

Bay-Arenac Pregnancy to Preschool Partnership Application



Child's Information

Child's Name: _____ Date of Birth: _____ Gender: ☐ M ☐ F

Ethnicity: ☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic of any race ☐ White

Address: _____ City: _____ Zip Code: _____

County: _____ School District: _____

Program Preferences

Please indicate with 1, 2 and 3 which program(s) you would like your child to attend.

NEMCSA HEAD START LOCATIONS - (serving 3 and 4 year olds)

Dolsen - Bay City	Pinconning Head Start	Standish Head Start - Standish
Linsday Elementary - Bay City	Pinconning Advancement Academy	Sterling Elementary - Sterling

GSRP LOCATIONS - (serving 4 year olds only)

Southern Bay County Locations					Northern Bay County Locations	
	Kids University - Auburn		Mackensen Elementary - Bay City		Linwood Elementary	
	Ready Set Grow - Auburn		McAlear-Sawden Elementary - Bay City		Pinconning Advancement Academy	
	Bangor North - Bangor Township		River’s Edge Learning Tree - Bay City		Arenac County Locations	
	Bay County Child & Senior Citizen Center - Bay City		State Street Academy - Bay City		Au Gres-Simms Elementary - Au Gres	
	Hampton Elementary - Bay City		Washington Elementary - Bay City		Lil Sprouts - Omer	
	KinderKare - Bay City		YMCA - Bay City		Sterling Elementary - Sterling	
	Kolb Elementary - Bay City					
	Linsday Elementary - Bay City		Little Saints - Essexville			
	MacGregor Elementary - Bay City		Verellen Elementary - Essexville			

OTHER EARLY CHILDHOOD PROGRAMS - (serving both Bay and Arenac Counties)

Maternal Infant Health (pregnancy to 12 months)	Early Head Start (0-3)	Starting Strong (0-5)
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Parent/Guardian Information

PARENT/GUARDIAN 1:

Full Name: _____ Phone: _____

Email Address: _____

PARENT/GUARDIAN 2:

Full Name: _____ Phone: _____

Email Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated

Child Lives With (Primary Physical Custody)

(check all that apply) ☐ Mother ☐ Both Parents ☐ Joint Custody-Physical ☐ Grandparent ☐ Foster Care
☐ Father ☐ Legal Guardian ☐ Joint Custody Legal ☐ Other: _____

Number of immediate family members living in the household Number of Adults: _____ Number of Children: _____

Parent/Guardian 1 Income Information

Gross Income - Income before taxes or other deductions. Verification of income will be required.

Wages: \$ _____

Choose the period the wage represents

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐ Prior Year Income Tax Return

Income Source (check all that apply)

☐ Working ☐ Supplemental Security Income (SSI) ☐ Temporary Assistance for Needy Families (Family Independence Program)
☐ Child Support ☐ Supplemental Nutrition Assistance Program (SNAP)/Food Assistance Program (FAP)
☐ Other: _____

Parent/Guardian 2 Income Information

Gross Income - Income before taxes or other deductions. Verification of income will be required.

Wages: \$ _____

Choose the period the wage represents

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐ Prior Year Income Tax Return

Income Source (check all that apply)

☐ Working ☐ Supplemental Security Income (SSI) ☐ Temporary Assistance for Needy Families (Family Independence Program)
☐ Child Support ☐ Supplemental Nutrition Assistance Program (SNAP)/Food Assistance Program (FAP)
☐ Other: _____

Additional Information

Is there additional information that you can share about your child/family?

☐ Abuse/Neglect ☐ Challenging Behavior ☐ Diagnosed Overactive ☐ Disability/Developmental Delay ☐ Vision
☐ Speech/Language ☐ Environmental Risk ☐ Health ☐ Hearing ☐ High Lead ☐ Non-English Speaking
☐ Parent Education ☐ Orthopedic ☐ Other: _____

Has your child been referred/involved in:(check all that apply)

☐ Early Childhood Special Education ☐ Early Head Start ☐ Early On ☐ Head Start

If your child is currently receiving Early On or special education services, please select from the following:

☐ Individualized Family Service Plan (IFSP): Early On ☐ Individualized Education Program (IEP): Special Education

Explain any concerns checked: (i.e., evaluations, specialist, parent concern, lead count, primary language)

Is your child's current address a temporary living arrangement?

☐ Yes ☐ No

Do you have reliable transportation? (for planning purposes only)

☐ Yes ☐ No

Current services received by family: (check all that apply)

☐ DHHS Child Care Assistance ☐ DHHS Financial ☐ DHHS Food Assistance ☐ Medicaid ☐ Women, Infants and Children (WIC)