



## Great Start Readiness Program Enrollment Form

**Child's Legal Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Home Language: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Resident School District \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Race:**

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian American

White

Black or African American

Hispanic or Latino

**LIST ALL PERSONS WHO LIVE IN THE HOME**

**For any children 17 and under, please also include birthdate**

Name	Birthdate	Relationship

<b>Please self-report your gross annual household income:</b>	
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**Please check all that apply:**

	PRIORITIZATION FACTORS
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Foster Care
<input type="checkbox"/>	IEP (General Education Setting)

I hereby affirm the information provided in this form is true to the best of my knowledge and belief

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

\_\_\_\_\_  
Date



**FOR GSRP PROGRAM STAFF ONLY:**

FPL Calculator

	<b>Percent of Federal Poverty Level</b>
	0-50%
	51-100%
	101-150%
	151-200%
	201-250%
	251-300%
	301-350%
	351-400%
	401-450%
	451-500%
	500% +

This child is income-eligible to participate in:

- Head Start     Great Start Readiness Program

	<b>Documents Received (Required)</b>
	Child Information Record
	Head Start Release Form (if applicable)
	Health Appraisal
	Immunization Record
	IEP (if applicable)
	Parent Notice of Program Measurement
	Verification of Birth

Additional Comments:

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I verify I have reviewed the GSRP Enrollment form

\_\_\_\_\_  
Staff Signature and Title

\_\_\_\_\_  
Date