



FiveCAP, INC.



Next Generation



Manistee ISD

Preschool 2020-2021 Joint Recruitment Application

Dear Parents,

Welcome to the Head Start/Great Start Readiness Program (GSRP) preschool recruitment. You are applying for the 2020-2021 program year which will begin in the fall of 2020. All children who turn 3 or 4 years old before December 1, 2020, should apply for free preschool programming through Head Start or the Great Start Readiness Program (**GSRP**).

Please complete the application on the back of this letter and return it to either Head Start programs or GSRP c/o Manistee ISD. You may also return it to the recruitment location/ person in which applications are available.

Please understand that this is the first step in the process. This application is to **apply** for a program. The placement has not yet been determined and your child is **not** considered enrolled. Once this application is reviewed, you will be contacted by a Head Start or Great Start staff member. They will make an appointment to meet with you and your child at your convenience. This appointment is required to determine if your child is eligible for Head Start or GSRP preschool and collect eligibility information. Generally, appointments are face to face, however, due to current concerns pertaining to COVID-19 and other distancing measures, applications can be completed in other ways considered safe. Final enrollment determinations are made by our Head Start and Great Start Readiness Program Staff typically in August and preschool typically does not begin until mid-September.

You may also fill out an online application. Click on this link: <https://forms.gle/JHfgM5bnhFa2rRZS8>

If you have any questions, please contact one of our offices. We look forward to hearing from you.

Sincerely,

Paris Philo, GSRP
Early Childhood Contact
Wexford Miss & Manistee ISD's
772 East Parkdale Ave.
Manistee, MI 49660
231-723-4264 or 231-876-2217
pphil@wmisd.org

Lisa Fisher, Head Start
Education/Disabilities Specialist
FiveCAP, Inc.
302 N. Main St., PO Box 37
Scottville, MI 49454
231- 757-3785
fivecap@fivecap.org

Holly Karlsen- Head Start
Administrator
Next Gen. Learning Center
2840 Orchard Hwy. Suite B
Manistee, Mi 49660
231.398.2252
hollykarlsen@lrboi-nsn.gov

Release of information: To increase the likelihood of my child benefiting from a preschool experience, I authorize Manistee ISD, area Head Start programs, and the Great Start Readiness Program (GSRP) to share my application information.

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Manistee County Early Childhood
2020-2021 Preschool Application & Referral Form



Child's Name: _____ Birth Date: _____ Sex: _____
 Parent/Guardian: _____ Phone: _____ Cell: _____
 Mailing Address: _____ City: _____ Zip: _____
 Residential Address: _____ City: _____ Zip: _____
 County: _____ Please identify closest crossroads: _____

Where do you currently live? (check one) Rent or Own Emergency Shelter In Foster Care

Unsheltered Camper/Trailer Hotel/Motel Family/Friend

Is your current address a temporary living arrangement? Yes No

If yes, is this temporary arrangement due to loss of housing or economic hardship? Yes No

School District (please check where you currently reside/pay taxes - NOT what district you would like to attend PreK):

Bear Lake Onekama Manistee Kaleva Norman Dickson (KND-Brethren)

Transportation Needed? Yes No If transportation is not available are you willing to transport? Yes

No

<u>ADULTS IN HOUSEHOLD</u>	<u>RELATIONSHIP to CHILD</u>	<u>CHILDREN IN HOUSEHOLD</u>	<u>DATE of BIRTH</u>

Annual Income (last 12 months): _____ Number in family: _____

Do you currently receive Cash Assistance (not food stamps) from the Dept. of Human Services DHHS? Yes No

Are you currently employed? Mother: Yes No Father: Yes No

Do you or any of your family members receive SSI? Yes No

List language(s) spoken in the home: _____

Does child have a medical disability or receives special education services (IFSP or IEP)? Yes No

If yes, include where child receives services : _____

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

Family Member: _____ Identified Illness: _____

Have any of your children attended: GSRP Head Start/Tribal Head Start Early Head Start Tuition Childcare

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