



LAKEVIEW

Early Childhood Center

Child's Name: _____

Birth date: ____ / ____ / ____

Parent's/Guardian's Name _____

Phone _____

School District you live in: Holland Public Schools _____ Other _____

ELIGIBILITY FOR MICHIGAN SCHOOL READINESS (Early 4's) PROGRAM

To be eligible for the Michigan School Readiness Program, your child must be four years of age on or before December 1st of the program year and must also live in the Holland Public School district.

The State Board of Education has identified the following factors; and **to qualify for the Michigan School Readiness Program, your child must meet two of the factors listed below:**

| | FAMILY BACKGROUND FACTORS | CHECK IF YES | SPECIFIC INFORMATION |
|----|---|--------------|----------------------|
| 1. | Was this child premature or low birth weight (5lbs. 8 oz. or under)? | | |
| 2. | Did this child walk after 15 months or talk after 20 months? | | |
| 3. | Has any immediate family member experienced physical and/or sexual abuse or neglect? | | |
| 4. | Does this child have eating problems or nutritional problems? (including overweight underweight)? | | |
| 5. | Does this child have a long-term or chronic illness? | | |
| 6. | Has this child been DIAGNOSED with a handicap? | | |
| 7. | Do you and your family live with parents or grandparents, another family member or friend, or have you moved more than 3 times since this child was born? | | |
| 8. | Do you, or any immediate member of your family, have a destructive or violent temper? | | |
| 9. | Do you or any other person in the home have a problem with alcohol or drugs? | | |

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|-----|---|--|--|
| 10. | Is this child hard to understand or does this child have trouble speaking? | | |
| 11. | Do you speak a language other than English at home? How often? | | |
| 12. | Did either parent drop out of school or was either parent in any special programs while in school? | | |
| 13. | Has anyone in your immediate family had a history of delinquency? | | |
| 14. | Are you, or any other members of your family, in counseling or getting other agency help? | | |
| 15. | Is either parent unable to read? | | |
| 16. | Are you currently a single parent? | | |
| 17. | Are you or your spouse currently unemployed and seeking employment? | | |
| 18. | Do you have low family income based on government guidelines? | | |
| 19. | Is your home too crowded for the number of people living there? | | |
| 20. | Has your family gone through a divorce, separation, or death in the last five years? | | |
| 21. | Were you a teenager at the birth of your first child? | | |
| 22. | Does either parent, or any of your children, have a long-term or chronic illness (physical, mental or emotional)? | | |
| 23. | Has either parent served time in jail or prison? | | |
| 24. | Housing in a rural or segregated area? | | |
| 25. | Are any of your children now, or have they ever been, in foster care. | | |

The Michigan School Readiness Program is a State Funded Program so there are no fees charged.

Interviewer's Signature

____/____/____
Date

Parent's/Guardian's Signature

____/____/____
Date