

**2018-2019
Orchard View Preschool Program's Application**

Office Use Only
___ 1-50%
___ 51-100%
___ 101-150%
___ 151-200%
___ 201-250%
___ 251%-300%
___ 300% and above

Date: _____

School District (circle one): Orchard View Oakridge Ravenna Other: _____

Child's First, Middle, Last Name: _____

(as listed on the birth certificate)

Address: _____ City: _____ Zip Code: _____

Child's Date of Birth: _____ Gender: Male Female

(Your child must be 3 or 4 years old on or before September 1, 2017)

Order of Birth if Multiples: 1st 2nd 3rd

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Child lives with _____ Mother _____ Father _____ Both _____ Joint Custody _____ Other _____

Is the child in child care? No _____ Yes _____ If yes: Home _____ or OVCE Child Care _____ or Other _____

Teacher preference: _____
(Please note that preferences are considered but not guaranteed.)

Can you provide transportation to and from preschool?
_____ Yes _____ No

ANNUAL INCOME ELIGIBILITY GUIDELINES – Please mark the category that applies to your family.

	1-50%	51-100%	101-150%	151-200%	201-250%	251-300%
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income Over Income
1	\$6,070	\$12,140	\$18,210	\$24,280	\$30,350	\$36,350
2	\$8,230	\$16,460	\$24,690	\$32,920	\$41,150	\$49,380
3	\$10,390	\$20,780	\$31,170	\$42,560	\$51,950	\$62,340
4	\$12,550	\$25,100	\$37,650	\$50,200	\$62,750	\$75,300
5	\$14,710	\$29,420	\$44,130	\$58,840	\$73,550	\$88,260
6	\$16,870	\$33,740	\$50,610	\$67,480	\$84,350	\$101,220
7	\$19,030	\$38,060	\$57,090	\$76,120	\$95,150	\$114,180
8	\$21,190	\$42,380	\$63,570	\$84,760	\$105,950	\$127,140
Each Add. Family member	\$2,160	\$4,320	\$6,480	\$8,640	\$10,800	\$12,960

Orchard View Schools will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

Application Received on: _____ By: _____

Acceptance into the Program Date: _____



Child's Name _____

Date _____

Great Start Readiness 4 Year Old Risk Factors

Please answer the following questions to help us determine the preschool program for your child.

Questions	Check all Risk Factors that apply to your family	List Documentation used
<p>1. (Low-family income) Proof of income required. (W-2, income tax return, or pay stubs). 0-50% Head Start Eligible Family Gross Income: _____ Number of family members living in the home ____.</p> <p>51-100% Head Start Eligible Family Gross Income: _____ Number of family members living in the home ____.</p> <p>101-150% Family Gross Income: _____ Number of family members living in the home ____.</p> <p>151-200% Family Gross Income: _____ Number of family members living in the home ____.</p> <p>201-250% Family Gross Income: _____ Number of family members living in the home ____.</p>	<p><input type="checkbox"/> Q1.</p> <p><input type="checkbox"/> Q2.</p> <p><input type="checkbox"/> Q3.</p> <p><input type="checkbox"/> Q4.</p> <p><input type="checkbox"/> Q5.</p>	
<p>1. (Over -income) Proof of income required (W-2, income tax return, or pay stubs). 251-300% Family Gross Income: _____ Number of family members living in the home ____.</p> <p>301& and up Family Gross Income: _____ Number of family members living in the home ____.</p>	<p><input type="checkbox"/> Q6.</p> <p><input type="checkbox"/> Q7.</p>	
<p>2. Diagnosed disability or identified developmental delay. <i>Check all that apply.</i> <input type="checkbox"/> Eligible for special education (IEP) or developmental progress is less than age, or chronic health issues causing the development or learning problems. <input type="checkbox"/> Child has chronic health issues – please describe:</p>		
<p>3. Severe or challenging behavior. Child has been expelled from preschool or child care center.</p>		
<p>4. Primary home language is other than English.</p>		
<p>5. Parents have not graduated from high school or are non-readers. Parent/Guardian with low educational attainment <i>Check all that apply.</i> Father <input type="checkbox"/> has not graduated <input type="checkbox"/> Do you want info on GED program or Adult Ed? Mother <input type="checkbox"/> has not graduated <input type="checkbox"/> Do you want info on GED program or Adult Ed?</p>		
<p>6. Abuse/neglect of child or parent. Domestic, sexual, or physical abuse of child or parent. Abuse of alcohol, prescription or non-prescription drugs by family members or in the home.</p>		
<p>7. Environmental Risk. <i>Check all that apply</i> <input type="checkbox"/> Parental loss by death, divorce, chronic illness, incarceration, military service, or absence. Grandparents raising grandchildren, foster family, single parent, frequent changes in custody, or marital problems <input type="checkbox"/> Sibling issues – child’s situation is negatively affected by sibling’s chronic illness, behavior issues, disability, or death. <input type="checkbox"/> Teen Parent (not yet age 20 when their first child was born). <input type="checkbox"/> Family is homeless or with no stable housing, living in a shelter or with other families, is in home foreclosure or has frequent changes in residence. <input type="checkbox"/> Residence in a high-risk neighborhood (area of high poverty, high crime, with little access to critical community services.) Child exposed to daily exposure to environmental pollutants (lead, rodents, and insect infestations). Crowded housing or non-adequate space for children’s play. <input type="checkbox"/> Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays including Fetal Alcohol syndrome, children born addicted to drugs, or environmentally-induced respiratory problems.</p>		

ENROLLMENT APPLICATION **Applying for** **18-19 Year** **OR** **19-20 Year** **(check 1 only)**

Child's Name
(as printed on Birth Certificate)
First: _____
Last: _____

Birth Date: ____/____/____
Gender: M F

Related to: (See below)
 Adult 1 Adult 2
 Hispanic or Latino Not Hispanic or Latino

Racial Codes
 Am. Indian or Alaska Native Asian Multiracial White Other
 Black/African Amer. Native Hawaiian or Pac. Islander

Primary Health Coverage
 Private Ins. Medicaid Other

Primary Language
 English Spanish Other
 Proficiency: Little Moderate None

Secondary Language
 English Spanish Other
 Proficiency: Little Moderate None

Special Needs
 IEP in Process Current IEP
 IEP for: _____
Was child referred to program?
 No Yes If yes, by whom and why? _____

Doctor/Medical Home **Dentist/Dental Home**
 Clinic Name: _____ Clinic Name: _____
 Dr. _____ Dr. _____

Adult 1

First Name: _____ Last Name: _____
 Home Phone: () _____ Work Phone: () _____
 Birth Date: ____/____/____
 Gender: M F

Primary Language
 English Spanish Other
 Proficiency: Little Moderate None

Secondary Language
 English Spanish Other
 Proficiency: Little Moderate None

Education
 College Degree High School Graduate GED
 Some College highest grade completed _____

Employment
 Full Time Training/School Seasonal
 Part Time Retired/Disabled Unemployed

How Related
 Grand Child Step-Child Foster Child Natural Child Niece/Nephew Other: _____

Does this individual live with the family?
 Yes No

Does this individual provide financial support for the family?
 Yes No

Teen Parent: at birth of first child?
 Yes No

Adult 2

First Name: _____ Last Name: _____
 Home Phone: () _____ Work Phone: () _____
 Birth Date: ____/____/____
 Gender: M F

Primary Language
 English Spanish Other
 Proficiency: Little Moderate None

Secondary Language
 English Spanish Other
 Proficiency: Little Moderate None

Education
 College Degree High School Graduate GED
 Some College highest grade completed _____

Employment
 Full Time Training/School Seasonal
 Part Time Retired/Disabled Unemployed

How Related
 Foster Child Grand Child Step-Child Natural Child Niece/Nephew Other: _____

Does this individual live with the family?
 Yes No

Does this individual provide financial support for the family?
 Yes No

Teen Parent: at birth of first child?
 Yes No

List all children and any other family members living in the same household who are supported by the parents/guardians income and related to the child's parents/guardians by blood, marriage or adoption or the child's authorized caregiver or legally responsible party.

NAME	DOB	GENDER	DOB	NAME	GENDER	DOB	NAME	GENDER	DOB	How related?
_____	____/____/____	_____	____/____/____	_____	_____	____/____/____	_____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____	_____	____/____/____	_____	_____	____/____/____	_____

FAMILY INFORMATION

Living Address: _____ City: _____ State: **MI** Zip Code: _____ County: _____

Does your family receive food stamps?
 Yes No

Does your family receive WIC?
 Yes No

Does your family receive WIC? Last WIC visit?
 Yes No

PARENT/GUARDIAN PERMISSION

Parent/Guardian Signature
 I attest that I have submitted complete and accurate eligibility information including my income and living situation.
 Signature: _____ Date: _____

Second Year Participation
 I have reviewed and updated (if necessary) this application for my child's second year participation in the program.
 Parent/Guardian Initials: _____ Date: _____