



## Ottawa County Early Childhood Application 2019-2020

(Please use this application to apply or receive information for early childhood programming in Ottawa County)

**To apply online** go to [hmgottawa.org](http://hmgottawa.org) and click Preschool/ Free and Low-cost Preschool

### CHILD INFORMATION

### Application Date \_\_\_\_\_

Child's Legal Last Name	Child's First Name	M.I.	Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Birthday (month, day, year)	My child is transitioning from Early Head Start <input type="checkbox"/> YES <input type="checkbox"/> NO		My child is transitioning from Early On <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you or your doctor have concerns about your child's development? (i.e. language, motor, behavior) <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO				
Does your child have a current IEP or IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### HOUSEHOLD INFORMATION

ADDRESS			
Living Address: Street / Apartment	City / State / Zip	County	Phone Number
Mailing Address (if different): Street / Apartment	City / State / Zip	County	Phone Number
Which school district do you live in? (circle one) Allendale    Coopersville    Grand Haven    Hamilton    Holland    Hudsonville    Jenison    Saugatuck    Spring Lake    West Ottawa    Zeeland			
How many times have you moved in the last year?	Do you have a permanent residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been homeless in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address: _____		I am interested in receiving Early Childhood information by <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> both <input type="checkbox"/> neither	

### HOUSEHOLD- PLEASE LIST ALL MEMBERS

							Circle One			
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex <input type="checkbox"/> M <input type="checkbox"/> F	High School Grad	Non-Grad	GED	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Total # in household: _____	Previous 12 months of income: \$ _____
-----------------------------	--

List any parent(s) not living in above household: Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### **VERIFICATION OF 12 MONTHS OF INCOME MUST BE ATTACHED IN ORDER TO PROCESS YOUR APPLICATION**

A copy of your 2018 Tax Return, W2's, verification of Child Support, Unemployment and/or Disability Income

Check box if family is receiving any of the following services:  
 MDHS Child Care Reimbursements     SSI     FIP Payments     Work First     Child is a Foster Child

Name	Amount: \$ <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> weekly	Description
Name	Amount: \$ <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> weekly	Description

### TRANSPORTATION INFORMATION (if available)

Pick Up Location <input type="checkbox"/> Home <input type="checkbox"/> Childcare	If Childcare, Name:	Address	Phone
Drop Off Location <input type="checkbox"/> Home <input type="checkbox"/> Childcare	If Childcare, Name	Address	Phone
Are you able to self-transport? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### PARENT INFORMATION

Are parents able to speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO		Primary language spoken in home	Secondary language spoken in home		
Does either parent have a disability? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		Is either parent on Active Military Duty? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	Is either parent incarcerated? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		
Has child lost a parent or sibling due to death? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has child been abused/CPS involved? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a chronically ill family member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a recent immigrant/refugee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a current/history of domestic violence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Substance abuse/addiction? <input type="checkbox"/> YES <input type="checkbox"/> NO
How did you hear about this program?					

### IF I CANNOT BE REACHED, PLEASE CONTACT:

Name	Phone Number	Relationship to child
Address		City / State / Zip

I hereby release this information to be shared by Help Me Grow-Ottawa, Ottawa Area Intermediate School District, Child Development Services - Lakeshore Head Start and any location preference indicated below.  
 Additionally, if I do not qualify for tuition free preschool programs, I give the Ottawa Area Intermediate School District permission to give my application to tuition assistance programs (Ready for School) **Yes No**

#### NOTE: APPLICATION MUST BE SIGNED IN ORDER TO BE PROCESSED

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

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

#### Check all options for which you are interested in applying:

#### If this is an agency referral please fill out the following:

<input type="checkbox"/> Home-Based Services (Parents as Teachers/ Early Head Start) <input type="checkbox"/> Childcare <input type="checkbox"/> Three Year Old Preschool Location preference _____ <input type="checkbox"/> Four Year Old Preschool Location preference _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day Preschool (CDS Head Start only)  See attached Program Options and Income Eligibility Reference guide to help in making your choice.
---

Contact Person: _____
Agency: _____
Phone/Email: _____

#### Please return application to:

**CDS Lakeshore Head Start**  
 Attn: Amanda McCreight  
 100 South Pine St. Suite 220  
 Zeeland, MI 49464  
[amccreight@cdsoc.org](mailto:amccreight@cdsoc.org)  
 616-786-0736

#### Office use only:

Type of Interview:           PHONE           IN-PERSON           Who did you speak with? \_\_\_\_\_  
 Verify Family/Household Information (*i.e. is this everyone living in the household?*) \_\_\_\_\_

Is proof of income attached that is appropriate for the family situation?   Yes   No

Staff signature \_\_\_\_\_ Date: \_\_\_\_\_