



Walled Lake Consolidated School District  
**STATE FUNDED PRESCHOOL PROGRAM**  
 G.S.R.P. (Great Start Readiness Program)

**\*\*IMPORTANT – To allow us to fully consider your application, both sides must be completely filled out.**

| <p><b>Applying Child's Information (Applicant):</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Legal Name: _____<br/> <small>Last First MI</small></p> <p>Date of Birth: _____ Place of Birth (city, state) _____</p> <p>Race/Ethnicity – Check all that apply:<br/> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic</p> <p>Home Address: _____</p> <p>City: _____ Zip Code: _____ County: _____</p> <p>Phones: _____ / _____ / _____<br/> <small>Home Cell Work Home Cell Work Home Cell Work</small></p> <p>Family Language: _____ Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>Income Information – REQUIRED FOR FAIR CONSIDERATION:</b></p> <p>Number of people in the family: _____<br/> <b>(Count people in household supported by parents of applying child.)</b></p> <p>Family's <u>Total Yearly</u> Income for past 12 months (Last year's taxes or 12 months of pay stubs) \$ _____<br/> <b>(You will be asked to provide proof!)</b></p> <p>Do you receive: SSI (Supplemental Security Income) <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>       FIP/DHS/RAP Dollars <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SCHOOL DISTRICT YOU LIVE IN: _____</p> <p>If your child is accepted into our program will you be able to provide transportation?<br/> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>School Year: <input type="checkbox"/> 2023-2024 <input type="checkbox"/> 2024-2025 <input type="checkbox"/> 2025-2026</p> |  |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
|--|---|--|--|--------------------------|------------------|-------|-------|--|--|-------|-------|--|--|-------|-------|---|
| <p><b>Parent/Guardian Information:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Relationship to child</u></th> <th style="text-align: left; width: 20%;"><u>Lives with child?</u></th> <th style="text-align: left; width: 20%;"><u>Employed?</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </tbody> </table>                            |   | <u>Name</u>  | <u>Relationship to child</u>                             | <u>Lives with child?</u> | <u>Employed?</u> | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |       |   |
| <u>Name</u>  | <u>Relationship to child</u>  | <u>Lives with child?</u>                                 | <u>Employed?</u>   |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| _____  | _____   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| _____  | _____   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| <p><b>Other Adults &amp; Children Living in the Home:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 20%;"><u>Birthdate</u></th> <th style="text-align: left; width: 50%;"><u>Relationship to child</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>   | <u>Name</u>   | <u>Birthdate</u>   | <u>Relationship to child</u>                             | _____                    | _____            | _____ | _____ | _____  | _____  | _____ | _____ | _____  | _____  | _____ | _____ | <p>I give permission for this application and related documentation that you provide to be confidentially shared with other free or sliding-scale-tuition prekindergarten programs in the area.</p> <p>_____<br/>       Signature of Parent/Guardian</p> <p>_____<br/>       Date</p> |
| <u>Name</u>  | <u>Birthdate</u>  | <u>Relationship to child</u>                             |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| _____  | _____   | _____  |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| _____  | _____   | _____  |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| _____  | _____   | _____  |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| _____  | _____   | _____  |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |
| <p>Highest level of education: Mom _____ Dad _____</p>   | <p><b>Important: Please complete both sides of this form</b> 😊</p>  |  |  |                          |                  |       |       |  |  |       |       |  |  |       |       |   |



**Walled Lake Consolidated School District  
STATE FUNDED PRESCHOOL PROGRAM  
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**This section is intended to address the McKinney-Vento Act. 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**, skip the rest of this section. **If yes**, 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.)

- \_\_\_\_ Motel/Hotel      \_\_\_\_ Moving from place to place.  
 \_\_\_\_ Shelter          \_\_\_\_ With more than one family in a house or apartment.  
 \_\_\_\_ In a place not designed or intended for ordinary sleeping accommodations,  
 such as a car, park, or campsite.

*I certify that the above information on pages 1 and 2 of this document 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.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In compliance with the Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, it is the policy of the Walled Lake Consolidated School District that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, political belief, military service or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment.*

**This application must be complete.**

**Walled Lake Schools G.S.R.P  
State Funded Preschool Program  
(248) 956-5091**

**These materials were developed under a grant by the Michigan  
Department of Education**

**Disability & Health Concern Identification Section**

Does your child have a disability or health concern?

\_\_\_\_ YES \_\_\_\_ NO (If no, skip this section.)

*Your response is voluntary and the information provided about your child is confidential. Your declining to respond will not be used to exclude your child from enrollment.*

Is your child now being, or has your child ever been **evaluated** for any of the following disabilities or health concerns? Please check **all that are appropriate**.

***\*If checked, please note if confirmed/qualified by a professional for services.***

|                                      | Evaluated                | Confirmed/Qualified      |
|--------------------------------------|--------------------------|--------------------------|
| Allergies                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational (EARLY ON, Project Find) | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional/Behavioral Disorder(s)     | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Impairment/Deafness          | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning disabilities                | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Retardation                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Orthopedic Impairment                | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech or Language Impairment        | <input type="checkbox"/> | <input type="checkbox"/> |
| Traumatic Brain Injury               | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Impairment/Blindness          | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please explain) _____         |                          |                          |
| _____                                |                          |                          |
| _____                                |                          |                          |

Where are services provided? \_\_\_\_\_

**\*\* Please note that documentation will need to be shown for any health problem or disability.**