

### Wayne County GSRP Pre-Screen Form

These materials were developed under a grant awarded by the Michigan Department of Education

**This form is optional and can be used when the enrollment person is not available.**

<p>GSRP Staff Use Only:</p> <p>Appointment Date: _____ Time: _____</p> <p>Documents Received with Pre-Screen Form:</p> <p>____ Documentation of Income    ____ Copy of Birth Certificate</p> <p>____ Proof of Immunizations    ____ Parent Identification</p> <p>____ Health Appraisal (completed and signed by doctor)</p>	<p><u>In person:</u></p> <p>-Ask parent to complete top portion -Give parent bottom portion -Make copies of any documents brought in that are listed in the box to the left and attach to this form</p> <p><u>Over Phone:</u></p> <p>-Fill out top portion -Remind parent what documents are required for enrollment</p>
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Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_


Alternate Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Number of ALL (self, children, and other adults) household members for which you are financially responsible: \_\_\_\_\_

Gross Income: \$ \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ 2 Times/Month \_\_\_\_\_ Monthly \_\_\_\_\_

 ----- CUT HERE: Bottom portion goes to parent; top portion goes to Enrollment Specialist -----

Thank you for your interest in enrolling your child in \_\_\_\_\_ GSRP.

When you return for your appointment please bring the following:

\_\_\_\_ Documentation of Income                          \_\_\_\_ Copy of Birth Certificate or Alternative

\_\_\_\_ Proof of Immunizations/Shot Record                          \_\_\_\_ Parent Identification

\_\_\_\_ Health Appraisal (completed and signed by doctor)                          \_\_\_\_ Health Card

If applicable:

Date for application interview: \_\_\_\_\_ Time: \_\_\_\_\_

If you are unable to make your appointment please contact us at: \_\_\_\_\_

[www.resa.org/earlychildhood/gsrp](http://www.resa.org/earlychildhood/gsrp)    [www.greatstartwayne.org](http://www.greatstartwayne.org)

***\*This pre-screen form DOES NOT guarantee enrollment in this Great Start Readiness Program (GSRP).\****