

Child's Name _____ Birth date _____ (Must be 4yrs old by Dec 1)
 Future Elementary School _____ T-Shirt: XS (4) S (6-8) Male Female

Parent/Guardian Name _____	Parent/Guardian Name _____
Email address _____	Email address _____
Highest grade completed in school _____	Highest grade completed in school _____

Other Adults in home _____ Relationship _____ Other Adults in home _____ Relationship _____
 Other Children in family _____ Birth date _____ Other Children in family _____ Birth date _____
 Other Children in family _____ Birth date _____ Other Children in family _____ Birth date _____
 List language(s) spoken in home _____
 Mother's age at birth of first child _____ Are you a single parent? Yes No
 Have you or any of your children been diagnosed with a handicap? Yes No If yes, please explain _____
 Do any of your children receive special services? Yes No If yes, please explain _____
 Has your child experienced the death of a parent or sibling? Yes No

INCOME ELIGIBILITY

Are you currently employed? Yes No Annual Income (last 12 months) _____ # in Family _____

If not employed, please list source(s) of income, and amount(s) of each:

Source _____ Amount _____ Source _____ Amount _____
 Source _____ Amount _____ Source _____ Amount _____

Provide documentation for all of the income sources that apply to you or documentation you currently receive no income.

<u>Income Source</u>	<u>Amount Received</u>	<u>Income Source</u>	<u>Amount Received</u>
<input type="checkbox"/> Income Tax Form 1040	_____	<input type="checkbox"/> Foster Care Reimbursement	_____
<input type="checkbox"/> W-2	_____	<input type="checkbox"/> SSI documentation	_____
<input type="checkbox"/> TANF documentation	_____	<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Pay Stub or Pay Envelopes	_____	<input type="checkbox"/> Alimony	_____
<input type="checkbox"/> Unemployment	_____	<input type="checkbox"/> Pension(s)	_____
<input type="checkbox"/> Written statement from employers	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Documentation of no income:	_____		

OFFICE STAFF: I verify that I viewed documentation of the information provided above.

 Staff Signature Staff Title Date of verification

Attendance, Participation Terms, Conditions and Acknowledgements:

Please read & initial!

- Attendance and punctuality are mandatory. The State of Michigan requires a monthly attendance of 80%. _____
- Five (5) Tardies = one (1) Absence. _____
- I understand that I am strongly encouraged to participate in two Family Conferences per school year. _____
- I understand that I am strongly encouraged to participate in two home visits per school year. _____
- I understand that I am strongly encouraged to attend two family events per school year. _____
- I understand that I am strongly encouraged to participate in the Family Advisory Board (two meetings per school year). _____
- BP Family Handbook is available online at Bloomfield.org (printed copy available upon request). The licensing notebook is available in the office 6:30a-6:00p. _____
- Bloomin' Preschools will provide AM/PM snacks and lunch for your child. _____

Parent/Guardian Signature: _____ Date: _____