

South Lyon Community Schools
School Readiness Program
Early Childhood Center
310 N. Warren
South Lyon, MI 48178
Office: 248-573-8330

APPLICATION LETTER TO FAMILIES

Dear Applicant,

Enclosed is a copy of the Great Start Readiness Program (GSRP) application. If you are interested in our preschool program and your child turns 4 years old by December 1, 2010, please fill out this form and return it to us as soon as possible so we may determine if you qualify for an interview.

GSRP is a state-funded preschool program for children at risk for school failure. This program is completely dependent on funding provided through the State of Michigan Department of Education (MDE). Enrollment in this program is contingent on state aid funding. We may not know if we get funding until November.

The program consists of 30 weeks of classes. Classes are Monday through Thursday.

Two classes are available:

- One (1) class runs from 12:00 noon to 3:00 PM with a healthy lunch served from the cafeteria at the beginning of class each day.
- One (1) class runs from 12:20 PM to 3:20 PM with a healthy lunch served from the cafeteria at the beginning of class each day.

Parent involvement is an important part of our program. You are requested to volunteer in our program at least once a month. If you have any questions, please call Cathy Craig at 248-573-8330.

Along with your application, you will need to include three items. You will not be granted an interview until they are received:

1. A copy of your child's birth certificate
2. A copy of your child's updated immunization record
3. A copy of your family's last month's pay stubs

Cathy Craig
Early Childhood Director

Michelle McCarthy
Teacher

Carrie Wilhelm
Teacher

Office: 248-573-8330

South Lyon Community Schools
Great Start Readiness Program
Early Childhood Center
310 N. Warren
South Lyon, MI 48178
APPLICATION

Office Use Only

Date Rec'd: _____
Income (A,B,O) _____
Family Members _____
Program _____

Name of Child

Birth Date

Address

City

State

Zip

Part 1 HOUSEHOLDS RECEIVING FOOD STAMPS OR AID TO FAMILILES WITH DEPENDENT CHILDREN.

() Yes, I received food stamps or AFDC for this child this month

FOOD STAMP CASE NUMBER _____
AFDC CASE NUMBER _____

Part 2 PLEASE COMPLETE THE FOLLOWING INFORMATION AND SIGN THE APPLICATION OR YOUR APPLICATION CANNOT BE APPROVED.

HOUSEHOLD MEMBERS: List the names of everyone living in your household; include yourself and the child listed above. If you need more spaces, use a separate sheet of paper.

SOCIAL SECURITY NUMBERS: Print the social security number of each person listed. If an adult does not have a social security number, print "none" next to their name.

INCOME: List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title and list total monthly income. A copy of your earnings from work must be submitted with this application. (i.e., 1040 Form, Pay Stub, etc.)

LIST ALL HOUSEHOLD MEMBERS				MONTHLY INCOME		
Name (Last, First)	Age	Social Security Number	Weekly Earnings from week (Before Deductions)	Monthly Payments from Assistant, Child Support & Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Income Received Last Month
1.						
2.						
3.						
4.						
5.						
				TOTAL MONTHLY INCOME _____		

PART 3 – ALL HOUSEHOLDS

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for a program involving State funds; that school officials may verify the information on the application; and that deliberate misrepresentation of this information may be subject me to prosecution under applicable State laws. An adult must sign the application before it can be approved.

Signature of Parent/Legal Guardian

Home Address

Phone

South Lyon Community Schools does not discriminate on the basis of race, color, national origin, sex, disability, weight, religion, or marital status in its programs and activities

**South Lyon Community Schools
School Readiness Program
Child Care Request Form**

310 N. Warren
South Lyon, MI 48178

Office: 248-573-8330
Room 2: 248-573-8326
Room 3: 248-573-8327

Parent/Guardian _____ Phone: Home: _____

Name of Child _____ Work: _____ Hours: _____

Classes meet Monday, Tuesday, Wednesday and Thursday afternoon.

All day child care is available. Is child care needed before or after class? Yes ___ No ___
(Child care reimbursement through FIA is accepted.)

If yes, days and hours needed:

		Monday	Tuesday	Wednesday	Thursday
Example:	Before preschool class	9:00 – 12:00	No	10:00 – 12:00	No
	After preschool class	3:00 – 4:00	No	3:00 – 5:00	No

Your Needs:

		Monday	Tuesday	Wednesday	Thursday
	Before preschool class				
	After preschool class				

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