



Ottawa County Early Childhood Education Application 2016-2017
Early Head Start, Great Start Readiness Preschool, Head Start, Parents as Teachers, and Tuition-Assistance
(No Cost to eligible participants)

Application Date _____

CHILD INFORMATION

Child's Legal Last Name	Child's First Name	M.I.	Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Birthday (month, day, year)	My Child is transitioning from Early Head Start <input type="checkbox"/> YES <input type="checkbox"/> NO		My Child is transitioning from Early On <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you or your doctor have concerns about your child's development? (language, motor, behavior) <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO				
Does your child have a current IEP or IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO				

HOUSEHOLD INFORMATION

ADDRESS				
Living Address: Street / Apartment	City / State / Zip	County	Phone Number	
Mailing Address (if different) : Street / Apartment	City / State / Zip	County	Phone Number	
Which School District do you Live in? (Circle One) Allendale Coopersville Grand Haven Hamilton Holland Hudsonville Jenison Saugatuck Spring Lake West Ottawa Zeeland				
How many times have you moved in the last year?	Do you have a permanent residence? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you been homeless in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:			<input type="checkbox"/> Yes I would like to be added to an email list to receive Early Childhood resources and events	

HOUSEHOLD – PLEASE LIST ALL MEMBERS

Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Child	Circle One			Employed? Yes No
						High School Grad	Non-Grad	GED	
						High School Grad	Non-Grad	GED	Employed? Yes No
						High School Grad	Non-Grad	GED	Employed? Yes No
						High School Grad	Non-Grad	GED	Employed? Yes No
						High School Grad	Non-Grad	GED	Employed? Yes No
						High School Grad	Non-Grad	GED	Employed? Yes No

Total # in Household	Previous 12 Months or 2015 Income: \$
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VERIFICATION OF 12 MONTHS OF INCOME MUST BE ATTACHED IN ORDER TO PROCESS YOUR APPLICATION

A Copy of Your 2015 Tax Return, W2's, Verification of child Support, Unemployment and/or Disability Income

Check box if family is receiving any of the following services:

- MDHS Child Care Reimbursements SSI FIP Payments Work First Child is a Foster Child

Note: Verification of any of these services automatically makes you income eligible.

FAMILY INCOME (Gross)

Name	Amount: \$	Per	Annual Amount \$	Description

TRANSPORTATION INFORMATION (IF TRANSPORTATION IS AVAILABLE)

Pick Up Location <input type="checkbox"/> Home <input type="checkbox"/> Sitter	If Sitter, Name :	Address	Phone
Drop Off Location <input type="checkbox"/> Home <input type="checkbox"/> Sitter	If Sitter, Name :	Address	Phone
Are you able to Self Transport? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PARENT INFORMATION

Are parents able to speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Child's Primary Language :	Language : Secondary			
Does parent have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is parent on Active Military Duty? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is a parent incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has child lost a parent or sibling due to death? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has child been abused/CPS involved? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a chronically ill family member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a recent immigrant/refugee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a current/history of domestic violence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Substance abuse/addiction? <input type="checkbox"/> YES <input type="checkbox"/> NO
How did you hear about this program?					

IF I CANNOT BE REACHED, PLEASE CONTACT:

Name	Phone Number	Relationship to Child
Address		City / State / Zip

I hereby release this information to be shared by the Ottawa Area Intermediate School District, Child Development Services - Lakeshore Head Start and the school district indicated above.

Additionally, if I do not qualify for these preschool programs I give the Ottawa Area Intermediate School District permission to give my application to tuition assistance programs (Ready for School) **Yes No**

NOTE: APPLICATION MUST BE SIGNED IN ORDER TO BE PROCESSED

Signature of Parent/Guardian:

Date:

Check all programs you are interested in applying your child for:

***See program descriptions on page 2**

<input type="checkbox"/> Home-Based Services PAT/ Early Head Start <input type="checkbox"/> Childcare <input type="checkbox"/> Three Year Old Preschool <input type="checkbox"/> Four Year Old Preschool Location Preference: <hr/> <p>*Filling out this application does not guarantee acceptance in programs.</p>

If this is an agency referral please fill out the following:

Contact Person: _____
Agency: _____
Phone/Email: _____

Please return applications to:

**Innocademy
8485 Homestead,
Zeeland, Michigan 49464**

Questions? 616-748-5637