

## Ottawa County Early Childhood Application 2021-2022

(Please use this application to apply or receive information for early childhood programming in Ottawa County)

To apply online go to [hmgOttawa.org](http://hmgOttawa.org) and click

Contact Us

### CHILD INFORMATION

### Application Date \_\_\_\_\_

Child's Legal Last Name	Child's First Name	M.I.	Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Birthday (month, day, year)	My child is transitioning from Early Head Start <input type="checkbox"/> YES <input type="checkbox"/> NO	My child is transitioning from Early On <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you or your doctor have concerns about your child's development? (i.e. language, motor, behavior) <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO				
Does your child have a current IEP or IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### HOUSEHOLD INFORMATION

ADDRESS				
Living Address: Street / Apartment	City / State / Zip	County	Phone Number	
Mailing Address (if different): Street / Apartment	City / State / Zip	County	Phone Number	
Which school district do you live in? Allendale   Coopersville   Grand Haven   Hamilton   Holland   Hudsonville   Jenison   Saugatuck   Spring Lake   West Ottawa   Zeeland				
How many times have you moved in the last year?	Do you have a permanent residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been homeless in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Email Address:		I am interested in receiving Early Childhood information by <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> both <input type="checkbox"/> neither		

### HOUSEHOLD- PLEASE LIST ALL MEMBERS

						Circle One			
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex <input type="checkbox"/> M <input type="checkbox"/> F	High School Grad	Non-Grad	GED	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex <input type="checkbox"/> M <input type="checkbox"/> F	High School Grad	Non-Grad	GED	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex <input type="checkbox"/> M <input type="checkbox"/> F	High School Grad	Non-Grad	GED	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex <input type="checkbox"/> M <input type="checkbox"/> F	High School Grad	Non-Grad	GED	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex <input type="checkbox"/> M <input type="checkbox"/> F	High School Grad	Non-Grad	GED	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Total # in household:      Previous 12 months of income: \$

List any parent(s) not living in above household: Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### **VERIFICATION OF 12 MONTHS OF INCOME MUST BE ATTACHED IN ORDER TO PROCESS YOUR APPLICATION**

A copy of your 2020 Tax Return, W2's, verification of Child Support, Unemployment and/or Disability Income

Check box if family is receiving any of the following services:

☐ MDHS Child Care Reimbursements   ☐ SSI   ☐ FIP Payments   ☐ Work First   ☐ Child is a Foster Child

Name	Amount: \$ <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> weekly	Description
Name	Amount: \$ <input type="checkbox"/> yearly <input type="checkbox"/> monthly <input type="checkbox"/> weekly	Description

TRANSPORTATION INFORMATION (if available)			
Pick Up Location <input type="checkbox"/> Home <input type="checkbox"/> Childcare	If Childcare, Name:	Address	Phone
Drop Off Location <input type="checkbox"/> Home <input type="checkbox"/> Childcare	If Childcare, Name	Address	Phone
Are you able to self-transport? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## PARENT INFORMATION

Are parents able to speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO		Primary language spoken in home		Secondary language spoken in home	
Does either parent have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is either parent on Active Military Duty? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is either parent incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has child lost a parent or sibling due to death? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has child been abused/CPS involved? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a chronically ill family member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a recent immigrant/refugee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a current/history of domestic violence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Substance abuse/addiction? <input type="checkbox"/> YES <input type="checkbox"/> NO
How did you hear about this program?					

IF I CANNOT BE REACHED, PLEASE CONTACT:		
Name	Phone Number	Relationship to child
Address		City / State / Zip
<p>I hereby release this information to be shared by Help Me Grow-Ottawa, Ottawa Area Intermediate School District, Child Development Services - Lakeshore Head Start and any location preference indicated below.</p> <p>Additionally, if I do not qualify for tuition free preschool programs, I give the Ottawa Area Intermediate School District permission to give my application to tuition assistance programs (Ready for School) <b>Yes No</b></p>		
<b>NOTE: APPLICATION MUST BE SIGNED IN ORDER TO BE PROCESSED</b>		
Signature of Parent/Guardian:		Date:

### Check all options for which you are interested in applying:

- ☐ Home-Based Services  
(Parents as Teachers/ Early Head Start)
- ☐ Childcare
- ☐ Three Year Old Preschool  
Location preference \_\_\_\_\_
- ☐ Four Year Old Preschool  
Location preference \_\_\_\_\_
- ☐ Other \_\_\_\_\_

See Early Childhood Program Options and Income Guidelines to help in making your choice at [hmgOttawa.org](http://hmgOttawa.org).

### If this is an agency referral please fill out the following:

Contact Person:
Agency:
Phone/Email:

### Please return application to:

**Grand Haven Area Public Schools**  
 Child Services Department  
 106 S. 6th Street  
 Grand Haven, MI 49417  
 or  
[children@ghaps.org](mailto:children@ghaps.org)

**For more information:**  
 616-850-6825