Warren Woods Early Childhood Center

GSRP Application

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Mother’s Name: | Father’s Name: |
| Mother’s Home Phone Number: | Father’s Home Phone Number: |
| Mother’s Work Phone Number: | Father’s Work Phone Number: |
| Mother’s Cell Phone Number:  | Father’s Cell Phone Number: |
| Mother’s Email: | Father’s Email:  |

|  |
| --- |
| **Name/Relationship of other persons living in household** |

|  |  |
| --- | --- |
| **Name** | **Relationship** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Family Income Eligibility Documentation**

**TOTAL NUMBER OF PERSONS IN HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Family Income: Include income of ALL family members who are responsible for support of the child.

Possible (current) income verification to be copies and kept on file:

* Copies of payroll check stubs
* Previous year’s tax forms
* DHS child care verification
* Unemployment document

|  |  |  |
| --- | --- | --- |
| **CHECK ALLTHAT APPLY** | **HOUSEHOLD INCOME SOURCES** | **MONTHLY AMOUNT RECEIVED****(Before Deductions)** |
|  | Employment |  |
|  | Unemployment |  |
|  | Child Support |  |
|  | Alimony |  |
|  | Pension(s) |  |
|  | Retirement SSI |  |
|  | Disability SSI |  |
|  | Cash Assistance |  |
|  | Other |  |
|  | **Total Gross Household Income** |  |

\*Families at or below 100% of poverty must be referred to Head Start. Enrollment in GSRP is deferred until the referral process is complete.

**HEAD START REFERRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Please tell us anything else you would like us to know about your child and any additional comments/concerns you have that would help us understand your child:**

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREFERENCE (CIRCLE): FULL DAY ½ DAY AM ½ DAY PM**

**(Please note you may or may not get the preference chosen)**

**\*\*\*TITLE I only offers ½ DAY AM\*\*\***