



### Calhoun County Birth to Five Services Application

Please complete this form on both sides  
(you may also complete online at [www.mychildneedspreschool.com](http://www.mychildneedspreschool.com))

Child's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Gender: Male Female

Child is of Hispanic/Latino Origin: Yes No

Child's Race (circle all that apply): Black White Asian Native American Pacific Islander Other: \_\_\_\_\_

Language Spoken at Home: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ Interpreter required? Yes No

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Are you able to provide transportation? Yes No

Is your current address temporary? Yes No

If temporary, where is the child currently living?  In a motel  In a shelter  Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

More than one family living in a house or apartment  Other: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Lives with child? Yes No

Phone Number: \_\_\_\_\_ Phone Type: Home Cell Work Message

Phone Number: \_\_\_\_\_ Phone Type: Home Cell Work Message

Interpreter Needed? Yes No Email address: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Lives with child? Yes No

Phone Number: \_\_\_\_\_ Phone Type: Home Cell Work Message

Phone Number: \_\_\_\_\_ Phone Type: Home Cell Work Message

Interpreter Needed? Yes No Email address: \_\_\_\_\_

Alternate Adult Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Where did you hear about this process? \_\_\_\_\_



**Please complete all information**

**Other Adults and Children in the home:**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Income Information (check all that apply):**

- \_\_\_\_\_ Wages/Earnings      \_\_\_\_\_ SSI Dollars      \_\_\_\_\_ Child Support      \_\_\_\_\_ Unemployment
- \_\_\_\_\_ FIP/DHS Dollars      \_\_\_\_\_ Pension      \_\_\_\_\_ Retirement      \_\_\_\_\_ Worker's Comp
- \_\_\_\_\_ Alimony      \_\_\_\_\_ Social Security      \_\_\_\_\_ Military Pay      \_\_\_\_\_ Scholarships/Grants
- \_\_\_\_\_ WIC

**Family's Income:** \_\_\_\_\_ (circle one):    Weekly    Bi-Weekly    Monthly    Yearly/Annual  
(gross/before taxes)

**Number of people in the family supported by the income above:** \_\_\_\_\_

**Program/Location Preference (required):** \_\_\_\_\_

*I understand that the completion of this application does not guarantee that my child is qualified or enrolled in any program. I certify that all the information submitted is true and accurate. I understand that if any information submitted on this application is found to be false, it may hinder the process. I also understand that the information submitted will be held in confidence and it may also be shared with all Birth to Five Service Programs.*

**Please mail or fax completed form to:**

**CISD – Early Childhood  
Attention: Christie Cipic  
475 East Roosevelt Ave  
Battle Creek, MI 49017**

**Fax: (269) 788-3230**

**If you have any questions please contact Christie Cipic at 269-660-1606 ext 6141**