

Wayne County GSRP Pre-Screen Form

These materials were developed under a grant awarded by the Michigan Department of Education

This form is optional and can be used when the enrollment person is not available.

<p>GSRP Staff Use Only:</p> <p>Appointment Date: _____ Time: _____</p> <p>Documents Received with Pre-Screen Form:</p> <p>___ Documentation of Income ___ Copy of Birth Certificate</p> <p>___ Proof of Immunizations ___ Parent Identification</p> <p>___ Health Appraisal (completed and signed by doctor)</p>	<p>In person:</p> <p>-Ask parent to complete top portion</p> <p>-Give parent bottom portion</p> <p>-Make copies of any documents brought in that are listed in the box to the left and attach to this form</p> <p>Over Phone:</p> <p>-Fill out top portion</p> <p>-Remind parent what documents are required for enrollment</p>
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Date of Birth: _____ Sex: M ___ F ___

Child's Name: _____

Child's Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Alternate Phone Number: _____ E-mail: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Number of ALL (self, children, and other adults) household members for which you are financially responsible: _____

Gross Income: \$ _____ Weekly: _____ Bi-Weekly _____ 2 Times/Month _____ Monthly _____

----- CUT HERE: Bottom portion goes to parent; top portion goes to Enrollment Specialist -----

Thank you for your interest in enrolling your child in _____ GSRP.

When you return for your appointment please bring the following:

___ Documentation of Income	___ Copy of Birth Certificate or Alternative
___ Proof of Immunizations/Shot Record	___ Parent Identification
___ Health Appraisal (completed and signed by doctor)	___ Health Card

If applicable:

Date for application interview: _____ Time: _____

If you are unable to make your appointment please contact us at: _____

www.resa.net/earlychildhood/gsrp www.greatstartwayne.org

****This pre-screen form DOES NOT guarantee enrollment in this Great Start Readiness Program (GSRP).****