

## Parent Notice of Program Measurement\*

\_\_\_\_\_ is required to work with the Michigan Department of Education (MDE) to measure the effect of the state-wide Great Start Readiness Program (GSRP). Information is sometimes collected about GSRP staff, enrolled children, and their families. Program staff or a representative from MDE might:

- Ask parents questions about their child and family.
- Observe children in the classroom.
- Measure what children know about letters, words, and numbers.
- Ask teachers how children are learning and growing.

Information from you and about your child will not be shared with others in any way that you or your child could be identified. It is protected by law.

Questions? Contact: [mde-gsrp@michigan.gov](mailto:mde-gsrp@michigan.gov) or 517-373-8483

Or

MDE, Office of Early Childhood Education and Family Services,  
608 W. Allegan, P.O. Box 30008, Lansing, MI 48909

\*Provided to parents upon enrollment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSRP Staff Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date




 Everlasting Word Early Childcare  
 Specializing in Infants, Toddlers, and Pre-School  
**GSRP Eligibility Form**



Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

STATE GUIDELINE FACTORS		YES	NO	DOCUMENTATION (please specify)
<b>1</b>	<b>Low Family Income</b>			
	Head Start Referral needed    Yes    No			
	Mother Employed    Father Employed			
<b>2</b>	<b>Diagnosed Disability or Identified Delay</b>			
	a. Special Education/IEP			
	b. Developmental delay			
	c. Chronic health issue			
<b>3</b>	<b>Severe or Challenging Behavior</b>			
	a. Child has been expelled from preschool			
	b. Social Services or professional letter			
<b>4</b>	<b>Primary Home Language (Other than English)</b>			
	a. Is a language other than English spoken in the home?			
	b. Is English the child's first language?			
<b>5</b>	<b>Parent/Guardian with Low Educational Attainment: (Did not graduate High School)</b>			
<b>6</b>	<b>Abuse/Neglect of Child or Parent</b>			
	a. Domestic, sexual, or physical abuse			
	b. Substance abuse (drugs, alcohol, etc) by a family member or in the home.			
<b>7</b>	<b>Environmental Risk</b>			
	a. Parental loss/absence			
	b. Sibling issues (chronic illness, behavior, disability, death)			
	c. Teen parent (not yet age 20 at birth of first child)			
	d. Housing stability (homeless, foreclosure, frequent moves)			
	e. Residence in high-risk neighborhood (poverty, crime, crowded housing)			
	f. Prenatal/postnatal exposure to toxic substances.			

**Please explain any other factors that may cause learning or school adjustment problems for this child:**

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I certify that all the above information is true and correct and that all income is reported. I understand that this information is being collected to determine eligibility for the state-funded Great Start Readiness Program.

Parent/Guardian Signature: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Everlasting Word Early Childcare  
Specializing in Infants, Toddlers, and Pre-School



## GSRP Documentation Checklist

20\_\_\_\_ - 20\_\_\_\_

Child's Name: \_\_\_\_\_

First

Last

Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

### Required Documentation

Check the box when each document is received.

- |  |  |
|--|--|
| <input type="checkbox"/> Application                             | <input type="checkbox"/> Copy of Birth Certificate or Alternative    |
| <input type="checkbox"/> Parent Identification                   | <input type="checkbox"/> Documentation of Income                     |
| <input type="checkbox"/> Child Information Card Completed        | <input type="checkbox"/> Health Appraisal Completed                  |
| <input type="checkbox"/> Proof of Immunization                   | <input type="checkbox"/> Ages and Stages Questionnaire _____<br>Date |
| <input type="checkbox"/> Circle Risk Factors 1, 2, 3, 4, 5, 6, 7 | <input type="checkbox"/> Food Reimbursement                          |
| <input type="checkbox"/> Notification of Licensing Notebook      | <input type="checkbox"/> Partnering on Child Development             |
| <input type="checkbox"/> Volunteer Release Form                  |  |

### Eligibility

Total Number of Dependents Claimed \_\_\_\_\_ Annual Family Income \$ \_\_\_\_\_

*Gross, before taxes*

\_\_\_\_\_ This child qualifies for GSRP.  
Start.

\_\_\_\_\_ This child qualifies for Head

The Head Start referral was faxed on \_\_\_\_\_ to (586) 493-5753.

GSRP Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

\_\_\_\_\_  
(Signature)



## Daily Lesson Plan

**Read Alouds:**

**(Literacy Concepts):**

**Teacher's Notes:**



## Readiness Program

Michigan's Nationally Recognized Pre-K Program

"...developed under a grant awarded by the  
Michigan Department of Education"

Has your child attended any United States school in the last year? (Circle One): YES NO

1<sup>st</sup> Date in the U.S. School: \_\_\_\_\_ If yes, Name of school: \_\_\_\_\_ City, State: \_\_\_\_\_

Date of Arrival in the United States (month/day/year): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Immigration Status (Circle one): Refugee Immigrant Migrant U.S. Born Other: \_\_\_\_\_

Country of Immigration: \_\_\_\_\_

Is the student's ethnicity Hispanic or Latino?  Yes, child is Hispanic or Latino  No, this child is not Hispanic or Latino

Which of the following is the student's race (If multi-racial, place a check mark for each that applies):

American Indian or Alaska Native  Black or African American  White   
Asian American  Native Hawaiian or other Pacific Islander  Hispanic or Latino

**(R-4) Primary language spoken in the home** (Circle language used most often):

English Chaldean Arabic Albanian Spanish Other: \_\_\_\_\_

**(R-5) Did parent(s) graduate from High School?** (Circle one): Mother- YES NO Father- YES NO

**(R-1) Family Income** (Estimated annual income before deductions, last 12 months): \$ \_\_\_\_\_

*(MUST include income of all family members responsible for support of child: 1040, W2, most recent pay stubs, unemployment, child support, alimony, DHS, SSI)*

**(R-1) Does your family receive benefits from (DHS) Department of Human Services, SSI?** (Circle one): YES NO

If YES, please explain: \_\_\_\_\_

**Parents Employment:**

Father's employment status (Circle one): Unemployed Part Time Seasonal Full Time  
Job Description \_\_\_\_\_

Mother's employment status (Circle one): Unemployed Part Time Seasonal Full Time  
Job Description \_\_\_\_\_

**Family History:**

**(R-2) Has your child been diagnosed with a disability or developmental delay (Example: Special Ed. IEP, Speech, Early On, Chronic health issue)?** (Circle one): YES NO

If YES, please explain: \_\_\_\_\_

**\*\*Parents MUST provide the most current IEP to the GSRP office during the application process if applicable. \*\***

**(R-3) Has your child been expelled from preschool or a child care center?** (Circle one): YES NO

**(R-6) Has someone in your home ever been a victim of abuse and/or neglect?** (Circle one): YES NO

**(R-7) Is there any other information you believe would qualify your child for our program?**

Please explain: \_\_\_\_\_

How did you hear of the Great Start Readiness Program? \_\_\_\_\_

Placement Preference (GSRP Location\*): \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

***\*Please note that the preferred GSRP location is not guaranteed for final placement. Final placement is not determined until late August.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***By signing this application, you certify that the information given is true and accurate to the best of your knowledge.***

**Non-discrimination in Education**

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, the Elliot-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act, it is the policy of Utica Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Executive Director of Human Resources at Utica Community Schools, 11303 Greendale, Sterling Heights, MI 48312 or call (586-) 797-1000.



# GSRP Preschool Application .



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

Everlasting Word Early Childcare

Specializing in Infants, Toddlers, and Pre-School

Date of Application: \_\_\_\_\_ School District: \_\_\_\_\_ Home School: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ (must be 4 yrs. old on or before Sept. 1, 2020) Gender (circle one): Boy - Girl

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address (if not child's address): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Marital Status: Married Single Divorced Widowed Separated

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address (if not child's address): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Marital Status: Married Single Divorced Widowed Separated

**(R-7) Who has legal custody of the child? (Documentation may be required)**

Both Parents    Mother    Father    Foster Care    Legal Guardian    Grandparent

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Marital Status: Married Single Divorced Widowed Separated

List all persons living in the household including student		
Name	Relationship to Child	Age

<b>Office Use Only</b>	Start Date: _____	ID: _____	SC: _____	DA: _____	End Date: _____
% FPL _____	H.S. Elig. _____	Placement Location: _____	AM _____	PM _____	Full _____

## INCOME VERIFICATION: Sample Form

Program Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthdate Documentation:

Birth Certificate    Hospital Record    Other: \_\_\_\_\_

*This child is income-eligible to participate in:*

Head Start    Great Start Readiness Program    Other: \_\_\_\_\_

**Income Source**

**Amount Received**

<input type="checkbox"/> Income Tax Form 1040	
<input type="checkbox"/> W-2	
<input type="checkbox"/> TANF documentation	
<input type="checkbox"/> Pay Stub or Pay Envelopes	
<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Written statement from employer(s)	
<input type="checkbox"/> SSI documentation	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Alimony	
<input type="checkbox"/> Pension(s)	
<input type="checkbox"/> Other	
Documentation of no income:	

Total of Income Documented Above: \$ \_\_\_\_\_ Number in Household \_\_\_\_\_

**Percent of Federal Poverty Level:** \_\_\_\_\_ Quintile: **I II III IV V >V**

*I verify I have provided true and accurate documentation as indicated above.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Verification

*I verify I have reviewed the documentation indicated above, recording the information as reflected on said documentation.*

\_\_\_\_\_  
Staff Signature and Title

\_\_\_\_\_  
Date of Verification

## **Greetings Everlasting Word Early Childcare Parents!**

**We would like to welcome you to the great start readiness program.**

**GSRP is Michigan's state funded preschool program for four-year-old children with factors which may place them at risk of educational failure. The program is administered by the Michigan Department of education, office of great start. Funding is allocated to each intermediate school district to administer the program locally.**

**Research on preschool programs and specific research on GSRP indicates that children provided with a high quality preschool experience show significant positive development differences, when compared to children from the same backgrounds who did not attend a high-quality preschool program. With the quality of our program increasing, we would like to make you aware of the options to suit the need of your family.**

**The GSRP program is scheduled Monday through Thursday possibly Friday 9 a.m. to 4 p.m. The program includes breakfast, lunch, and snacks. Don't worry, on Friday we still offer childcare through the daycare at a \$40 flat rate. Also, for our children who arrive before 9 a.m. or need to stay beyond 4 p.m. there will be an hourly rate of five dollars for a.m. and p.m. latchkey, all in one building!**

**In these challenging times as always we are here to support our community and provide families peace of mind.**

**We want to help children excel in their educational journey!**

**Everlasting Word Early Childcare  
22707 Harmon St. St. Clair Shores, MI 48080  
(586) 443-5760**







Income Information

What is your family's yearly gross income? \$ \_\_\_\_\_

What time period is this income based on? (Mark only One)

( ) Last Calendar Year

( ) Current Calendar Year

How Many Adults Contributed to this income? \_\_\_\_\_ # of Adults

How many adults are there in your family? \_\_\_\_\_ # of Adults

How many children are in your family? \_\_\_\_\_ # of Children

Office Use Only:

Income Calculation:

Weekly \_\_\_\_\_ x 52 = \_\_\_\_\_

Weekly \_\_\_\_\_ x 52 = \_\_\_\_\_

Bi-Weekly \_\_\_\_\_ x 26 = \_\_\_\_\_

Bi-Weekly \_\_\_\_\_ x 26 = \_\_\_\_\_

Monthly \_\_\_\_\_ x 12 = \_\_\_\_\_

Monthly \_\_\_\_\_ x 12 = \_\_\_\_\_

2x Monthly \_\_\_\_\_ x 24 = \_\_\_\_\_

2x Monthly \_\_\_\_\_ x 24 = \_\_\_\_\_

Unemployment \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Unemployment \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Other \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Comments: \_\_\_\_\_

Income Source

Amount

Earned Income \_\_\_\_\_

FIA \_\_\_\_\_

Pension \_\_\_\_\_

SSI: Retirement \_\_\_\_\_

SSI: Disability \_\_\_\_\_

Unemployment \_\_\_\_\_

Foster Care/Adopt Subsidy \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_

Other: Specify \_\_\_\_\_

Yearly Total \_\_\_\_\_ Family Size \_\_\_\_\_

Verifications:

Income Statement

( ) 1040 Tax Statement

( ) Unemployment

( ) W2 Statement

( ) SSI

( ) Pay Stubs

( ) Social Security

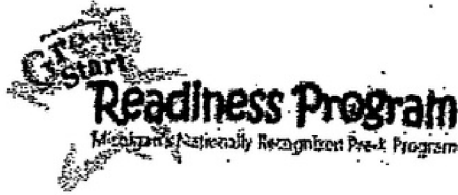
( ) Income Declaration

( ) Public Assistance Form

( ) Foster Child

( ) Child Support

( ) Other: Specify \_\_\_\_\_



## GSRP Documentation Checklist

### 20\_\_\_\_ - 20\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
First Last

Parent's/Guardian's Name: \_\_\_\_\_

### Required Documentation

Check the box when each document is received.

- |   |  |
|---|--|
| <input type="checkbox"/> Application<br><input type="checkbox"/> Parent Identification<br><input type="checkbox"/> Child Information Card Completed<br><input type="checkbox"/> Proof of Immunization<br><input type="checkbox"/> Circle Risk Factors 1, 2, 3, 4, 5, 6, 7<br><input type="checkbox"/> Notification of Licensing Notebook<br><input type="checkbox"/> Volunteer Release Form | <input type="checkbox"/> Copy of Birth Certificate or Alternative<br><input type="checkbox"/> Documentation of Income<br><input type="checkbox"/> Health Appraisal Completed<br><input type="checkbox"/> Ages and Stages Questionnaire _____<br><small style="margin-left: 150px;">Date</small><br><input type="checkbox"/> Food Reimbursement<br><input type="checkbox"/> Partnering on Child Development |
|---|--|

### Eligibility

Total Number of Dependents Claimed \_\_\_\_\_ Annual Family Income \$ \_\_\_\_\_

\_\_\_\_\_ This child qualifies for GSRP. \_\_\_\_\_ This child qualifies for Head Start. Gross, before taxes

The Head Start referral was faxed on \_\_\_\_\_ to (586) 493-5753.

GSRP Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
(Signature)