

# PORTAGE PUBLIC SCHOOLS

## PREP PROGRAM

### Preschool Application

2009/2010

A Michigan School Readiness Preschool Program

Community Education Center  
323-6711

1010 W. Milham Rd.  
Portage, MI. 49024

The PREP Program is a state-funded preschool program designed for children who will be four (4) years old by December 1, 2009, or turning five (5) after December 1, 2009. The child must reside in the Portage Public School district, and meet grant guidelines which determine eligibility of a child. The program is free to eligible children and their families.

**Please fill out the application as completely and accurately as possible and return with a copy of child's birth certificate and a copy of a document verifying your current income to:**

**The PREP Program  
Community Education Center  
1010 W. Milham Rd.  
Portage, MI 49024**

**Acceptable documents for proof of income are: pay stubs, w-2 or front page of income tax form, MI Department of Social Service's Monthly Income Eligibility Report, Statement from the Social Security Administration [S.S. or S.S.I.]. Proof of income is required to show compliance with rules of the grant stating that 51% of the families must be low income, the other 49% do not need to be low income. All answers are confidential and are used solely for the purpose of determining the eligibility of a child for this program.**

**NOTE: An incomplete application or failure to include copies of birth certificate and proof of income will delay processing your application.**

**FIRST DAY OF SCHOOL:** The first day of school for the PREP Program will be Monday, October 5, 2009.

**OPEN HOUSE:** Thursday, October 1, 2009 between 10:00 a.m. - 2:00 p.m. and 5:00 - 8:00 p.m. This will give families a chance to visit the classroom and meet the teachers before school begins.

**ENROLLMENT:** If your child is enrolled in the PREP Program, you will be notified by phone and sent an enrollment package. The papers in the enrollment package will need to be filled out and returned by the start of school. *We will need a copy of the child's birth certificate and they will need a physical and a health form filled out by a physician. A copy of the child's immunization record is also required.*

**\*\*\*The program and placement of families in the program is contingent upon the availability of funds provided by the Michigan Department of Education.\*\*\***

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(Please Print)

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
(First) (Middle) (Last)

Name child will use in school \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Child's Gender:(Circle) M F

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Elem. School child will attend? \_\_\_\_\_

Child's Social Security # \_\_\_\_\_ Child's Medicaid # \_\_\_\_\_

Is this child in foster care? \_\_\_\_ Yes \_\_\_\_ No Does this child live with both parents ? \_\_\_\_ Yes \_\_\_\_ No

If not--who does the child live with? \_\_\_\_\_

*Ethnic Group (Optional) (Circle all that apply)* Asian / or Pacific Islander Middle Eastern  
African American Caucasian Hispanic Native American /or Alaskan Native Multiracial

Is your child currently enrolled in a preschool program? \_\_\_\_ Yes \_\_\_\_ No Where? \_\_\_\_\_

Has your child previously attended a preschool program? \_\_\_\_ Yes \_\_\_\_ No Where? \_\_\_\_\_

Has your child attended Head Start? \_\_\_\_ Yes \_\_\_\_ No, not eligible \_\_\_\_ No-Eligible, but on wait list

Has your child been referred for or received special services? \_\_\_\_ Yes \_\_\_\_ No If yes, please specify \_\_\_\_\_

### PARENT'S / GUARDIAN'S INFORMATION

|                        | Mother | Father | Guardian/Step-Parent |
|------------------------|--------|--------|----------------------|
| Name                   |        |        |                      |
| Home Address           |        |        |                      |
| Cell phone             |        |        |                      |
| Social Security #      |        |        |                      |
| Date of Birth          |        |        |                      |
| Last Grade Completed   |        |        |                      |
| Occupation             |        |        |                      |
| Name of Employer       |        |        |                      |
| Work Phone             |        |        |                      |
| # of Hrs worked Weekly |        |        |                      |

\_\_\_\_\_ What is your combined family income? \_\_\_\_\_(18)

( Please Circle one:)[Is the income listed hourly, weekly, bi-weekly, monthly, yearly ?]

**PRESCHOOL CHILD'S INFORMATION**

- \_\_\_\_ 1. Birth Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Any problems or complications with pregnancy or birth? Explain \_\_\_\_\_ (1)
- \_\_\_\_ 2. Age of parents when **this** child was born: Mother \_\_\_\_\_ Father \_\_\_\_\_ (2)
- \_\_\_\_ 3. Any on-going medical problems or illnesses in the past/present with this child? \_\_\_\_\_ (5)
- \_\_\_\_ 4. How are his/her eating habits? \_\_\_\_\_ When was the last time your child visited the dentist? \_\_\_\_\_ (4)
- \_\_\_\_ 5. Does your child have any handicaps or special needs? ADD? \_\_\_\_\_ ADHD? \_\_\_\_\_ (6)
- \_\_\_\_ 6. Tell me about your child's speech: \_\_\_\_\_  
At what age did your child begin connecting words and speaking in phrases or sentences? \_\_\_\_\_  
Do you have problems understanding your child? \_\_\_\_\_  
Under what circumstances? \_\_\_\_\_  
Do others have difficulty understanding your child's speech? \_\_\_\_\_ (10)
- \_\_\_\_ 7. How does your child get along with others? \_\_\_\_\_ (2)
- \_\_\_\_ 8. What does your child do when he/she is angry? \_\_\_\_\_ (8)
- \_\_\_\_ 9. Has your child experienced the death of a sibling or parent? (Yes or No)  
Divorce or separation of parent? (Yes or No) How old was child? \_\_\_\_\_  
Explain \_\_\_\_\_ (20)
- \_\_\_\_ 10. Has your child experienced any physical or sexual abuse or neglect? (Yes or No)  
[by a family or non-family member ?] Explain: \_\_\_\_\_ (3)

While session placement can not be guaranteed, if accepted into the PREP program, would you like to see your child attend the morning session or the afternoon session? \_\_\_\_\_AM \_\_\_\_\_PM

What are you hoping your child will gain from a preschool experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as your child's strength's? \_\_\_\_\_  
\_\_\_\_\_

Does your child nap regularly? \_\_\_\_\_

What are your child's bathroom habits? \_\_\_\_\_

Do you have any learning concerns for your child? \_\_\_\_\_

## FAMILY INFORMATION

### CHILDREN IN FAMILY:

| NAME  | GENDER | DATE OF BIRTH | SCHOOL ATTENDED |
|-------|--------|---------------|-----------------|
| _____ | M F    | _____         | _____           |
| _____ | M F    | _____         | _____           |
| _____ | M F    | _____         | _____           |
| _____ | M F    | _____         | _____           |
| _____ | M F    | _____         | _____           |

- \_\_\_ 11. Does everyone in the family speak English? \_\_\_\_\_  
 What language is spoken in the home? \_\_\_\_\_  
 Can your child speak/understand more than one language? \_\_\_\_\_  
 Child's primary language? \_\_\_\_\_ (11)
- \_\_\_ 12. How far has father gone with his education? \_\_\_\_\_  
 How far has mother gone with her education? \_\_\_\_\_ (12)
- \_\_\_ 13. Have parents or siblings experienced any learning difficulties or required any Special Ed. services?  
 \_\_\_\_\_  
 Do any family members have trouble with reading or writing? (Yes or No) Explain: \_\_\_\_\_  
 \_\_\_\_\_ (15)
- \_\_\_ 14. Has a parent or sibling been chronically ill? (physically, mentally, or emotionally) Explain: \_\_\_\_\_  
 \_\_\_\_\_ (22)
- \_\_\_ 15. Has a family member experienced any substance abuse or addiction? Explain: \_\_\_\_\_  
 \_\_\_\_\_ (9)
- \_\_\_ 16. Has any family member needed any professional counseling or services for a family member?  
 (Yes or No) Explain: \_\_\_\_\_  
 \_\_\_\_\_ (14)
- \_\_\_ 17. Has any family member been in trouble with school administrators or the law while in school?  
 (Yes or No) When and frequency? Explain: \_\_\_\_\_  
 \_\_\_\_\_ (13)
- \_\_\_ 18. Is either parent currently in jail or prison?(Yes or No) Previously? (Yes or No) Whom? \_\_\_\_\_  
 Length of term? \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_ (23)
- \_\_\_ 19. Do you or any family member have a violent temper? (Yes or No) Explain: \_\_\_\_\_  
 \_\_\_\_\_ (8)
- \_\_\_ 20. Are you a single parent? (Yes or No) Step-parent? (Yes or No)  
 Is there another adult living in the home? (Yes or No) Explain: \_\_\_\_\_  
 \_\_\_\_\_ (16)

- \_\_\_\_ 21. Are you employed? (Yes or No) Hours? \_\_\_\_\_  
Is any one else at home employed? (Yes or No) Receiving ADC? \_\_\_\_\_ (17)
- \_\_\_\_ 22. How many family members live in your home? \_\_\_\_\_ (19)
- \_\_\_\_ 23. Do you and your family live with parents/grandparents, other family members or a friend? (Yes or No)  
Explain: \_\_\_\_\_  
Is your home too crowded for the number of people living there? (Yes or No) (19)
- \_\_\_\_ 24. How long have you been at the current residence? \_\_\_\_\_  
How many times have you moved in the last four years? \_\_\_\_\_  
Do you live in a rural area ? (Yes or No) \_\_\_\_\_ (7)
- \_\_\_\_ 25. Age of applicant's parents at the birth of their **first** child? Mother \_\_\_\_\_ Father \_\_\_\_\_ (21)
- \_\_\_\_ 26. Are any of your children now, or have they ever been, in foster care? (Yes or No) Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (14)
- \_\_\_\_ 27. Do you or any of your children have eating problems or nutrition problems (including overweight or underweight)? \_\_\_\_\_  
Have you participated in WIC? \_\_\_\_\_ (4)
- \_\_\_\_ 28. Did any of your children walk for the first time after 15 months or talk for the first time after 18 months? \_\_\_\_\_ (2)

Who are the other primary care givers of the preschooler? \_\_\_\_\_  
\_\_\_\_\_

ADDRESS FOR BUS PICK UP (*one* consistent address only) \_\_\_\_\_

ADDRESS FOR BUS DROP-OFF (*one* consistent address only) \_\_\_\_\_

DAY CARE PROVIDER'S NAME, ADDRESS, AND PHONE # \_\_\_\_\_  
\_\_\_\_\_

**DIRECTIONS TO RESIDENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE**

Date Application was returned \_\_\_\_\_ Form Completed? \_\_\_\_\_

Dates Called:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Letters Sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enrolled \_\_\_\_\_

On Wait List \_\_\_\_\_

Refer to Private Preschool \_\_\_\_\_

Refer to Head Start \_\_\_\_\_

Child Factors:

Family Factors: