



For office use only:		
Program Year: 20__ - 20__	<input type="checkbox"/> GSRP	<input type="checkbox"/> 4 yo
Teacher: _____	<input type="checkbox"/> CCAMPIS	<input type="checkbox"/> 3 yo
Student UIC#: _____	TUITION	
Date of Enrollment: _____		
Date Dropped: _____		

INITIAL APPLICATION & INTERVIEW FORM

<input type="checkbox"/> College of Education Early Childhood Center 4500 Cass Ave., Suite 1, Detroit, MI 48201 Phone: (313) 577-1686 Fax: (313) 577-6841	<input type="checkbox"/> Merrill Palmer Skillman Institute Early Childhood Center 87 East Ferry, Detroit, MI 48202 Phone: (313) 664-2533 Fax: (313) 664-2555
---	--

Date of Application: _____		
Child's Name: _____	Birthdate: _____	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Proof of Birth (Type of Document): _____	Birthplace (city, state or nation): _____	
If Applicable, Date of Arrival in the United States: _____		
Child's Address: _____	City & Zip: _____	
Home Telephone: _____	Alternate Telephone: _____	

Mother/Guardian's Name _____	Birthdate: _____
Place of Birth: _____	
Home Address (if not the same as child's) _____	
City/Zip _____	
Phone Numbers: Home _____	Work _____ Cell _____
Email _____	WSU Email (if applicable) _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
(EF-7) Who has legal custody of the child?:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent	
If guardian or foster parent (other than biological parent, please complete):	
Legal Guardian's Name(s): _____	Case Number: _____
Please check one: <input type="checkbox"/> Wayne State Undergraduate Student <input type="checkbox"/> Wayne State Employee <input type="checkbox"/> Not Applicable	
If you are a WSU student, are you receiving a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which of the following is the child's race (if multi-racial, place a check mark 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

Has your child attended school anywhere before? Yes No If yes, date they started school: _____

Name of School: _____ City, State: _____

EF-1 Family Income

Estimated annual income (last 12 months) before deductions, including overtime: \$ _____ *

* Please note: Should include income of all family members responsible for support of the child.

EF-1 Does your family receive benefits from Department of Health and Human Services (DHHS)? SSI? Y N

If yes, please explain: _____

EF-1 Mother/Guardian's Employment Status: Part Time Full Time Seasonal

Unemployed

Job Description: _____

Employer: _____ Business Phone: _____

EF-5 Highest grade or degree completed: _____

Work/School Schedule (days & times): _____

EF-1 Father/Guardian's Employment Status: Part Time Full Time Seasonal

Unemployed

Job Description: _____

Employer: _____ Business Phone: _____

EF-5 Highest grade or degree completed: _____

Work/School Schedule (days & times): _____

EF-2 & 3 Has your child been expelled from preschool or a child care center? Yes No

EF-6. Has someone in your home ever been a victim of abuse and/or neglect? Yes No

The above information is true and accurate to the best of my knowledge. I understand that if any of this information changes, or is found to be incorrect, I am obligated to immediately notify this program. I understand that the above information and all information contained in the child's folder will remain **CONFIDENTIAL**.

Parent/Guardian's Name (please print) _____

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

Additional Family Information:

Do you need to have written material translated into your native language? Yes No

EF-7 Mother's age at birth of first child _____

EF-2 & 7 Have you or any of your children been diagnosed with a disability or developmental delay? Yes No

If yes, explain _____

EF-7 Have you or any of your children had a long-term or chronic illness? Yes No

If yes, explain _____

EF-2, 3, & 7 Do you or any of your children receive special services? Yes No

If yes, explain _____

EF-2 Does the child you are enrolling in the program have special needs? Yes No Diagnosed? Yes No

EF-2 Does the child you are enrolling in the program have an IEP? Yes No

Date of IEP (if applicable): _____
Inclusive Classroom Specified? Yes No

EF-7 Has your child experienced parental or sibling loss due to death, divorce, military service, etc? Yes No

If yes, explain _____

EF-7 How long have you lived at your current address? _____

If your reply is less than a year, explain _____

Child's Medical History:

Birth weight _____ lbs. _____ oz. Full-Term Premature

Were there any complications during pregnancy or birth? Yes No

If yes, explain _____

EF 2 & 7 Does your child have any medical conditions? Yes No

If yes, explain _____

Does your child take any medications regularly? Yes No

If yes, explain _____

Does your child have any allergies? Yes No

If yes, explain _____

Does your child have any food restrictions? Yes No

If yes, explain _____

Medical Insurance

Do you have medical insurance? Yes No

Type of Medical Insurance:

Policy Number:

Type of MEDICAID Insurance (if applicable):

Case #:

Child's Recipient ID #:

Background Information About Your Child:

What 10 words would you use to describe your child? (250 characters max)

What do you like most about your child? (250 characters max)

What do you find most challenging about caring for your child? (250 characters max)

What activity do you enjoy most with your child? (250 characters max)

What are three wishes you have for your child? (250 characters max)

My child is happiest when: (250 characters max)

The kinds of play and activities my child enjoys most are: (250 characters max)

I think this is because: (250 characters max)

What upsets my child most is:(250 characters max)

I think this is because:(250 characters max)

To comfort my child, I: (250 characters max)

I think my child's greatest strengths are:(250 characters max)

I think my child needs help with: (250 characters max)

What are your goals for your child now? Over the next three months?(250 characters max)

What kinds of experiences can our program give your child to help him/her reach these goals?

How can we work together with you to best support your child now? Over the next three months?

Parents of Children Enrolled in the COE Early Childhood Center and the Merrill Palmer Skillman Institute Early Childhood Center are Required to:

- Participate in parent meetings and family events (In person or virtually).
- Furnish information regarding their child's developmental history, which will be held in strict confidence.
- Ensure that their child arrives and leaves at the specified times.
- Participate in two (2) home visits in person or virtually, as required by the Michigan Department of Education (if enrolled in the GSRP program).
- Participate in two (2) parent-teacher conferences in person or virtually, as required by the Michigan Department of Education, the College of Education Early Childhood Center, and Merrill-Palmer Skillman Institute Early Childhood Center.

I understand these expectations and agree to these program requirements. Yes No

I am interested in the following program for my child (please check those that apply):

Tuition Program (M-F, 8:30-3:30)

- CCAMPIS Program (M-TH, 8:30 – 3:30) – free for undergraduate students who are eligible under the grant guidelines.
- Before-School Care (8:00 – 8:30) – Please note, there is an additional fee for this service.
- GSRP Program (M-Th, 8:30 – 3:30) – free for families of 4 year olds that qualify under the grant eligibility criteria.
- Before-School Care (8:00 – 8:30) – Please note, there is an additional fee for this service.

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

Application was completed by:

Signature _____ Print Name _____

Date _____ Relationship to child _____

GSRP Documentation
Staff Complete This Section

The following documentation has been received:

- | | |
|---|----------------------|
| <input type="checkbox"/> Birth Certificate | Date Received: _____ |
| <input type="checkbox"/> Letter of Guardianship (if applicable) | Date Received: _____ |
| <input type="checkbox"/> Income Verification | Date Received: _____ |
| <input type="checkbox"/> Immunization Record | Date Received: _____ |
| <input type="checkbox"/> Health Appraisal | Date Received: _____ |
| <input type="checkbox"/> Head Start Referral (if applicable) | Date Received: _____ |
| <input type="checkbox"/> ASQ | Date Received: _____ |

GSRP Eligibility
Staff Complete This Section

Eligibility Factors (check all that apply):	Type of Documentation (e.g., parent report, pay stub, IEP, etc.)
<input type="checkbox"/> EF-1. Quintile: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 % FPL: _____ <input type="checkbox"/> GSRP Eligible <input type="checkbox"/> Head Start Eligible	
<input type="checkbox"/> EF-2	
<input type="checkbox"/> EF-3	
<input type="checkbox"/> EF-4	
<input type="checkbox"/> EF-5	
<input type="checkbox"/> EF-6	
<input type="checkbox"/> EF-7	

By signing this intake application, I certify that I completed this form with the parent/guardian and the information is correct to the best of my knowledge.

Staff Signature: _____ Date: _____

Director Signature Verifying & Auditing Form _____ Date: _____