



## Great Start Readiness Program Enrollment Form

### Child's Legal Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_ Home Language: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Resident School District \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Race:

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_ Asian American

\_\_\_\_ White

\_\_\_\_ Black or African American

\_\_\_\_ Hispanic or Latino

### LIST ALL PERSONS WHO LIVE IN THE HOME

For any children 17 and under, please also include birthdate

Name	Birthdate	Relationship

Please self-report your gross annual household income:

### Please check all that apply:

	PRIORITIZATION FACTORS
	Homeless
	Foster Care
	IEP (General Education Setting)

I hereby affirm the information provided in this form is true to the best of my knowledge and belief

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**FOR GSRP PROGRAM STAFF ONLY:**

**FPL Calculator**

	Percent of Federal Poverty Level
	0-50%
	51-100%
	101-150%
	151-200%
	201-250%
	251-300%
	301-350%
	351-400%
	401-450%
	451-500%
	500% +

This child is income-eligible to participate in:

☐ Head Start   ☐ Great Start Readiness Program

	Documents Received (Required)
	Child Information Record
	Head Start Release Form (if applicable)
	Health Appraisal
	Immunization Record
	IEP (if applicable)
	Parent Notice of Program Measurement
	Verification of Birth

Additional Comments:

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I verify I have reviewed the GSRP Enrollment form

\_\_\_\_\_  
Staff Signature and Title

\_\_\_\_\_  
Date