



**Step 2: Required Documents**

All applicants must send the following items with the Kalamazoo County Pre-K application. Eligibility cannot be determined unless all of the following required documents have been submitted.

2a Proof of age. According to new guidelines, all children must be:

- 3 years old on or before December 1\* in order to be age eligible for the 3-year-old programs
  - 4 years old on or before December 1\* in order to be age eligible for the 4-year-old programs
- \*Placement may be prioritized for children who will be 3 or 4 years old on or before September 1.

Submit one of the following:

- Birth certificate (preferred)
- Passport
- Affidavit of parentage/Hospital record
- Baptismal record
- Foster care emergency consent card
- Foster care placement letter
- Court order

2b Proof of income. **Income is a primary qualifying factor.** You can check the charts available on [kresa.org/qualifications](http://kresa.org/qualifications) for more details. You must submit documents for all sources of income over the last 12 months. These documents may include:

- Last year's tax return (first page), or pay stub with year-to-date listed, W2's, or written statement from employer if tax return is not available
- TANF/FIP
- Social security/SSI check stub or monthly statement
- Unemployment check stub or statement
- Financial aid (grants/scholarships)
- Child support/Alimony/Pension statement

2c Proof of residency. Submit one of the following:

- Driver's license or County ID with correct address (preferred)
- Recent utility bill for your address
- Rental agreement/Mortgage/Deed to house
- Written letter from shelter, if between homes

2d Additional documents:

- Current immunization record (prior to the child's first day of class)
- Health appraisal/Physical/Well-child exam within the past year (due within the first 30 days of the program year)
- Medicaid, or insurance card for child

**Step 3: Submitting Your Documents**

3a Once you have filled out the application completely and gathered all the required documents:

- Submit application and required documents online at [DreamBigStartSmall.org](http://DreamBigStartSmall.org)
- Submit paper application and required documents at:
  - » Kalamazoo RESA Head Start/GSRP Administration Office, 422 E. South St., Kalamazoo, MI 49007
  - » Kalamazoo RESA Early Childhood Office, lower level of 4606 Croyden Ave., Kalamazoo, MI 49006
  - » Kalamazoo County Ready 4s Office, 161 E. Michigan Ave., Suite 600, Kalamazoo, MI 49006
  - » Any Kalamazoo County Pre-K provider
  - » Check with your local school district for location
- Email fillable form and required documents to [hsenroll@kresa.org](mailto:hsenroll@kresa.org)

For assistance, please call (269) 250-9333, Monday–Friday, 8:00 a.m.–4:00 p.m.

**Step 4: Application Processing Time**

4a Please allow two to four weeks for processing your application. Once your application is processed, you will receive an email or a phone call regarding eligibility. Please make sure you enter a valid email address and phone number in the "Parent or Legal Guardian Information" section so you get notified of your eligibility.

Complete this application and email it to [hsenroll@kresa.org](mailto:hsenroll@kresa.org) with supporting documents, directly to preschool provider, at a location listed in step 3, or apply online at [dreambigstartsmall.org](http://dreambigstartsmall.org).

**CHILD INFORMATION**

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last Name First Name Middle Initial mm dd yyyy

Sex Assigned at Birth:  Male  Female Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (Check all that apply):  Black or African American  Asian  White or Caucasian  
 American Indian or Alaska Native  Native Hawaiian or other Pacific Islander

Program Preference (Full day not available in all programs):  Full Day  Part Day (If part day,  Morning  Afternoon  Either)

Based on availability, do you have a program location preference? \_\_\_\_\_

How did you hear about Kalamazoo County Pre-K?  Previous Experience (Pre-K programs)  Previous Experience (Early On or Seeds)  Radio  
 Flyer  Social Media  Family/Friends — Full Name: \_\_\_\_\_  Other: \_\_\_\_\_

**FAMILY INFORMATION**

Child Lives with:  Both Parents  Mother  Father  Joint Custody (If joint,  Physical or  Legal)  Legal Guardian  
 Grandparent(s)  Foster Care  Other, Explain: \_\_\_\_\_

Family Language: Primary \_\_\_\_\_ Secondary \_\_\_\_\_  Family Needs an Interpreter

**PARENT OR LEGAL GUARDIAN INFORMATION**

**PARENT OR LEGAL GUARDIAN INFORMATION**

Full Name: _____ Date of Birth: _____ Parent Address: _____ _____ Email: _____ Legally Responsible for Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Type: _____ Phone Number with Area Code: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____ Relationship: <input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver Education (Check the highest level): <input type="checkbox"/> No High School Diploma or Highest Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree Employment or Other (Check all that apply): <input type="checkbox"/> Employed Part-time (Less than 35 hours per week) <input type="checkbox"/> Employed Full-time (More than 35 hours per week) <input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed	Full Name: _____ Date of Birth: _____ Parent Address: _____ _____ Email: _____ Legally Responsible for Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Type: _____ Phone Number with Area Code: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____ Relationship: <input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver Education (Check the highest level): <input type="checkbox"/> No High School Diploma or Highest Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree Employment or Other (Check all that apply): <input type="checkbox"/> Employed Part-time (Less than 35 hours per week) <input type="checkbox"/> Employed Full-time (More than 35 hours per week) <input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed
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**LIST OTHER CHILDREN AND OTHER FAMILY MEMBERS SUPPORTED BY INCOME (IF YOU NEED EXTRA SPACE, ATTACH A SHEET OF PAPER)**

Last Name	First Name	Attended Head Start?	Date of Birth (mm/dd/yyyy)	Sex Assigned at Birth	Relationship	If child, age of parent when child was born
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		

Please list school(s) where siblings currently attend: \_\_\_\_\_

**FAMILY'S CURRENT LIVING SITUATION**

The family currently lives:  in a home you rent or own  in a temporary housing situation  in a hotel/motel  
 in a home owned or rented by someone else  without a fixed nighttime residence  in a shelter

ADDRESS INFORMATION (INCLUDE APARTMENT COMPLEX NAME, IF APPLICABLE.)

Address: \_\_\_\_\_ Street, Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County: \_\_\_\_\_

Child's Pick-up Address (If different): \_\_\_\_\_ Child's Drop-off Address (If different): \_\_\_\_\_

What school district do you live in:  Climax-Scotts  Comstock  Galesburg-Augusta  Gull Lake  Kalamazoo  Parchment  Portage  Schoolcraft  Vicksburg  Other: \_\_\_\_\_

INCOME OF FAMILY MEMBERS LEGALLY RESPONSIBLE FOR CHILD'S SUPPORT

Name: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Please select ALL sources of family income received in the last 12 months:

- Full-time Employment  Cash Assistance (FIP)  SSI  Other: \_\_\_\_\_
 Part-time Employment  Unemployment  Child Care Reimbursement \_\_\_\_\_
 Social Security  Child Support \_\_\_\_\_

SUPPLEMENTAL QUESTIONS

Emergency Contact Name: \_\_\_\_\_ Phone Number with Area Code: \_\_\_\_\_

Address: \_\_\_\_\_ Street/ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Before or after School care needed? (Not available in all programs)  Yes  No Are you able to self-transport?  Yes  No

Please list any program or childcare that your child is currently attending: \_\_\_\_\_

CHILD (APPLICANT) DISABILITY STATUS

Does the child have an identified developmental delay?  No  Yes - Please describe: \_\_\_\_\_

Has your child participated with any of the following programs?  Early On  PET  Home Visits - Contact: \_\_\_\_\_

Has your child received services for:  Vision or Hearing  Speech  Early Childhood Special Education  Occupational Therapy
 Physical Therapy  IEP or IFSP

OTHER CONFIDENTIAL INFORMATION THAT MAY PRIORITIZE PLACEMENT

- Does child's behavior ever prevent participation in other group settings?  Yes  No
Does anyone in the household speak a primary language other than English?  Yes  No
Has someone in the household been abused or neglected?  Yes  No
Does child live with one adult as result of divorce, separation, incarceration, military service or death?  Yes  No
Does child have a chronic illness or medical considerations (asthma, feeding tube, allergies, frequent ear infections, etc.)  Yes  No
Is the child in foster care?  Yes  No
Does any sibling have a chronic illness, behavior issue, disability or has died?  Yes  No
Was either parent under 20 years old when first child was born?  Yes  No
Is family without stable housing or is family homeless?  Yes  No
Does family live in high-risk neighborhood? (Unsafe due to crime, drug abuse, pollution, insect infestation, etc.)  Yes  No
Was child exposed to toxic substances before or after birth? (Alcohol, drugs, lead poisoning, nicotine, etc.)  Yes  No

PARENT/GUARDIAN SIGNATURE

Information on this application is confidential. Your child's pre-kindergarten program will not discriminate against any family on the basis of race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information or any other legally protected category.

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's pre-kindergarten program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the pre-kindergarten program, my child's learning and development will be assessed and monitored to support further growth; and that some results may be reported as scores and combined with other children's scores for future research related to the general level of impact of kindergarten readiness across the county.

I understand that this information will be entered into a confidential central database system that may be accessed by Kalamazoo RESA Head Start, Great Start Readiness Programs and Kalamazoo County Ready 4s in an effort to correctly place my child into a Kalamazoo County Pre-K Program and effectively analyze Kalamazoo County services to families and children. My signature below constitutes consent to disclose the information in this application to the listed entities and obtain any relevant information from them.

Signature\* of Parent/Guardian: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

\* If information is given verbally, staff will print the parent/guardian name above with the date, check this box, and initial  \_\_\_\_\_ (Revised 2/6/2024)