



### Calhoun County Birth to Five Services Application

Please complete this form on both sides  
(you may also complete online at [www.mychildneedspreschool.com](http://www.mychildneedspreschool.com))

Child's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Gender: Male Female

Child is of Hispanic/Latino Origin: Yes No

Child's Race (circle all that apply): Black White Asian Native American Pacific Islander Other: \_\_\_\_\_

Language Spoken at Home: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ Interpreter required? Yes No

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Are you able to provide transportation? Yes No

Is your current address temporary? Yes No

If temporary, where is the child currently living?  In a motel  In a shelter  Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

More than one family living in a house or apartment  Other: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Lives with child? Yes No

Phone Number: \_\_\_\_\_ Phone Type: Home Cell Work Message

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Interpreter Needed? Yes No Email address: \_\_\_\_\_

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Interpreter Needed? Yes No Email address: \_\_\_\_\_

Alternate Adult Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Where did you hear about this process? \_\_\_\_\_



**Please complete all information**

**Other Adults and Children in the home:**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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**Income Information (check all that apply):**

_____ Wages/Earnings	_____ SSI Dollars	_____ Child Support	_____ Unemployment
_____ FIP/DHS Dollars	_____ Pension	_____ Retirement	_____ Worker's Comp
_____ Alimony	_____ Social Security	_____ Military Pay	_____ Scholarships/Grants
_____ WIC			

**Family's Income:** \_\_\_\_\_ (circle one): Weekly Bi-Weekly Monthly Yearly/Annual  
(gross/before taxes)

**Number of people in the family supported by the income above:** \_\_\_\_\_

**Program/Location Preference (required):** \_\_\_\_\_

***I understand that the completion of this form does not guarantee that my child is qualified or enrolled in any program. I certify that all the information submitted is true and accurate. I understand that if any part of this form is false, it may hinder the process. I also understand that the information submitted will be held in confidence and used to determine eligibility for preschool only, it may also be shared with all Birth to Five Service Programs.***

**Please mail or fax completed form to:**

**CISD – Early Childhood  
Attention: Christie Cipic  
475 East Roosevelt Ave  
Battle Creek, MI 49017**

**Fax: (269) 788-3230**

**If you have any questions please contact Christie Cipic at 269-660-1606 ext 6141**