

INQUIRY/PRE-APPLICATION

FOR COUNTYWIDE EARLY CHILDHOOD PROGRAMS

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.

Date: _____

Child's Name: _____

Date of Birth: _____ Male _____ Female _____

Mailing Address: _____

City, State, Zip Code _____

Race: _____ / Hispanic Yes No

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: _____

Parent/Guardian's DOB: _____

Relationship to Child: _____

Main Phone Number _____

Alternative Phone Number _____

Race: _____ / Hispanic Yes No

2. Parent/Guardian's Name: _____

Parent/Guardian's DOB: _____

Relationship to Child: _____

Main Phone Number _____

Alternative Phone Number _____

Race: _____ / Hispanic Yes No

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/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

**Completed applications
can be mailed, faxed
or emailed to:**

MAIL
**Early Childhood
Monroe County ISD
1101 S. Raisinville Road
Monroe, MI 48161**

FAX
734.242.5807

E-MAIL
earlychildhood@monroeisd.us

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

PLEASE CALL
734.242.5799, ext. 1610
FOR MORE INFORMATION



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 and Legal Counsel, 1101 S. Raisinville Road, Monroe Michigan 48161; Telephone: 734.322.2640.

These materials were developed under a grant awarded by the Michigan Department of Education.

Child's Name _____

Please circle all that apply.

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

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

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

- BabyNet Packet March of Dimes Relative/Friend
- Celebrate Children Newspaper Round-up Event
- Easter Egg Hunt Phone Call Other _____
- Great Start Event

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.

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