

2012/2013



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|---------------|------|-------|
| COPY          | SENT | EXCEL |
| H.S. Eligible | YES  | NO    |

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Parent / Guardian's Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Message Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (Zip) School District you live in: \_\_\_\_\_

Where did you find out about the Midland County Preschool Partnership: \_\_\_\_\_

All attempts will be made to put your child in the first program of your choice. Priority is based on the child's age, family income level and other eligibility criteria. Please see the Midland County Quality Preschool Partnership program brochure for each program's qualification criteria. If you have questions, call 1-866-914-3700 toll free or visit our website: [www.preschoolpartnership.org](http://www.preschoolpartnership.org).

Please indicate with a #1 and #2 your First and Second choice of the preschool programs that you would prefer your child to attend. Please **DO NOT** mark your preferences with an X or a check:

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| <p><b>Bullock Creek Elementary</b><br/>Location: 1037 S. Poseyville Rd., Midland</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p>   |
| <p><b>Chippewa Nature Center</b><br/>Location: 400 S. Badour Rd., Midland</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p>  |
| <p><b>Kinder Kare</b><br/>Location: 1184 James Savage Rd, Midland</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p>  |
| <p><b>North Midland Family Center</b><br/>Location: 2601 Shearer Road, Midland</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p>   |
| <p><b>West Midland Family Center</b><br/>Location: 4011 W. Isabella Rd. (M20)</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p>  |
| <p><b>Midland County ESA</b><br/>Location: 3917 Jefferson Ave., Midland</p> <p><input type="checkbox"/> N.E.M.C.S.A Head Start Preschool</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p> |

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| <p><b>Midland Community Center</b><br/>Location: 2205 Jefferson Ave., Midland</p> <p><input type="checkbox"/> N.E.M.C.S.A Head Start Preschool</p>   |
| <p><b>Isabella Street/ M 20</b><br/>Location: 2828 Isabella St., Midland</p> <p><input type="checkbox"/> N.E.M.C.S.A Head Start Preschool</p>  |
| <p><b>Railway Family Center</b><br/>Location: 991 East Railway, Coleman</p> <p><input type="checkbox"/> N.E.M.C.S.A Head Start Preschool</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p>                           |
| <p><b>Sanford Elementary Early Childhood Center</b><br/>Location: 2534 N. West River Rd., Sanford</p> <p><input type="checkbox"/> N.E.M.C.S.A Head Start Preschool</p> <p><input type="checkbox"/> Great Start Readiness Preschool</p> |

\*\*\* Please check box if you have contacted a N.E.M.C.S.A Head Start representative in your search for preschool. \*\*\*

Gross Household Income (before taxes): \$ \_\_\_\_\_

( ) Weekly, ( ) Bi-weekly, ( ) Monthly, ( ) Annually

Number of children in Household: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_

Do you receive DHS childcare reimbursement, DHS Cash Assistance, or SSI Assistance: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there additional information that you can share about your child? (I.e. disability, medical concerns, foster child, allergies, etc.)

I hereby release this information to be shared among the member agencies of the Midland County Quality Preschool Partnership:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to: Midland County Quality Preschool Partnership,  
Midland County ESA 3917 Jefferson Ave., Midland, MI 48640.**

State and Federally funded programs do not discriminate against any family because of race, color, national origin, sex, age, or disability.

**DO NOT WRITE BELOW THIS LINE. FOR STAFF USE ONLY**

Head Start supports this placement (H.S. Staff Signature) \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Age (as of Dec. 1) \_\_\_\_\_

Action Taken \_\_\_\_\_

**Phone intake:** Verbal permission to release this information taken above. Received by \_\_\_\_\_ (Name/Date)

Referring Agency:

\_\_\_\_\_  
Name/Telephone Number