Mason/Lake County Early Childhood

Preschool Application & Referral Form

Child's Name:_____ Birth Date:_____Gender:_____

Parent/Guardian:_____ Birth Date:_____ Phone:_____ Cell:_____

Mailing Address:_____ City:_____ Zip:_____

Residential Address: _____ City:_____Zip:_____

County: _____ Please identify closest crossroads: _____

Is your current address a temporary living arrangement? ☐ Yes ☐ No

If yes, is this temporary arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Where do you currently live? (check one) ☐ Rent or Own ☐ Emergency Shelter ☐ In Foster Care

☐ Unsheltered ☐ Camper/Trailer ☐ Hotel/Motel ☐ Family/Friend

School District (please check):

☐ **Ludington Area Schools** ☐ **Mason Co. Central** ☐ **Mason Co. Eastern** ☐ **Baldwin Comm. Schools**

Transportation Needed? ☐ Yes ☐ No

If transportation is unavailable, are you willing to transport? ☐ Yes ☐ No

Other adults in the home:

Name	Relationship	Birthdate

Other children in the family:

Name	Birthdate

Name	Birthdate

Annual Income (last 12 months):_____ Number in family:_____

Do you currently receive Cash Assistance (not food stamps) from Dept. of Human Services DHS? ☐ Yes ☐ No

Are you currently employed? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

Do you or any of your family members receive SSI? ☐ Yes ☐ No

List language(s) spoken in the home:_____

Does the child have a confirmed disability or receive special education services? ☐ Yes ☐ No

Explain:_____

Have you or any of your children had a long-term or chronic illness? ☐ Yes ☐ No

Who:_____ What:_____

Have any of your children attended: ☐ GSRP ☐ Head Start ☐ Early Head Start ☐ Tuition

Release of Information: To increase the likelihood of my child benefiting from a preschool experience, I authorize West Shore ESD, FiveCAP, Inc., and GSRP to share my application information.

Parent/Guardian Signature:_____ **Date:**_____

Revised 3/13/26

Mason/Lake County Early Childhood Preschool Programs
2026-2027

Dear Parent/Guardian,

It's that time of year again when we need to begin planning for Preschool 2026-2027. If you have a child who is currently 3 or 4 years old, he/she ***may*** be eligible for **Head Start** if 3 or 4 years old by September 1, 2026, or **Great Start Readiness Program** if 4 years old by September 1, 2026.

The application is on the back of this letter. Please fill it out and return it to our school office. Once we have your application, you will be contacted by a Head Start or Great Start staff member. They will make an appointment to meet with you and your child at your convenience. This will ***begin*** the process of determining ***whether*** your child is eligible for either of the above mentioned programs. Final enrollment determinations are made by our Great Start Readiness Program Staff and/or Head Start Staff.

Please get your application to us as soon as possible! If you have any questions, don't hesitate to contact us.

Sincerely,

Jeni Schafer
Early Childhood Supervisor
West Shore Educational Service District
2130 West US-10
Ludington, MI 49431
(231) 898-1545
jschafer@wsesd.org

Lisa Fisher, Head Start
Education/Disabilities Specialist
FiveCAP, Inc.
302 N. Main St., PO Box 37
Scottville, MI 49454
(231) 757-3785
fivecap@fivecap.org