



A HAPPY PLACE to be,
A HEALTHY WAY to grow!



WINTER SUN SCHOOLHOUSE GSRP ENROLLMENT APPLICATION

Child's Name _____ Birth Date _____ Gender _____

Parent/Guardian Name (s) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Other Adults in the Home a) _____ Relationship _____

b) _____ Relationship _____

Other Children in the Family a) _____ Birth Date _____

b) _____ Birth Date _____

c) _____ Birth Date _____

Day Care Provider _____ Phone _____

Address _____ City _____ State _____ Zip _____

Are you Currently Employed? Y N

Annual Income (last 12 months) _____ Number of People in family _____

If not employed, please list source of income and amounts of each:

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Language spoken in home _____ Second language spoken in home _____

Highest Grad Completed in High School (Mother) _____ (Father) _____

Mother's Age at Birth of 1st Child ____ Have you or any of your children been diagnosed with a handicap? Y N

If yes, please explain _____

Do any of your children receive special services? Y N

If yes, please explain _____

Has your child experienced the death of a parent or sibling? Y N

Are you a single parent? Y N Do you live in a rural area? Y N

Are you living in any of the following locations?

____ Unsheltered (on the street) ____ Sheltered ____ Transitional Housing

____ Living with another family ____ Hotel/Motel

Parent/Guardian Signature _____ Date _____



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INCOME ELIGIBILITY FORM

Child's Name _____ Birth Date _____ Gender _____

Include income of all family members who are legally responsible for the support of this child. List gross income, before tax deductions. Submit a copy of your earnings with this application. Copies of payroll check stubs, previous year's tax forms, DHS child care verifications, and or subsidized meal forms are all acceptable forms of demonstrating proof of earnings.

Date of income documentation was received: _____

Staff Initials: _____

INCOME SOURCE	MONTHLY AMOUNT RECEIVED	NAME OF PERSON
Employment	_____	_____
Unemployment	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Pension (s)	_____	_____
Retirement SSI	_____	_____
Disability SSI	_____	_____
TANF eligible (Daycare payments or cash assistance)	_____	_____
Subsidized meal form (Requires staff verification)	_____	_____
Other	_____	_____

REQUIRED DOCUMENTATION

- ___ Application ___ Documentation of Income ___ Child Information Card
- ___ Health Appraisal ___ Parent Identification ___ Food Reimbursement Form
- ___ Copy of Birth Certificate

I certify that the above information is true and correct and that all income is reported. I understand that this information is being collected to determine eligibility for a state-funded Great Start Readiness Program.

Parent Signature _____ Date _____