

2025-2026 St. Clair County Great Start Readiness Program (GSRP), Strong Beginnings, and Tuition Preschool Application



Child MUST be: 3 or 4 for the Tuition Programs;
3 years old by Sept. 1, 2025 for Strong Beginnings (Port Huron and Memphis only);
4 years old by Sept. 1, 2025 for the Great Start Readiness Program.

CHILD'S INFORMATION					
First Name	Middle Name	Last Name	Birthdate	Gender	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Apt/Ste/Unit	City	State	Zip

Race (not considered for eligibility)					Hispanic
Check all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White					<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN #1 INFORMATION					
First Name	Middle Name	Last Name	Phone Number		
Address (if different than child)		Apt/Ste/Unit	City	State	Zip

Email Address

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> College	<input type="checkbox"/> Full Time	<input type="checkbox"/> Single	<input type="checkbox"/> Natural/Adopted	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with family
<input type="checkbox"/> High School	<input type="checkbox"/> Part Time	<input type="checkbox"/> Married	<input type="checkbox"/> Stepchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides financial support
<input type="checkbox"/> GED	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Separated	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Child support order
<input type="checkbox"/> Did not graduate	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Foster Child		<input type="checkbox"/> Visitation
Current college student		<input type="checkbox"/> Widowed	<input type="checkbox"/> Other		<input type="checkbox"/> Pregnant
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					Due Date: _____

PARENT/GUARDIAN #2 INFORMATION (IF APPLICABLE)					
First Name	Middle Name	Last Name	Phone Number		
Address (if different than child)		Apt/Ste/Unit	City	State	Zip

Email Address

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> College	<input type="checkbox"/> Full Time	<input type="checkbox"/> Single	<input type="checkbox"/> Natural/Adopted	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with family
<input type="checkbox"/> High School	<input type="checkbox"/> Part Time	<input type="checkbox"/> Married	<input type="checkbox"/> Stepchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides financial support
<input type="checkbox"/> GED	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Separated	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Child support order
<input type="checkbox"/> Did not graduate	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Foster Child		<input type="checkbox"/> Visitation
Current college student		<input type="checkbox"/> Widowed	<input type="checkbox"/> Other		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					

ADDITIONAL INFORMATION			
School district in which child lives	Emergency contact number	Transportation needed?	Program preference (check all that apply):
<input type="checkbox"/> Algonac <input type="checkbox"/> Memphis		<input type="checkbox"/> Yes	<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day
<input type="checkbox"/> Capac <input type="checkbox"/> Port Huron		<input type="checkbox"/> No	
<input type="checkbox"/> East China <input type="checkbox"/> Yale	How did you hear about GSRP?	If yes, bused from:	Classroom location preference
<input type="checkbox"/> Marysville		<input type="checkbox"/> Home	
		<input type="checkbox"/> Childcare	
		(Not provided in all areas)	

Annual income (past 12 months)	Number of family members (A family includes all persons related by blood, marriage, or adoption living in the same household)					
\$ _____	Children 0-2	Children 3-4	Children 5+	Parents/Guardians	Other adults 18+	Total in household:

Proof of current income is required before final eligibility determination and must be turned in with this application. Proof of income includes: 2024 Federal Tax Form, 2024 W-2's, Child Support Reports, Current DHS Cash Statement, Current SSI Statement, previous 12 months of pay stubs, or college scholarships/grants.



Staff use	Risk number	Program Eligibility Factors: Answer all of the following questions by placing an <input checked="" type="checkbox"/> in the Yes or No box	Yes	No
	1	Is this child in Foster Care or a Ward of the Court?		
		Is this family homeless? (e.g., living in a shelter/hotel/car/campground or doubled-up with relatives or friends)		
		Is this family currently receiving SSI (Supplemental Security Income)?		
		Does this family currently receive TANF (Temporary Assistance for Needy Families)?		
		Does this family receive SNAP benefits (Food Assistance/Bridge Card)?		
Low or no earned income/income not adequate for meeting basic needs			If you mark yes for any of the above, call for income submission requirements	
Proof of current income is required before final eligibility determination and must be turned in with this application				
	2	Annual family income below 100% of Federal Income Guidelines		
		Annual family income equal to or less than 300% of Federal Income Guidelines		
Diagnosed disability or identified developmental delay				
* If you mark "Yes" to any of these areas, documentation must be submitted along with this application				
	3	* Does your child have a disability or identified developmental delay?		
Severe or challenging behavior				
	4	* Has your child been expelled from preschool or a child care center?		
Primary home language other than English				
	5	Is your child's native tongue a language other than English?		
		Is the primary language* used in your child's home or environment a language other than English?		
		If yes, what is the language?: _____ *Primary language means the dominant language used by a person for communication.		
Parent/Guardian with low educational attainment				
	6	* Did either parent not graduate from high school or attend special/remedial classes in school?		
		* Does either parent have trouble reading to your child?		
Physical/sexual abuse/neglect of child or parent/substance abuse/addiction				
	7	* Has there been abuse/neglect of the child or parent?		
Environmental risk				
	8	* Has the enrolling child lost a parent or sibling by death?		
		* Does this child have a parent in jail/prison?		
		* Is this child living with a relative or person other than the biological parent(s)?		
		* Has the enrolling child lost a parent to divorce?		
		* Does the enrolling child have a parent who is currently away due to active military service?		
		* Is this a single parent family?		
		* Is your child negatively affected by issues related to a sibling? (e.g., chronic illness, behavior issues, disability, death)		
		Does the child or family member(s) in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.) *Specific documentation from physical or mental health system or provider will be required*		
		Does the child or family member(s) in the home suffer from chronic illness or life threatening disease? (i.e., cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) *Specific diagnosis documentation from physical health system provider will be required*		
		* Were you a teenage parent?		
		* Was the enrolling child exposed to toxic substances known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead?		
		* Does the child reside in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services)?		
	* Is your family currently homeless or without stable housing? (home in foreclosure, living with another family because you have no other choice, or have you moved 3 or more times this year)			

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with the Great Start Readiness Program or the tuition program.

Parent/Guardian signature _____

Date _____