2026-2027 Wayne County GSRP Intake Application

These materials were developed under a grant awarded by the Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP).

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Home Language: _____ Gender: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Licensed Site Name: _____

Teacher Name: _____

*****Staff MUST initial next to each document as it is received from the parent/guardian.*****

	Enrollment File		Family Engagement File
	GSRP Forms required before enrollment:		ASQ-3 Summary Sheet: Date Entered into system: _____
	Birth Certificate or Alternative* Type: _____ Date Received: _____		COR or GOLD Report Dates: 1_____ 2_____ 3 _____
	Parent Identification Type: _____ Date Received: _____		Individualized Development Plan Dates: _____ _____ _____ _____
	Documentation Type: _____ Date Received: _____		Family Contact Form (Optional)
			Partnering on Child Development (Optional)
	Licensing Forms required before enrollment:		Additional Documents used by program
	Child Information Record Date Received: _____		By signing this application, I certify that I completed this form with the parent/guardian and the information is correct to the best of my knowledge
	Immunizations Date Received: _____		Staff Name (Please Print) _____
	Written Information Packet Documentation Date Received: _____		Staff Signature _____
	Licensing Form due within 30 calendar days of start date:		Date _____
	Health Appraisal Date Received: _____		

Application

GSRP Child

Child's Name:
_____

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

Which of the following is the student's race (if multi-racial, place a checkmark for each that applies):

American Indian or Alaska Native_____ Black or African American_____ White_____

Asian American_____ Native Hawaiian or other Pacific Islander_____ Hispanic or Latino_____

Parent/Guardian

Name: _____

Address (*if not child's address*):_____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: Married_____ Single_____ Divorced_____ Widowed_____ Separated_____

Employment Status: Unemployed_____ Part Time_____ Full Time_____ Seasonal_____

Parent/Guardian

Name:_____

Address (*if not child's address*):_____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: Married_____ Single_____ Divorced_____ Widowed_____ Separated_____

Employment Status: Unemployed_____ Part Time_____ Full Time_____ Seasonal_____

If parents are separated or the child is not with the parents, who has legal custody of the child?

Mother_____ Father_____ Foster Care_____ Legal Guardian_____ Grandparent_____

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): _____ **Case Number:** _____

I understand that my child may be placed on a countywide waitlist, if the program that I am interested in has full enrollment. I also understand that there may be availability at other GSRP locations in Wayne County available to my family.

- ☐ I consent to receive text messages from Wayne RESA regarding my child's status on the waitlist.
- ☐ I consent to have my information shared with other GSRP locations that have current/immediate openings.
- ☐ I do not consent to have my information placed on a countywide waitlist.

How did you hear of the Great Start Readiness Program?

Radio Ad_____ TV Ad_____ Billboard_____ Flyer_____ Family/Friend_____

Other_____ please explain_____

Income Verification

- To calculate the Federal Poverty Level use the Federal Poverty Level Calculator.
- **To determine the enrollment prioritization, use the GSRP Timeline and Enrollment Plan Document.**

List ***ALL*** household members for which you are financially responsible (include self, other adults, and children).

Name	Relationship to Child	Age	Name	Relationship to Child	Age
	GSRP Child				

Self-Reported Income

Income Type*:		Frequency:		Amount:	
Income Type:		Frequency:		Amount:	
Income Type:		Frequency:		Amount:	
Income Type:		Frequency:		Amount:	
				Total income from all sources:	

Total Number Supported: _____ Federal Poverty Level (FPL): _____

Undisclosed Income*(Complete only if parent refuses to disclose household income)*

___ I am declining to disclose my household income and I understand my child will not be eligible to receive placement in a GSRP Program until after August 1, 2026.

Income-eligible for: _____ **Head Start (<100% FPL)** _____ **GSRP (0-400%FPL)** _____ **GSRP(400%+ FPL)**

___ **I understand that my family qualifies for Head Start and acknowledge that I have been given information regarding Head Start services and locations and that my name and phone number can be shared with local Head Start agencies.**

By signing this application, you certify that the information given is true and accurate to the best of your knowledge.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____