

# Holton Early Childhood Programs

Application for Great Start Readiness Program ~ Initial Intake for Head Start

Today's Date \_\_\_\_\_  Boy  Girl Child's Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Message Phone (Name & Relationship) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State MI Zip Code \_\_\_\_\_

Child lives with: Mother Father Both Parents Other: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father has: Diploma GED Neither:  interested in completion  
 not at this time

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother has: Diploma GED Neither:  interested in completion  
 not at this time

Number of family members living in home \_\_\_\_\_

Is your preschool child current with WIC? Yes No WIC # \_\_\_\_\_

Does your child have Medicaid? Yes No Private Insurance? Yes No

Medications or Allergies (foods, asthma, etc.) \_\_\_\_\_

Best time for us to contact you \_\_\_\_\_  
Day of Week/Time

Siblings/Date of Birth
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Are you in need of Child Care Services? Yes No Send information

**Next step for GSRP:**

**We need copies of:**

Birth Certificate  
Shot record  
Physical  
Income Verification

**Next step for Head Start:**

**We need copies of:**

Birth Certificate  
Shot record  
Physical  
Income Verification/Proof of TANF  
Medicaid or Insurance Card  
Packet of Head Start Paperwork

**Preference:**

- AM  
 PM  
 ALL DAY

Space and section options depend on availability and may be limited.

**Non-Discrimination Policy**

No person shall; on the basis of race, color, national origin, gender, or disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.

**Great Start Readiness Program**

Check each category that applies to qualify your child for the State Funded "4 Year Old" Program. (by Dec. 1 of current school year)

**Head Start Preschool Program**

Check each category that applies to process your application for the Federally Funded "3 & 4 Year Old" Program. (by Dec. 1 of current school year)

**Other Confidential Information to Determine Eligibility Based on Need**

Please check YES or NO. If YES, please underline any words that apply.

YES	NO	YES	NO

By marking this box, I certify both parents (when applicable) work or attend school/training full time and would like my child to be considered for an all-day program should it be available. I understand that space and section options depend on availability and may be limited.

The characteristics I have identified on this application are accurate.  
I agree to provide documentation of these characteristics.

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

Date \_\_\_\_\_

Verified by (Staff Signature) \*must have notes by each # checked \_\_\_\_\_

Date \_\_\_\_\_

**Apply for Head Start, GSRP, or Tuition at:  
White Lake Area Community Education (WLACE)**

**Central Office**

541 E. Slocum St.  
Whitehall, MI 49461  
231/893-0515 Fax: 231/893-1089

**Regional Office**

4600 N. Gibson Rd.  
North Muskegon, MI 49445  
231/766-3001 Fax: 231/766-0736

**Reeths-Puffer:**

Reeths-Puffer ESB  
991 W. Giles  
Muskegon, MI 49445  
231/744-4736 Fax: 231/744-6042

Transportation may be provided for Head Start and GSRP. Check with your resident district for policies. GSRP cannot accept School of Choice students. Head Start must serve resident children first.

**Holton GSRP:**

Holton Elementary School  
6500 Fourth St.  
Holton, MI 49425  
231/821-1825 Fax: 231/821-1849

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