



The Giving Tree GSRP Preschool Program

Application 2025-2026

Date of Application: _____

Child's Birth date: _____ (Child must be 4yrs old on or before Sept. 1, 2025)

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)
