

2025-2026 Tuscola County Early Childhood Programs Preschool Intake



Tuscola County has several free and low cost preschool programs for children 3 and 4 years of age. To find out if you qualify for these options, please complete this form and provide a copy of the items listed below. Placement is not guaranteed with submission. Placement is prioritized based on the child's age, income bracket, eligibility factors, and availability of programming. **See back of this form to eligibility factors (mark as apply) and information for processing this form.**

Please provide the following: Birth Certificate Proof of Income

Child's First Name:	Child's Last Name:	Birth Date:	
Gender:	Street Address:	City AND Zip:	
Race (please circle): American Indian/Alaska Native; Asian; Black/African American; White	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Neither	Previously Attended Program: <input type="checkbox"/> None <input type="checkbox"/> Head Start <input type="checkbox"/> GSRP <input type="checkbox"/> Childcare <input type="checkbox"/> ECSE	
Resident School District (please circle): Akron-Fairgrove; Caro; Cass City; Kingston; Mayville; Millington; Reese; USA; Vassar Preferred School District (please name one of the above schools):	Does your family, or anyone in the household receive: <input type="checkbox"/> Cash Assistance <input type="checkbox"/> SSI <input type="checkbox"/> SNAP benefits <input type="checkbox"/> None Is the child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive special education services (such as an IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your family's approximate gross earnings in the last 12 months? Please list the names of people in the home supported by this income (include yourself):	
Will your child need transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided			
Parent/Guardian Name:	Phone Number:	Alternate Number/Email:	Place of Employment:
Parent/Guardian Name:	Phone Number:	Alternate Number/Email:	Place of Employment:
Relationship Status: <input type="checkbox"/> Married <input type="checkbox"/> Together, not married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Widowed Does either parent receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Child Lives With (check all that apply): <input type="checkbox"/> Both Parents (if together) <input type="checkbox"/> Mother <input type="checkbox"/> Mother/step-parent <input type="checkbox"/> Father <input type="checkbox"/> Father/Step-parent <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Joint Custody	Child's Current Living Situation: <input type="checkbox"/> Living in home I own <input type="checkbox"/> Apartment/home I rent <input type="checkbox"/> Child/family lives with parent/grandparent <input type="checkbox"/> Sharing housing with another family member or friend <input type="checkbox"/> Living in motels, cars, or camp grounds due to hardship <input type="checkbox"/> In a shelter (transitional or emergency) <input type="checkbox"/> Without permanent housing/not sheltered	

Please review and check off all factors that apply to your child and family. This will help determine your child's enrollment and placement into a program.

2	<p>Child has diagnosed disability or identified developmental delays:</p> <ul style="list-style-type: none"> ○ Eligible for special education services or developmental progress is less than that expected for his/her age, or has chronic health issues causing developmental or learning problems 	<ul style="list-style-type: none"> ○ Referral or diagnosis from physical or health provider on health form ○ Early On transition/referral at age three ○ Concerns noted, but not eligible for special education services ○ Individual Education Plan (IEP) ○ Screening assessment results & professional/parent referral
3	<p>Child has severe or challenging behavior:</p> <ul style="list-style-type: none"> ○ Child has been suspended or expelled from a preschool or child care center 	<ul style="list-style-type: none"> ○ Exclusion from other preschool/ child care program ○ Social Services or medical referrals ○ Parent or Guardian legal documentation ○ Parent questions/interview ○ Staff observation/documentation on home visit or other contact
4	<p>Primary home language is not English:</p> <ul style="list-style-type: none"> ○ English is not spoken in the child's home; English is not the child's first language 	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Interview ○ Observation ○ Home Visit
5	<p>Parent or Guardian has low educational attainment:</p> <ul style="list-style-type: none"> ○ Parent or guardian has not graduated from high school or is illiterate 	<ul style="list-style-type: none"> ○ Parent Report ○ School report, record, or referral
6	<p>Abuse/Neglect of child or parent:</p> <ul style="list-style-type: none"> ○ Domestic, sexual, or physical abuse of child or parent/guardian; child neglect issues ○ Includes abuse/neglect of child as well as domestic/spousal/partner abuse of parent or sibling ○ Abuse of alcohol, prescription or non-prescription drugs by family members or in the home 	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Court or police report ○ Restraining order in domestic violence situation ○ Discovered on home visit ○ Medical report
7	<p>Environmental Risks</p>	
	<p>a. Parental loss due to death, divorce/separation, incarceration, military service absence</p>	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Divorce/Custody papers ○ Deployment orders ○ Legal documents
	<p>b. Child's situation is negatively affected by issues related to sibling (chronic illness, behavior issues, disability, death)</p>	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Agency referral ○ Medical report
	<p>c. Teen parent (parent not yet 20 at birth of <i>first</i> child)</p>	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Ages of siblings ○ ID with date of birth of parent
	<p>d. Family is homeless or without stable housing</p>	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Custody orders/legal documents ○ Agency referrals/documentation
	<p>e. Residence in a high-risk neighborhood (high poverty, crime, limited access to community services)</p>	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Staff report
	<p>f. Prenatal or postnatal exposures of toxic substances known to cause health concerns, learning or developmental delays</p>	<ul style="list-style-type: none"> ○ Parent or guardian report ○ Interview ○ Medical/hospital records ○ Social services referral