

Barry County Birth to 5 Application

Great Start Readiness Program, Head Start, Early Head Start

School Year: 2016-2017



Applying Child's Information (Applicant): Male Female (please check box that applies)

Legal Name: _____ Date of Birth: _____ Place of Birth (City, State) _____

Race/Ethnicity (Check all that apply): White Hispanic Black Native American Asian Pacific Islander Other _____

Home Address: _____ City: _____ Zip Code: _____ School District: _____

Phones: _____ Email: _____

Home

Cell

Other Contact #

Is your current address temporary? Yes No If yes, where is the child living? In a motel or shelter Other (*specify*) _____

Foster Child? Yes No Foster Child for less than 6 months? Yes No

Family Language: English Spanish Other (*specify*) _____ Do you require an Interpreter? Yes No

Is your child currently receiving Special Education services? Yes No

If yes, which service(s) Speech Therapy PT OT Other _____ **** If yes, please complete page 4 ****

Parent/Guardian Information:

Name

Date of Birth

Relationship to applicant

Live with applicant?

_____ Yes No

_____ Yes No

Mother: HS Diploma GED College Degree Other (*specify*) _____

Father: HS Diploma GED College Degree Other (*specify*) _____

List all other adults or children living within same household of applying child *(please include the date of birth and relationship to the child applying):*

_____ Name	_____ Date of birth	_____ Relationship	_____ Name	_____ Date of birth	_____ Relationship	_____ Name	_____ Date of birth	_____ Relationship
_____ Name	_____ Date of birth	_____ Relationship	_____ Name	_____ Date of birth	_____ Relationship	_____ Name	_____ Date of birth	_____ Relationship
_____ Name	_____ Date of birth	_____ Relationship	_____ Name	_____ Date of birth	_____ Relationship	_____ Name	_____ Date of birth	_____ Relationship

How many people live in your household? _____ *(Include the number of people supported by the income of the parent/guardian of the applying child)*

Income *(income will be verified with tax forms, W-2s etc.):*

What is your family's total income before taxes: _____ **(Please check one: Year Month Week)**

(If no income received in the past 12 months, please put zero.)

Does anyone in the family receive Supplemental Security Income (SSI) Yes No

Do you receive DHS Cash Assistance, FIP, DHS Dollars or TANF Money? Yes No

Agreement Statement:

By submitting and signing this application, you are agreeing to following: I understand that the completion of this application does not guarantee child is qualified or enrolled in any program. I certify that all the information submitted is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information submitted will be held in confidence and used to determine eligibility for preschool only. I consent to have the Barry County ISD share my child's preschool application information with Community Action, Child Care Resources, Great Start Collaborative and your local school district and other ISD Birth to 5 programs.

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

Where did you hear about our programs? Newspaper Local free paper Sign at center Previous involvement with program
 From other agency/school Flyer on bulletin board Friend or relative involved in program
 From Intermediate School District Flyer/brochure/post card in mail Other _____

Child's Name: _____

High Quality Early Childhood Programs in Barry County

Please Check Program Interested In:

State and Federally Funded Programs:

- Delton Kellogg Great Start Readiness Program
- Delton Head Start

- Hastings Great Start Readiness Program
- Hastings Head Start

Tuition Based Programs:

- Noah's Ark (Hastings)
- Delton Preschool

Please indicate what elementary school in **Hastings** your child would attend for Kindergarten: Northeastern Southeastern Star Central

Would you like information about the Early Childhood Initiative Fund (Scholarship)? Yes No

Would you be interested in a before / after school day childcare program? Yes No

Please mail, fax or return this application along with a copy of required documents to address below.

- Certified birth certificate
- Income for past 12 months (examples: Tax returns, W2's, last 2 paystubs)
- Proof of residency (examples: electric/phone/water bill, property tax statement)

**Barry Intermediate School District
Attention: Robynn Harden
535 W Woodlawn
Hastings, Mi 49058
Phone: (269) 945-9545 ext 113
Fax: (269) 945-2575**

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

OFFICE USE:

Date received: _____

Date scanned: _____

Initials: _____

School: _____ FT PT

Child's Name: _____



AUTHORIZATION TO SHARE INFORMATION

Barry Intermediate School District
535 W. Woodlawn ♦ Hastings, Michigan 49058 ♦ 269.945.9545

Student's Name:			Date of Birth:		
To plan and provide the best care for your child, various agencies request us to share important information. Information exchanged will be used to coordinate these services, including the educational needs that these agencies may be able to assist with. This voluntary form authorizes these agencies to share the information you would like shared.					
The agencies authorized to exchange information include: <i>(initial those that apply)</i>					
Info.to share	Initial		Info.to share	Initial	
		Barry Intermediate School District			Delton Kellogg Schools
		Barry/Eaton District Health Department			Hastings Area Schools
		Barry County Community Mental Health			Head Start/Community Action Agency
		Barry County/Michigan Department of Health and Human Services			
Contact Name			Address/Telephone		
Information Approved: <i>check appropriate box(es)</i>					
<input type="checkbox"/> Educational records		<input type="checkbox"/> Social/developmental history of child and family		<input type="checkbox"/> Occupational/Physical Ther. reports	
<input type="checkbox"/> Health/medical records		<input type="checkbox"/> Staffing reports, IFSP's, and IEP's		<input type="checkbox"/> Vision/Hearing reports	
<input type="checkbox"/> Progress reports of child and family		<input type="checkbox"/> Speech/language reports		<input type="checkbox"/> Immunization record	
<input type="checkbox"/> Income verification		<input type="checkbox"/> Assessments		<input type="checkbox"/> All	
<input type="checkbox"/> Results of psychological testing		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
AUTHORIZATION PERIOD (To be reauthorized yearly)					
I understand that information exchanged as a result of this authorization will be shared only with those persons in an agency with a need to know such information. I may withdraw this authorization in writing at anytime, without penalty, unless action has already been taken based on this consent. This withdrawal may be filed with any agency that I authorized from the above listing.					
My signature verifies my authorization for information sharing between agencies identified above and that I have read this form and/or have had it read to me and explained in language that I can understand.					
_____ Signature of Parent/Guardian Authorization Obtained By:			_____ Date Signed		
_____ Witness		_____ Agency		_____ Date Signed	

The information released with this authorization is confidential. Further disclosure of this information is prohibited unless otherwise permitted by Federal and State Laws