

EARLY CHILDHOOD EDUCATION DEPARTMENT
Head Start and Michigan School Readiness Programs
Dickinson-Iron Intermediate School District
1074 Pyle Drive, Kingsford, Michigan 49802
(906) 779-2695

Dear Parents,

Please make sure to complete each blank on the application. Failure to answer ALL questions will result in a delay of possible acceptance. This completed application can be mailed or hand delivered to above address.

NOTE THE FOLLOWING:

- #3 - Family Last Name:** Last name of legal parent or guardian that the child resides with.
#5 - Address/City/State/Zip/County: Address where the child you're enrolling resides.
#6 - Race: B-Black; W-White; H-Hispanic; N-Native American; O-Asian, Pacific Island
 Language: E-English; S-Spanish; F-French; C-Chinese; J-Japanese; K-Korean;
 O-Other

We must have one of the following forms of income verification which apply to your family:

- * Copy of your 2006 - 1040
- * If receiving Family Independence Payments (F.I.P.), a copy of the Grant Award Amount Letter
- * If receiving Child Care Reimbursement, please provide us with proof of approval.
- * If receiving Child Support, verification of the support payment amount
- * If receiving Unemployment, a copy of the check stub, indicate how long on unemployment and a copy of any previous income received before unemployment.
- * Check Stub

Documentation that you will need to provide includes:

- ✓ **Proof of income** - (see above)
- ✓ Your child's most recent **Immunization Record**, showing month/day/year of all immunizations.
- ✓ Your child's **Birth Certificate**

#17 - Certification: You must sign and date on the line provided.

(Your child does not need to be potty trained in order to be eligible!)

Thank you for your interest in our Early Childhood Program and for completing this application. If you have any questions, please contact our office at: (906) 779-2695. The application will be reviewed for eligibility into the program. We will contact you as soon as possible.

**DICKINSON-IRON INTERMEDIATE SCHOOL DISTRICT
EARLY CHILDHOOD EDUCATION APPLICATION
Head Start and Michigan School Readiness Programs
1074 Pyle Drive, Kingsford, MI 49802 - Phone # (906) 779-2695**

1. CHILD'S LEGAL NAME:

LAST _____ FIRST _____ BIRTHDAY ____/____/____

2. PARENT/GUARDIAN(S): _____**3. FAMILY LAST NAME:** _____**4. PHONE:** [home] (____) _____ - _____ [other] (____) _____ - _____**5. ADDRESS:** _____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

6. RACE: _____ **SEX:** M F **LANGUAGE:** _____ **PROGRAM YEAR FOR CHILD:** 1st 2nd 3rd**7. REFERRED TO PROGRAM?** { } Yes { } No **By Whom:** _____ **Why:** _____**8. HAS ANY OTHER CHILD BEEN ENROLLED IN THIS PROGRAM BEFORE THIS YEAR?** { } Yes { } No

If yes, What Year: _____

FAMILY INFORMATION SECTION**9. PARENTAL STATUS:** (check one) { } One Parent { } T-Two Parents { } F-Foster { } N-Not Parent

Number of Persons: _____ in home _____ in family Number of Children: _____ in family _____ under 6 yrs

DUAL CUSTODY FAMILY? { } YES { } NO**10. MOTHER'S FULL NAME:** _____ **PHONE:** (____) _____ - _____**ADDRESS:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____**11. FATHER'S FULL NAME:** _____ **PHONE:** (____) _____ - _____**ADDRESS:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____**12. ARE YOU RECEIVING TANF BENEFITS?****CASH ASSISTANCE FROM DEPARTMENT OF HUMAN SERVICES:** { } YES { } NO**CHILD CARE SUBSIDY:** { } YES { } NO**13. TOTAL YEARLY INCOME OF FAMILY \$** _____ **(Proof of Income must Accompany Application)****14. EMPLOYMENT STATUS:** _____

F=Adult-Full time 35 hr./wk.+; U=Adult-Unemployed; P=Adult-Part time-under 35 hr.; L=Adult-Part time & training;

S=Adult-Seasonally employed; T=Adult-Training or school; B=Adult-Full time & training; R=Adult-Retired or Disabled

15. DOES THIS CHILD HAVE ANY SPECIAL NEEDS, HEALTH PROBLEMS OR IS HANDICAPPED?

{ } Yes { } No { } Suspected

If yes, describe: _____

Evaluated by: _____ Date of Evaluation: _____

16. I give permission for my child to participate in: developmental screening including speech vision and hearing screening**CERTIFICATION:****17. I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.****PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____THIS APPLICATION INFORMATION MAY BE SHARED WITH THE LOCAL SCHOOL DISTRICT IN WHICH YOU RESIDE.
THE INFORMATION WILL ONLY BE USED FOR DETERMINATION OF PROGRAM ELIGIBILITY AND DATA KEEPING.

IF YOU HAVE ANY QUESTIONS, YOU MAY CALL:

CASEY MCCORMICK, DIRECTOR OF EARLY CHILDHOOD EDUCATION - (906) 779-2695

FOREST PARK COMMUNITY SCHOOLS DIRECTOR - (906) 875-6761

WEST IRON COUNTY COMMUNITY SCHOOLS DIRECTOR - (906) 265-5188

**DICKINSON-IRON INTERMEDIATE SCHOOL DISTRICT, EARLY CHILDHOOD EDUCATION
1074 PYLE DRIVE, KINGSFORD, MI 49802, (906) 779-2695
ELIGIBILITY FACTOR LIST**

(For eligibility into the MI School Readiness Program, we need to consider factors other than income. Please (✓) where appropriate for your family.)

Child's Name: _____

ELIGIBILITY CRITERIA:		YES	NO
***	1. Low Birth Weight		
***	2. Developmentally Immature		
	3. Physical and/or Sexual Abuse Neglect		
***	4. Nutritionally Deficient		
	5. Long-term or Chronic Illness		
***	6. Diagnosed Handicapping Condition (Mainstreamed)		
***	7. Lack of a Stable Support System of Residence		
	8. Destructive or Violent Temperament		
***	9. Substance Abuse or Addiction		
***	10. Language Deficiency or Immaturity		
	11. Non-English or Limited English Speaking Household		
	12. Family History of Low School Achievement or Drop-Out		
	13. Family History of Delinquency		
***	14. Family History of Diagnosed Family Problems		
	15. Low Parental/Sibling Educational Attainment or Illiteracy		
	16. Single Parent		
***	17. Unemployed Parent/Parents		
***	18. Low Family Income		
	19. Family Density		
	20. Parental Loss by Divorce or Death		
***	21. Teenage Parent		
***	22. Chronically Ill Parent (Physical, Mental or Emotional)		
	23. Incarcerated Parent		
	24. Housing in Rural or Segregated Area		
	25. OTHER (as Identified by the Applicant and Presented to the State Board of Education to Justify Funding)		

***** STARRED ITEMS REQUIRE SOME FORM OF PROOF**

I have verified the factors indicated: ECE Dept.: _____ **Date:** _____

I verify the factors indicated apply to my child/family: Parent/Guardian: _____ **Date:** _____