



**CHARLOTTE PUBLIC SCHOOLS**  
**Great Start Readiness Program**  
**2011 TUITION FREE PRESCHOOL APPLICATION FORM**

Child Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Gender: M F Parent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone \_\_\_\_\_ Email : \_\_\_\_\_  
 Please identify the closest crossroads near your home: \_\_\_\_\_

**You must reside in the Charlotte Public Schools district and meet enrollment qualifications to be considered for eligibility.**

**How did you obtain this application?** \_\_\_\_\_

**Annual income** (last 12 months): \$ \_\_\_\_\_ # of children: \_\_\_\_\_ # of adults: \_\_\_\_\_ in family  
**Proof of income must be attached to be considered for eligibility.** (pay stub, tax form, etc. – please delete social security numbers)

EFFECTIVE JULY 1, 2009 PEOPLE IN THE HOUSEHOLD	200%	300% + other risk factors	Families under 100% are eligible for Head Start, under 200% are eligible for GSRP, under 300% with other risk factors may be eligible for GSRP. Families may be eligible for services under other program guidelines, so all families are encouraged to apply.
1	\$21,660	\$32,490.0	
2	\$29,140	\$43,710.0	
3	\$36,620	\$54,930.0	
4	\$44,100	\$66,150.0	
5	\$51,580	\$77,370.0	
6	\$59,060	\$88,590.0	
7	\$66,540	\$99,810.0	
8	\$74,020	\$111,030.0	
Add this amount for each additional person in the household with more than 8 people.			\$ 7,480

**Please answer all the following questions**

	Yes	No
1. Are you a single parent?		
2. Has your child lived in more than two homes or been homeless within the past 3 years?		
3. Have any of your children been DIAGNOSED with a developmental disability (Ex. speech problems, learning disorder, health related, physical challenges)		
4. Is either parent currently unemployed and seeking work?		
5. Were you a teenager at the birth of your first child?		
6. Has your child been involved in Early On, ECSE, ECDD class, or Early Head Start?		
7. Did either parent have learning difficulties in school? (special education classes, special reading help, or other extra help in order to succeed)		
8. Do you or your doctor have concerns about your child's development? (language, motor, social-emotional)		
9. Has one or both parents been away from the child for an extended period of time? (extended hospitalization, military deployment, incarceration, foster care, etc.)		
10. Did either biological parent leave high school before graduating?		
11. Primary language spoken in your home is other than English?		
12. Is there history of parental substance abuse, smoking during pregnancy, or child exposure to second-hand smoke?		
13. Is there a history of child abuse or neglect (parent or child) in the family?		

I hereby release this information to be shared between Eaton ISD, Head Start, and my school district indicated above.

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

*Please return to:* Great Start Readiness Program, Charlotte Public Schools  
 346 State Street, Charlotte, MI 48813  
 Phone: 1-517-541-5181 Fax: 1-517-541-5186 Email: newlanl@charlottenet.org