



The Giving Tree GSRP Preschool Program Application 2022-2023

Date of Application: _____

Child's Birth date: _____ (Child must be 4yrs old on or before Sept. 1, 2021)

Child's Social Security No. _____ Gender: Boy _____ Girl _____

Child's Name: _____
Last
First
Middle

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

Email: _____

Family Income:

Estimated annual income for all living in the home \$ _____
 (Before deductions)

Primary language spoken in the home: _____

Race: (Please check) Alaskan/American Indian Asian African American
 White Pacific Islander Multi Racial

Is Child Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) No, not Hispanic/Latino Yes, Hispanic/Latino

Ethnicity: _____

Marital status of child's parents:
 Married Single Divorced Widowed Separated

With whom does the child reside: Mother Father Both Parents Foster Care
 Legal Guardian Grandparent

Has there been parent loss by death, divorce, incarceration, military service or absence?

Yes No If Yes, please explain: _____

Family Data:

List all persons living in the household:

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Last Grade Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents' Employment:

Father's Employment Status: Unemployed Part Time Seasonal Full Time

Job Description: _____

Mother's Employment Status: Unemployed Part Time Seasonal Full Time

Job Description: _____

Family History:

Has either parent been a client of the State of Michigan Dept. of Social Services? Yes No

Have you ever received DHS childcare assistance or reimbursement, cash assistance, SSI, TANF, FIP, or food assistance?

If yes, please explain: _____

Has your child ever received special services? (Check all that apply.)

Counseling/Psychological Occupational Therapy Special Education
 Social Work Physical Therapy Speech Other

Has your child had any prior growth and/or physical development problems? Yes No

If yes, please explain: _____

Have you or your child ever been diagnosed with any physical handicaps? Yes No

If yes, please explain: _____

Does your child use any special devices: Yes No

Wears Glasses full or part time (reading only) Physical Brace Hearing Device

Has your child ever been expelled from preschool or a child care center? Yes No

Are there any sibling issues: Chronic Illness Behavior Issues Disability Death

Is there anything that would be helpful to us in understanding your child or your circumstances? (Such as: language deficiency, behavior concerns, personality traits, or family circumstances)
