

Your child may be eligible for a variety of early childhood programs located in Monroe County. The following information will assist us in determining for which programs your child may be eligible:

INQUIRY/PRE-APPLICATION for Countywide Early Childhood Programs

Date: _____

Child's Name: _____

Date of Birth: _____ Male _____ Female _____

Mailing Address: _____

City, State, Zip Code _____

Ethnicity/Race: _____

School District Your Child Would Attend: **(Please check one.)**

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Bedford | <input type="checkbox"/> Dundee |
| <input type="checkbox"/> Ida | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Mason Consolidated |
| <input type="checkbox"/> Monroe Public | <input type="checkbox"/> Summerfield | <input type="checkbox"/> Whiteford |

1. Parent/Guardian's Name: _____

Relationship to Child: _____

Phone Numbers/E-mail:

Home: _____ Work: _____

Cell Phone: _____ E-mail: _____

Occupation: _____ # hrs. worked each week _____

2. Parent/Guardian's Name: _____

Relationship to Child: _____

Phone Numbers/E-mail:

Home: _____ Work: _____

Cell Phone: _____ E-mail: _____

Occupation: _____ # hrs. worked each week _____

Reason for Referral: _____

Each of the preschool programs represented in this inquiry form has specific criteria for enrollment. Your child may not be eligible for the program you have inquired about, but may be eligible for different programs. We will forward this preliminary information.

By signing this release you grant that records may be released or received by the following agencies:

- Monroe County Head Start Preschool/Early Head Start
- Great Start Readiness Program
- Early Childhood Special Education
- Child Care Network
- Early On
- Other early childhood opportunities

Parent Signature _____

Date _____

The Monroe County Intermediate School District does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, height, weight, marital status or familial status in its programs, activities or in employment. The following person has been designated to handle inquiries regarding the non-discrimination policies: Elizabeth J. Taylor, Assistant Superintendent for Human Resources & Legal Counsel; 1101 S. Raisinville Road; Monroe, MI 48161; Telephone: 734.242.5799, ext. 1200.



**Completed
applications
may also be
mailed to:**

**Early Childhood
Monroe County ISD
1101 S. Raisinville Road
Monroe, MI 48161
FAX: 734.242.0567**

**E-mail:
earlychildhood
@monroeisd.us**

**Upon receipt of
this completed form,
applicants will be
contacted with information
regarding each child's
enrollment status.**

**For more information,
please call
734.242.5799,
ext. 1610.**

Child's Name: _____

Your child may be eligible for a variety of early childhood programs located in Monroe County. The following information will assist us in determining for which programs your child may be eligible:

Please circle all that apply:

* = Information required to be considered for State or Federally funded preschool programs

1. Receiving DHS - cash assistance
2. Receiving SSI (Social Security Income)
3. *Family income: \$ _____
Circle one: weekly/biweekly/monthly/annually
(Please include child support in your figure.)
4. Diagnosed disability or identified developmental delay
5. Family is homeless or without stable housing
6. Child is in foster care
7. *Number of individuals in your household: _____
Siblings: Indicate ages _____, _____, _____, _____, _____, _____
8. Your child has a severe or challenging behavior
9. Primary home language other than English
10. Parent/guardian with less than high school education
11. Abuse/neglect of child
12. Victim of domestic violence
13. Parental loss due to death, divorce, incarceration, military service or absence
14. Teen parent (age at time of 1st child's birth ____ mother ____ father)
15. Residence in a high-risk neighborhood (area of poverty, high crime, with limited access to critical community services)
16. Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays (such as lead, second-hand smoke, marijuana or other drugs, etc.)
17. Can you drive your child to and from school? (Circle yes or no)
18. Child's situation is negatively effected by issues related to a sibling (e.g. chronic illness, behavior issues, disability, death)

Where did you hear about our services? (Please check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> BabyNet Packet | <input type="checkbox"/> March of Dimes | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Celebrate Children | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Round-up Event |
| <input type="checkbox"/> Easter Egg Hunt | <input type="checkbox"/> Phone Call | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Great Start Event | | |

To enroll in early childhood programs, you will need:

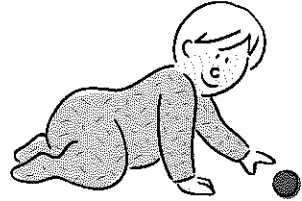
- **Proof of Residency**
- **Immunization Record**
- **Child's Birth Certificate**
- **Proof of Income**

To attend early childhood programs, your child needs:

- **Complete Physical Exam**

Some early childhood programs may also require:

- **Dental Exam**



PROJECT FIND

connects families with services and assistance in Monroe County.

Do you know a child who has difficulty walking, talking, or hearing?

Does the child have a physical, emotional, behavioral or communication issue involved?

Help that child reach their greatest potential.

Call **734.242.5799, ext. 1610**