

Wayne County GSRP 2019-2020 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.

GSRP Staff Use Only:

Appointment Date: _____ Time: _____

Documents Received with Pre-Screen Form:

Documentation of Income Copy of Birth Certificate
 Proof of Immunizations Parent Identification
 Health Appraisal (completed and signed by doctor)

In person:

- 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

Over Phone:

- Fill out top portion
- Remind parent what documents are required for enrollment

Date of Birth: _____ Sex: M F School: _____

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: _____

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

(W= 52) (BW= 26) (2xM= 24) (M=12)



Thank you for your interest in enrolling your child in _____ GSRP Program.

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 Card Health Appraisal (completed and signed by doctor)

If applicable:

Date for application interview: _____ Time: _____

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

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