



**Vicksburg's Bulldog Beginnings
Preschool Program**
301 S. Kalamazoo Ave., Vicksburg, MI 49097

Dear Families,

Get your child on board for an exciting preschool experience! Vicksburg Community Schools is offering a unique program specifically designed for children who will be **four years old before September 1st**. The Bulldog Beginnings preschool focuses on school readiness skills and has a classroom at each of the three elementary schools. Bulldog Beginnings is entirely FREE to families who meet the qualifications. This includes transportation, meals, snacks, parent education programs, and field trips.

The Bulldog Beginnings preschool utilizes a joint application with all other Kalamazoo County preschool programs to help cut down on duplication and enable us to appropriately place children. We will be collecting applications starting in March and will begin accepting students and notifying families **after June 30th** of their application status. Every effort will be made to have students attend their home schools, but much of that decision depends on transportation routes.

The following must be completely filled out and returned to the Vicksburg Administration Building before your child can be considered for the program. Incomplete applications will NOT be considered.

1. Preschool Application (front and back)
2. Copy of income verification (for all income that supports the child)— MI 1040 tax return (front page) , paycheck stubs (going back twelve months), or W-2 , and any other household income (child support, food stamps, financial aid, alimony, unemployment, social security)
3. Copy of original birth certificate
4. Copy of immunization records
5. Copy of parent/guardian state issued drivers license/identification card
6. Copy of Insurance card
7. Health Appraisal completed by a physician and signed by parent/guardian

Thank you for your interest in the Bulldog Beginnings program at Vicksburg Community Schools. If you have any further questions, please call Alyssa Thompson at 321-1020, or the Community Education Department at 321-1022.

Sincerely,

Alyssa Thompson
Program Director
(269) 321-1020



KALAMAZOO COUNTY PRE-K APPLICATION

2023-2024

Complete this application and email it to hsenroll@kresa.org with supporting documents, directly to preschool provider, at a location listed in step 3, or apply online at dreambigstartsmall.org.

CHILD INFORMATION

Child's Legal Name: _____ Date of Birth: ____ / ____ / ____
Last Name First Name Middle Initial mm dd yyyy

Sex Assigned at Birth: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check all that apply): Black or African American Asian White or Caucasian
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Program Preference (Full day not available in all programs): Full Day Part Day (If part day, Morning Afternoon Either)

Based on availability, do you have a program location preference? _____

How did you hear about Kalamazoo County Pre-K? Previous Experience (Pre-K programs) Previous Experience (Early On or Seeds) Radio
 Flyer Social Media Family/Friends – Full Name: _____ Other: _____

FAMILY INFORMATION

Child Lives with: Both Parents Mother Father Joint Custody (If joint, Physical or Legal) Legal Guardian
 Grandparent(s) Foster Care Other, Explain: _____

Family Language: Primary _____ Secondary _____ Family Needs an Interpreter

PARENT OR LEGAL GUARDIAN INFORMATION

Full Name: _____
 Date of Birth: _____
 Parent Address: _____
 Email: _____

Legally Responsible for Financial Support: Yes No

Phone Type: _____ Phone Number with Area Code: _____
 Home Work Cell Text
 Home Work Cell Text

Relationship: Birth or Adoptive or Step Parent Foster Parent
 Grandparent Other Relative Other Caregiver

Education (Check the highest level):
 No High School Diploma or Highest Grade: 9 10 11
 High School Diploma or GED Associate Degree
 Bachelor's Degree Master's Degree Doctoral Degree

Employment or Other (Check all that apply):
 Employed Part-time (Less than 35 hours per week)
 Employed Full-time (More than 35 hours per week)
 Attends School or College Home by Choice Unemployed

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LIST OTHER CHILDREN AND OTHER FAMILY MEMBERS SUPPORTED BY INCOME (IF YOU NEED EXTRA SPACE, ATTACH A SHEET OF PAPER)

Last Name	First Name	Attended Head Start?	Date of Birth (mm/dd/yyyy)	Sex Assigned at Birth	Relationship	If child, age of parent when child was born
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		

Please list school(s) where siblings currently attend: _____

FAMILY'S CURRENT LIVING SITUATION

The family currently lives: in a home you rent or own in a temporary housing situation in a hotel/motel
 in a home owned or rented by someone else without a fixed nighttime residence in a shelter

ADDRESS INFORMATION (INCLUDE APARTMENT COMPLEX NAME, IF APPLICABLE)

Address: _____
Street, Apt City State Zip Code County: _____

Child's Pick-up Address (If different): _____ Child's Drop-off Address (If different): _____

What school district do you live in: Climax-Scotts Comstock Galesburg-Augusta Gull Lake Kalamazoo Parchment
 Portage Schoolcraft Vicksburg Other: _____

INCOME OF FAMILY MEMBERS LEGALLY RESPONSIBLE FOR CHILD'S SUPPORT

Name: _____ Total Annual Income: \$ _____
Name: _____ Total Annual Income: \$ _____

Please select **ALL** sources of family income received in the last 12 months:
 Full-time Employment Cash Assistance (FIP) SSI Other: _____
 Part-time Employment Unemployment Child Care Reimbursement _____
 Social Security Child Support SNAP Benefits or SNAP Eligible _____

SUPPLEMENTAL QUESTIONS

Emergency Contact Name: _____ Phone Number with Area Code: _____
Address: _____
Street/ Apt City State Zip Code

Before or after School care needed? (Not available in all programs) Yes No Are you able to self-transport? Yes No

Please list any program or childcare that your child is currently attending: _____

CHILD (APPLICANT) DISABILITY STATUS

Does the child have an identified developmental delay? No Yes - Please describe: _____

Has your child participated with any of the following programs? Early On PET Home Visits - Contact: _____

Has your child received services for: Vision or Hearing Speech Early Childhood Special Education Occupational Therapy
 Physical Therapy IEP or IFSP

OTHER CONFIDENTIAL INFORMATION THAT MAY PRIORITIZE PLACEMENT

- Does child's behavior ever prevent participation in other group settings?..... Yes No
- Does anyone in the household speak a primary language other than English?..... Yes No
- Has someone in the household been abused or neglected?..... Yes No
- Does child live with one adult as result of divorce, separation, incarceration, military service or death?..... Yes No
- Does child have a chronic illness or medical considerations (asthma, feeding tube, allergies, frequent ear infections, etc.)..... Yes No
- Is the child in foster care?..... Yes No
- Does any sibling have a chronic illness, behavior issue, disability or has died?..... Yes No
- Was either parent under 20 years old when first child was born?..... Yes No
- Is family without stable housing or is family homeless?..... Yes No
- Does family live in high-risk neighborhood? (Unsafe due to crime, drug abuse, pollution, insect infestation, etc.)..... Yes No
- Was child exposed to toxic substances before or after birth? (Alcohol, drugs, lead poisoning, nicotine, etc.)..... Yes No

PARENT/GUARDIAN SIGNATURE

Information on this application is confidential. Your child's pre-kindergarten program will not discriminate against any family or student on the basis of race, color, national origin, gender, or handicap.

- I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's pre-kindergarten program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the pre-kindergarten program, my child's learning and development will be assessed and monitored to support further growth; and that some results may be reported as scores and combined with other children's scores for future research related to the general level of impact of kindergarten readiness across the county.
- I understand that this information will be entered into a confidential central database system that may be accessed by Kalamazoo RESA Head Start, Great Start Readiness Programs and Kalamazoo County Ready 4s in an effort to correctly place my child into a Kalamazoo County Pre-K Program and effectively analyze Kalamazoo County services to families and children. My signature below constitutes consent to disclose the information in this application to the listed entities and obtain any relevant information from them.

Signature* of Parent/Guardian: _____ Date (mm/dd/yyyy): _____

* If information is given verbally, staff will print the parent/guardian name above with the date, check this box, and initial _____ (Revised 1/26/2023)