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
____ Asian American
____ Black or African American
____ Native Hawaiian or other Pacific Islander
____ White
____ 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