



GSRP Enrollment Application



Child's Name: _____ Birth Date: _____ Sex: _____

Parent/Guardian Name (s): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Other adults in the home: (a.) _____ Relationship: _____

(b.) _____ Relationship: _____

Other Children in the family: (a.) _____ Birth Date: _____

(b.) _____ Birth Date: _____

(c.) _____ Birth Date: _____

(d.) _____ Birth Date: _____

Are you currently employed? Yes No

Annual Income (last 12 months): _____ Number in family: _____

If not employed, please list source(s) of income, and amount(s) of each:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

List language(s) spoken in the home: _____

Highest grade completed in school: _____ Mother _____ Father

Mother's age at birth of first child: _____

Have you or any of your children been diagnosed with a handicap? Yes No

If yes, please explain: _____

Do any of your children receive special services? Yes No

Has your child experienced a death of a parent or sibling? Yes No

Are you a single parent? Yes No

Do you live in a rural area? Yes No

Are you living in any of the following locations? (Check One) Unsheltered (on the street) Sheltered

Transitional Housing Foster Doubling-Up Hotel/Motel Unaccompanied Youth

Parent/Guardian Signature: _____ Date: _____



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Ethnicity/Race

American Indian Asian African American Hispanic White Pacific Islander

How did you hear about Seasons of Learning Early Childhood Center?

Sign Website Facebook Internet Search Flyer/Door Hanger Mail Piece
 Newspaper/Magazine _____ School/Camp Event _____
 Community Event _____ Family/Friend _____
 Other _____

Income Eligibility Form:

Child's Name: _____

Include income of all family members who are legally responsible for the support child. List gross income before deductions and submit a copy of earnings along with this application. Copies of payroll check stubs, previous year's tax forms, DHS childcare verification, and /or subsidized meal forms are all acceptable documents for demonstrating proof of earnings.

Date income documentation was received:

Staff Initials:

Income Source	Monthly Amount Received	Name of Person
<input type="checkbox"/> Employment W-2	_____	_____
<input type="checkbox"/> Income Tax Form1040	_____	_____
<input type="checkbox"/> Unemployment	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Alimony	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> SSI Documentation	_____	_____
<input type="checkbox"/> TANF eligible (Daycare payments or Cash Assistance)	_____	_____
<input type="checkbox"/> Subsidized meal form	_____	_____
<input type="checkbox"/> Other	_____	_____

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being collected to determine eligibility for a state-funded Great Start Readiness Program.

Parent/Guardian Signature: _____ Date: _____