The Giving Tree
GSRP Preschool Program

Application 2025-2026

Date of Application: _____

Child's Birth date: _____ (Child must be 4yrs old on or before Sept.1, 2025)

Child's Social Security No. _____Gender: Boy_____ Girl _____

Child's Name: _____
Last First Middle

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____City: _____Zip Code: _____

Email: _____

Family Income:
Estimated annual income for all living in the home $_____
(Before deductions)

Primary language spoken in the home: _____

Race: (Please check) ___Alaskan/American Indian ___Asian ___African American
___White ___Pacific Islander ___Multi Racial

Is Child Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) ___No, not Hispanic/Latino ___Yes, Hispanic/Latino

Ethnicity: _____

Marital status of child's parents:
___Married ___Single ___Divorced ___Widowed ___Separated

With whom does the child reside: ___Mother ___Father ___Both Parents ___Foster Care
___Legal Guardian ___Grandparent

Has there been parent loss by death, divorce, incarceration, military service or absence?

____Yes ____ No If Yes, please explain: _____

Family Data:
List all persons living in the household:

Name	Relationship	Birth date	Last Grade Completed

Parents' Employment:

Father's Employment Status: ___Unemployed ____Part Time ____Seasonal ____Full Time

Job Description: _____

Mother's Employment Status: ___Unemployed ____Part Time ____Seasonal ____Full Time

Job Description: _____

Family History:

Has either parent been a client of the State of Michigan Dept. of Social Services? ____Yes ____No

Have you ever received DHS childcare assistance or reimbursement, cash assistance, SSI, TANF, FIP, or food assistance?

If yes, please explain: _____

Has your child ever received special services? (Check all that apply.)
____ Counseling/Psychological ____ Occupational Therapy ____ Special Education
____ Social Work ____ Physical Therapy ____ Speech ____ Other

Has your child had any prior growth and/or physical development problems? ____Yes ____No

If yes, please explain: _____

Have you or your child ever been diagnosed with any physical handicaps? ____Yes ____No

If yes, please explain: _____

Does your child use any special devices: ____Yes ____ No

____ Wears Glasses full or part time (reading only) ____Physical Brace ____Hearing Device

Has your child ever been expelled from preschool or a child care center? ____Yes ____No

Are there any sibling issues: _____ Chronic Illness ____Behavior Issues ____Disability ____Death

Is there anything that would be helpful to us in understanding your child or your circumstances? (Such as: language deficiency, behavior concerns, personality traits, or family circumstances)

_____

_____

_____