first language). (4)
- Parent(s) with low educational attainment (parent has not graduated from high school or is illiterate). (5)
- Abuse/neglect of child, sibling or parent (domestic, sexual, or physical abuse of child or parent; child neglect issues; substance abuse). (6)
- Parental loss due to death, divorce, incarceration, military service or absence. (7)
- Sibling issues. (7)
- Teen parent (not yet age 20 when first child born). (7- documentation viewed: _____)
- Family is homeless or without stable housing. (7)
- Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services). (7)
- Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays. (7)
- Unemployed parent (currently looking for work). (N/A)
- Other criteria that may cause learning or school adjustment problems for this child: _____

To increase the likelihood of my child benefiting from a preschool experience, I, parent/guardian, authorize my family/child application/eligibility information be shared with collaborating agencies. This authorization shall remain in effect for two (2) years from the signature date. Yes No

The undersigned acknowledges they have been notified of Northeast Michigan Community Service Agency, Inc.'s *Notice of Privacy Practices* and has had an opportunity to discuss concerns/questions about the privacy of the information provided. Any changes to the notice will be available at www.nemcsa.org. I certify the information provided in support of this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

***** AGENCY USE ONLY *****
 TANF SSI Foster Care Number in Household: _____ Family Income: \$ _____

Information verified and taken by: _____ Date: _____

Federal Ethnicity and Race

Is this student hispanic?

Pick one of the following choices corresponding to if the student is hispanic or not

Yes

No

Reporting ethnicity

Pick one of the following ethnicities corresponding to the student's ethnicity

American Indian

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Hispanic or Latino

Personal demographics

Fill in each blank with a number 0 through 6, according to the following guide:

0. Does not apply
1. Primary racial/ethnic choice
2. Secondary racial/ethnic choice
3. Third racial/ethnic choice
4. Fourth racial/ethnic choice
5. Fifth racial/ethnic choice
6. Sixth racial/ethnic choice

Is the student...

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Hispanic or Latino