



## EARLY LEARNING CENTER

# Preschool Enrollment Application

- 3 Year Old** (3 by September 1, 2026) **ELC ONLY**
- 4 Year Old** (4 by December 1, 2026) **Early Learning Center**
- 4 Year Old** (4 by December 1, 2026) **Godfrey-Lee ECC**

## Student Information

<b>Child's Name</b> (first, middle, last name)		<b>Date of Birth</b>	
_____		_____	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Biligual <input type="checkbox"/> Other			
Other Language: _____ Language Proficiency: <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
<b>Additional Information</b>			
Does this child have severe or challenging behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has this child ever experienced neglect or abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has this child ever experienced any environmental abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does this child have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please explain the disability:</i> _____			
Does this child have an active Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, for what services:</i> _____			
Does this child have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please explain the condition:</i> _____			
Is this child in foster care or court ordered relative placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child lives with: <input type="checkbox"/> One parent/guardian <input type="checkbox"/> Two parents/guardians <input type="checkbox"/> Shared custody			

## Primary Adult Information

<b>Name</b> (first & last name)		<b>Date of Birth</b>	
_____		_____	
<b>Address</b> (if different from student)	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____
<b>Phone Number</b>	<b>Email</b>		
_____	_____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Biligual <input type="checkbox"/> Other			
Other Language: _____ Language Proficiency: <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Is the parent/guardian literate in their primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Level of Education: <input type="checkbox"/> Less than Grade 12 <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Some College <input type="checkbox"/> Advanced Training			
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled			
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other			
Does this individual have custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply to this parent/guardian: <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial / child support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Experienced abuse <input type="checkbox"/> Active duty member of the United States military			

## Secondary Adult Information

<b>Name</b> (first & last name)		<b>Date of Birth</b>	
_____		_____	
<b>Address</b> (if different from student)	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____
<b>Phone Number</b>	<b>Email</b>		
_____	_____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Biligual <input type="checkbox"/> Other			
Other Language: _____ Language Proficiency: <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Is the parent/guardian literate in their primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Level of Education: <input type="checkbox"/> Less than Grade 12 <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Some College <input type="checkbox"/> Advanced Training			
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled			
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other			
Does this individual have custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply to this parent/guardian: <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial / child support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Experienced abuse <input type="checkbox"/> Active duty member of the United States military			

## Family Information

What is the primary language spoken at home? \_\_\_\_\_

Does the family need a translator?  Yes  No

Number of adults and children who reside in the household: \_\_\_\_\_

What is the annual Gross Income (before taxes) of the household: \$\_\_\_\_\_

Is there anyone in the family receiving SSI Benefits?  Yes  No

Is there anyone in the family receiving Cash Assistance (TANF)?  Yes  No

Do you qualify for DHHS Child Care Scholarship?  Yes  No  Unknown

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Documents needed to complete application:

1. Birth Certificate or Proof of Birth
2. Health Appraisal/Physical- most recent
3. Immunization Record- most recent
4. Proof of Living Address (*ID card/Driver's License, utility bill, letter from renter/landlord*)
5. Proof of Income (*Check stubs, letter from employer, W2's, No Income Documentation- provided by preschool staff*)

**Call (616) 323-3199 or email [elcadmin@steepletown.org](mailto:elcadmin@steepletown.org) with any questions.**

**Documents can be emailed to the above address or dropped off at:  
641 Vries St SW, Grand Rapids, MI 49503**