

2026-2027 Wayne County GSRP Intake Application

These materials were developed under a grant awarded by the Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP).

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Home Language: _____ Gender: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Licensed Site Name: _____

Teacher Name: _____

****Staff MUST initial next to each document as it is received from the parent/guardian.****

Enrollment File		Family Engagement File	
<u>GSRP Forms required before enrollment:</u>		ASQ-3 Summary Sheet: Date Entered into system: _____	
Birth Certificate or Alternative*	Type: _____ Date Received: _____	COR or GOLD Report Dates: 1 _____ 2 _____ 3 _____	
Parent Identification	Type: _____ Date Received: _____	Individualized Development Plan Dates: _____	
Documentation	Type: _____ Date Received: _____	Family Contact Form (Optional)	
		Partnering on Child Development (Optional)	
<u>Licensing Forms required before enrollment:</u>		Additional Documents used by program	
Child Information Record	Date Received: _____	By signing this application, I certify that I completed this form with the parent/guardian and the information is correct to the best of my knowledge	
Immunizations	Date Received: _____		
Written Information Packet Documentation	Date Received: _____	Staff Name (Please Print) _____	
		Staff Signature _____	
<u>Licensing Form due within 30 calendar days of start date:</u>		Date _____	
Health Appraisal	Date Received: _____		

Application

GSRP Child

Child's Name: _____

Child's Address: _____ City: _____ Zip Code: _____

Which of the following is the student's race (if multi-racial, place a checkmark for each that applies):

American Indian or Alaska Native _____ Black or African American _____ White _____

Asian American _____ Native Hawaiian or other Pacific Islander _____ Hispanic or Latino _____

Parent/Guardian

Name: _____

Address (if not child's address): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Employment Status: Unemployed _____ Part Time _____ Full Time _____ Seasonal _____

Parent/Guardian

Name: _____

Address (if not child's address): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Employment Status: Unemployed _____ Part Time _____ Full Time _____ Seasonal _____

If parents are separated or the child is not with the parents, who has legal custody of the child?

Mother _____ Father _____ Foster Care _____ Legal Guardian _____ Grandparent _____

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): _____ **Case Number:** _____

I understand that my child may be placed on a countywide waitlist, if the program that I am interested in has full enrollment. I also understand that there may be availability at other GSRP locations in Wayne County available to my family.

- ☐ I consent to receive text messages from Wayne RESA regarding my child's status on the waitlist.
- ☐ I consent to have my information shared with other GSRP locations that have current/immediate openings.
- ☐ I do not consent to have my information placed on a countywide waitlist.

How did you hear of the Great Start Readiness Program?

Radio Ad _____ TV Ad _____ Billboard _____ Flyer _____ Family/Friend _____

Other _____ please explain _____

Income Verification

- To calculate the Federal Poverty Level use the [Federal Poverty Level Calculator](#).
- To determine the enrollment prioritization, use the GSRP Timeline and Enrollment Plan Document.**

List <u>ALL</u> household members for which you are financially responsible (include self, other adults, and children).					
Name	Relationship to Child	Age	Name	Relationship to Child	Age
	GSRP Child				

Self-Reported Income

Income Type*:		Frequency:		Amount:	
Income Type:		Frequency:		Amount:	
Income Type:		Frequency:		Amount:	
Income Type:		Frequency:		Amount:	
Total income from all sources:					

Total Number Supported: _____ Federal Poverty Level (FPL): _____

Undisclosed Income *(Complete only if parent refuses to disclose household income)*

____ I am declining to disclose my household income and I understand my child will not be eligible to receive placement in a GSRP Program until after August 1, 2026.

Income-eligible for: _____ **Head Start (<100% FPL)** _____ **GSRP (0-400%FPL)** _____ **GSRP(400%+ FPL)**

____ I understand that my family qualifies for Head Start and acknowledge that I have been given information regarding Head Start services and locations and that my name and phone number can be shared with local Head Start agencies.

By signing this application, you certify that the information given is true and accurate to the best of your knowledge.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____