



Great Start Readiness Program REGISTRATION FORM

Child's Legal Name:

Last _____ First _____ MI _____ Birthdate ____/____/____ Sex: Male____ Female ____

Mother's Name _____ Father's Name _____

Mother Phone _____ Father Phone _____

Address _____ City _____ Zip _____

***Please make sure to provide at least one email address.

Mother E-Mail Address _____

Father E-Mail Address _____

Race:

____ American Indian or Alaska Native

____ Native Hawaiian or other Pacific Islander

____ Asian American

____ White

____ Black or African American

____ Hispanic or Latino

PARENTAL STATUS

NUMBER OF PERSONS

NUMBER OF CHILDREN

() one parent () foster

In the house _____

In the family _____

() two parent () non

In the family _____

LIST ALL PERSONS WHO LIVE IN THE HOME

Name	Birthdate	Relationship	Marital Status

This child is income-eligible to participate in:

☐ Head Start ☐ Great Start Readiness Program ☐ Other: _____

Income Source

Amount Received

<input type="checkbox"/> Income Tax Form 1040	
<input type="checkbox"/> W-2	
<input type="checkbox"/> TANF Documentation	
<input type="checkbox"/> Pay Stub or Pay Envelopes	
<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Written Statement from Employer(s)	
<input type="checkbox"/> SSI Documentation	
<input type="checkbox"/> Pension(s)	
<input type="checkbox"/> Other	
Documentation of no income:	

Total of Income Documented Above: \$ _____ Number in Household _____

Percent of Federal Poverty Level: _____ Quintile: I II III IV V VI VII VIII >VIII

STATE GUIDELINE FACTORS

YES NO DOCUMENTATION (please specify)

1	Low Family Income			
	Is the family Head Start income eligible?			
	Is the family GSRP income eligible?			
2	Diagnosed Disability or Identified Delay			
	a. Special Education/IEP			
	b. Developmental delay			
	c. Chronic health issue			
3	Severe or Challenging Behavior			
	a. Child has been expelled from preschool?			
	b. Social Services or professional letter			
4	Primary Home Language (Other than English)			
	a. Is a language other than English spoken in the home?			
	b. Is English the child's first language?			
5	Parent/Guardian with Low Educational Attainment: (Did not graduate high school)			
6	Abuse/Neglect of Child or Parent			
	a. Domestic, sexual, or physical abuse			
	b. Substance abuse (drugs, alcohol, etc.) by a family member or in the home			
7	Environmental Risk			
	a. Parental loss/absence			
	b. Sibling issues (chronic illness, behavior, disability, death)			
	c. Teen parent (not yet age 20 at birth of first child)			
	d. Housing stability (homeless, foreclosure, frequent moves)			
	e. Residence in high-risk neighborhood (poverty, crime, crowded housing)			
	f. Prenatal/postnatal exposure to toxic substances.			

Please explain any other factors that may cause learning or school adjustment problems for this child: _____

I verify I have provided true and accurate documentation as indicated above.

Parent/Guardian Signature_____
Date of Verification

I verify I have reviewed the documentation indicated above, recording the information as reflected on said documentation.

Staff Signature and Title_____
Date of Verification