



Copper Country Preschool Interest Form

2015

Child Last Name		Child First Name	Child Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Age	Date of Birth ____/____/____	What is your program preference? (Program availability varies depending on location) <input type="checkbox"/> Part Day Preschool <input type="checkbox"/> Full Day Preschool <input type="checkbox"/> Any Available		

CONTACT INFORMATION

Your Contact Information:	Emergency Contact Information:
Full Name	Full Name
Relation to Child	Relation to Child
Address	Address
Email	Email
Cell Phone	Cell Phone
Work Phone	Work Phone
Home Phone	Home Phone

FAMILY INFORMATION

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
Who does the child live with? <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Shared custody <input type="checkbox"/> Other _____ <input type="checkbox"/> Legal guardian <input type="checkbox"/> Father <input type="checkbox"/> Foster care <input type="checkbox"/> Legal custody			
Family Language Primary: _____ Secondary: _____		Does the parent or legal guardian need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your school district? _____		Is your family currently homeless or without stable housing? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you affiliated with Michigan Technological University? <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty			
Does your family currently receive any of the following services? (Check all that apply) <input type="checkbox"/> Food stamps <input type="checkbox"/> Child care reimbursement <input type="checkbox"/> Social security <input type="checkbox"/> Cash assistance (FIP) <input type="checkbox"/> Unemployment <input type="checkbox"/> Child support <input type="checkbox"/> WIC <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid/MiChild			
Does your child have a diagnosed disability (IEP/IFSP)? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has your child ever received the following: <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Physical Therapy (PT) <input type="checkbox"/> Speech Therapy	
Number of adults in family: _____		Number of children in family: _____	
Gross family income (Please check one): <input type="checkbox"/> \$0 - \$15,930 <input type="checkbox"/> \$20,091 - \$24,250 <input type="checkbox"/> \$28,411 - \$39,825 <input type="checkbox"/> \$50,226 - \$60,625 <input type="checkbox"/> \$71,026 - \$81,425 <input type="checkbox"/> \$15,931 - \$20,090 <input type="checkbox"/> \$24,251 - \$28,410 <input type="checkbox"/> \$39,826 - \$50,225 <input type="checkbox"/> \$60,626 - \$71,025 <input type="checkbox"/> \$81,426 or more			

How did you learn about us? _____

By checking this box I agree that the following agencies may access the information on this form and may contact me for additional information: Great Start School Readiness Programs, BHK Child Development, Michigan Tech University Little Huskies, Copper Country Intermediate School District, and Copper Country Great Start Collaborative. I also understand that completion of this form does **not** guarantee placement in a program but is the first step in helping me find a high quality preschool opportunity for my child.

Signature _____ Date _____

Questions? Call 906-482-9363
Please return completed form to:

Copper Country Great Start Collaborative
850 W. Sharon Ave., Suite 6
Houghton, MI 49931