



*"Every student will excel, both personally and for the benefit of humanity."*

495 East Huron BLVD • Marysville, MI 48040 • OFFICE: 810.364.7731 • FAX: 810.364.3150

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Dear Parent(s),

Thank you for your interest in enrolling your child into the 2025-26 Great Start Readiness Program (GSRP) at Marysville Public Schools. Enclosed you will find a GSRP application packet that we ask you to complete and return to our office **at your earliest convenience**.

The Great Start Readiness Program is funded and regulated by the State of Michigan. As per those regulations, enrollment into GSRP is determined by age and income requirements. With the State looking towards preschool for all, the scale in which families qualify is very broad. It is important when completing the application that you use the Parent income worksheet as a guide, so the appropriate documents can be provided with your application to determine your eligibility. As you have questions, please do not hesitate to reach out.

Included with this application, is a health appraisal form. Please complete section one, sign and date the form and take it to your child's four year of well child check for completion. The office will also provide you a copy of completed immunizations. Those documents need to be returned with your application and/or enrollment packet **PRIOR** to the start of the school year. **If your child has not yet had his/her 4-year-old Well child check, please do not hold up returning the application packet.**

Please note, for those who do participate in the vaccination program for all or part of the required immunizations, an immunization waiver must be submitted in its place. A waiver can be obtained by contacting the St. Clair County Health Department. **Please note, that your children will not be able to attend the program without these required documents.**

Application packets and required documentation can be returned to the District Offices of Marysville Public Schools (at the high school) located at 495 E. Huron Blvd. Marysville, MI 48040 between the hours of 7:30-4. Please use the District Office doors that are left of the main entrance of the high school.

Copies of required documentation can be made by our office at that time of return. If you prefer, applications can be mailed, or scanned and emailed to [mnesbitt@marysvilleschools.us](mailto:mnesbitt@marysvilleschools.us). Completed health appraisals and immunization records may be returned at a later date, but prior to the start of the school year.

If you have any questions regarding enrollment or the required documentation, please do not hesitate to contact our office for further information at 810-455-6007. Thank you for choosing Marysville Great Start Readiness Program!

#### **MISSION**

*"Personalize learning for every student through rigor, relevance and relationships."*



*These materials were developed under a grant awarded by the Michigan Department of Education and the U.S Department of Health and Human Services.*

# 2025-2026 St. Clair County Great Start Readiness Program (GSRP), Strong Beginnings, and Tuition Preschool Application



**For Questions:** 810-455-6007 (Michelle Nesbitt)  
**Return w/required documents to:**  
 mnesbitt@marsvilleschools.us or  
 Marysville Public Schools GSRP  
 495 E. Huron Blvd Marysville, MI 48040

**Child MUST be:** 3 or 4 for the Tuition Programs;  
 3 years old by Sept. 1, 2025 for Strong Beginnings (Port Huron and Memphis only);  
 4 years old by Sept. 1, 2025 for the Great Start Readiness Program.

CHILD'S INFORMATION					
First Name	Middle Name	Last Name	Birthdate	Gender	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	Apt/Ste/Unit	City	State	Zip	

Race (not considered for eligibility)	Hispanic
Check all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN #1 INFORMATION					
First Name	Middle Name	Last Name	Phone Number		
Address (if different than child)	Apt/Ste/Unit	City	State	Zip	
Email Address					

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Child support order <input type="checkbox"/> Visitation <input type="checkbox"/> Pregnant Due Date: _____
Current college student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					

PARENT/GUARDIAN #2 INFORMATION (IF APPLICABLE)					
First Name	Middle Name	Last Name	Phone Number		
Address (if different than child)	Apt/Ste/Unit	City	State	Zip	
Email Address					

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Child support order <input type="checkbox"/> Visitation
Current college student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					

ADDITIONAL INFORMATION			
School district in which child lives	Emergency contact number	Transportation needed?	Program preference (check all that apply):
<input type="checkbox"/> Algonac <input type="checkbox"/> Memphis <input type="checkbox"/> Capac <input type="checkbox"/> Port Huron <input type="checkbox"/> East China <input type="checkbox"/> Yale <input type="checkbox"/> Marysville	How did you hear about GSRP?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, bused from: <input type="checkbox"/> Home <input type="checkbox"/> Childcare (Not provided in all areas)	<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day Classroom location preference

Annual income (past 12 months) \$ _____	Number of family members (A family includes all persons related by blood, marriage, or adoption living in the same household)					
	Children 0-2	Children 3-4	Children 5+	Parents/Guardians	Other adults 18+	Total in household:

**Proof of current income is required before final eligibility determination and must be turned in with this application. Proof of income includes: 2024 Federal Tax Form, 2024 W-2's, Child Support Reports, Current DHS Cash Statement, Current SSI Statement, previous 12 months of pay stubs, or college scholarships/grants.**



Staff use	Risk number	<b>Program Eligibility Factors:</b> Answer all of the following questions by placing an ✓ in the Yes or No box	Yes	No
	1	Is this child in Foster Care or a Ward of the Court?		
		Is this family homeless? (e.g., living in a shelter/hotel/car/campground or doubled-up with relatives or friends)		
		Is this family currently receiving SSI (Supplemental Security Income)?		
		Does this family currently receive TANF (Temporary Assistance for Needy Families)?		
		Does this family receive SNAP benefits (Food Assistance/Bridge Card)?		
<b>Low or no earned income/income not adequate for meeting basic needs</b>			If you mark yes for any of the above, call for income submission requirements	
<b>Proof of current income is required before final eligibility determination and must be turned in with this application</b>				
	2	Annual family income below 100% of Federal Income Guidelines		
		Annual family income equal to or less than 300% of Federal Income Guidelines		
<b>Diagnosed disability or identified developmental delay</b>				
<b>* If you mark "Yes" to any of these areas, documentation must be submitted along with this application</b>				
	3	* Does your child have a disability or identified developmental delay?		
<b>Severe or challenging behavior</b>				
	4	* Has your child been expelled from preschool or a child care center?		
<b>Primary home language other than English</b>				
	5	Is your child's native tongue a language other than English?		
		Is the primary language* used in your child's home or environment a language other than English? If yes, what is the language?: _____ **"Primary language" means the dominant language used by a person for communication.		
<b>Parent/Guardian with low educational attainment</b>				
	6	* Did either parent not graduate from high school or attend special/remedial classes in school?		
		* Does either parent have trouble reading to your child?		
<b>Physical/sexual abuse/neglect of child or parent/substance abuse/addiction</b>				
	7	* Has there been abuse/neglect of the child or parent?		
<b>Environmental risk</b>				
	8	* Has the enrolling child lost a parent or sibling by death?		
		* Does this child have a parent in jail/prison?		
		* Is this child living with a relative or person other than the biological parent(s)?		
		* Has the enrolling child lost a parent to divorce?		
		* Does the enrolling child have a parent who is currently away due to active military service?		
		* Is this a single parent family?		
		* Is your child negatively affected by issues related to a sibling? (e.g., chronic illness, behavior issues, disability, death)		
		Does the child or family member(s) in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.) *Specific documentation from physical or mental health system or provider will be required*		
		Does the child or family member(s) in the home suffer from chronic illness or life threatening disease? (i.e., cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) *Specific diagnosis documentation from physical health system provider will be required*		
		* Were you a teenage parent?		
		* Was the enrolling child exposed to toxic substances known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead?		
		* Does the child reside in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services)?		
	* Is your family currently homeless or without stable housing? (home in foreclosure, living with another family because you have no other choice, or have you moved 3 or more times this year)			

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with the Great Start Readiness Program or the tuition program.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**REVIEW THE COLUMN ON THE LEFT – IF YOU ANSWER YES, PLEASE PROVIDE THE INFORMATION LISTED IN THE ADJACENT COLUMN ON THE RIGHT. FOR QUESTIONS – CALL 810-455-6007**

Please circle YES OR NO for each question below	IF YES > Provide copies of the following
Do the child's biological parents live separately and have <b>50/50 PHYSICAL CUSTODY</b> ?  NO YES>	<b>BOTH</b> parents income information is <u>REQUIRED</u> and the number of people in each family. <b>2024 State or Federal (1040); 1st two pages from both parents.</b>
<b>In 2024, were the parent(s)/guardian eligible for:</b>	<b>IF YES&gt; Provide CURRENT copies of the following:</b>
<b>CATEGORICAL ELIGIBILITY</b> - SNAP, TANF, SSI, Foster care, Homelessness Eligibility in any of these areas makes a family <b>categorically eligible for Head Start services. They do not need to have their income verified. VERIFY ELIGIBILITY THEN STOP</b>	<input type="checkbox"/> SNAP - Eligibility letter or SNAP card and ID Number <input type="checkbox"/> Public Assistance - Eligibility letter <input type="checkbox"/> TANF - Eligibility letter <input type="checkbox"/> SSI - Eligibility letter or deposit record <input type="checkbox"/> Foster care - Placement letter from DHHS <input type="checkbox"/> Homeless - Letter from parent or person with whom they are residing
<b>In 2024, did the parent(s)/guardian receive money from:</b>	<b>IF YES&gt; Provide copies of the following:</b>
<b>GROSS WAGES FROM EMPLOYER OR NET INCOME FROM SELF-EMPLOYMENT</b>  NO YES>	<b>W2s</b> from all jobs in 2024 <b>OR</b> <b>2024 State or Federal (form 1040)(1<sup>ST</sup> 2 PAGES ONLY) OR One year (2024) of check stubs ONLY in absence of other listed forms.</b>
<b>UNEMPLOYMENT</b> NO YES>	<b>Unemployment Benefit form to show weekly/monthly/annual amount</b>
<b>WORKERS' COMPENSATION</b> NO YES>	<b>Compensation Benefits form showing weekly/monthly/annual amount</b>
<b>CHILD SUPPORT</b> NO YES>	<b>Friend of the Court document showing amount ordered AND amount paid for 2024</b>
<b>SOCIAL SECURITY BENEFITS</b> NO YES>	Documentation/award letter showing <b>monthly amount or amount received for 2024</b>
<b>SOCIAL SECURITY DISABILITY</b> NO YES>	Documentation/award letter showing <b>monthly amount or amount received for 2024</b>
<b>ALIMONY</b> NO YES>	Documentation/award letter showing <b>monthly amount or amount received for 2024</b>
<b>ANY PENSION/RETIREMENT</b> NO YES>	Documentation showing <b>monthly amount or amount received for 2024</b>
<b>TRAINING STIPENDS</b> NO YES>	Documentation showing <b>amount paid</b>
<b>MILITARY FAMILY ALLOTMENT+</b> NO YES>	Documentation showing <b>monthly amount or amount received for 2024</b>
<b>VETERAN'S BENEFITS</b> NO YES>	Documentation showing <b>monthly amount or amount received for 2024</b>
<b>REGULAR INSURANCE OR ANNUITY PAYMENTS</b> NO YES>	Documentation showing <b>monthly amount paid</b>
<b>COLLEGE SCHOLARSHIPS, FELLOWSHIPS, GRANTS</b> Used for room/board/living expenses. <b>This does not include those used only for qualified educational expenses.</b> NO YES>	Documentation/award letter showing <b>amount received for 2024</b>
<b>DIVIDENDS, INTEREST, NET RENTAL INCOME, NET ROYALTIES, ANY ESTATES OR TRUSTS</b> NO YES>	Documentation showing <b>monthly amount or total annual amount received for 2024</b>
<b>NET GAMBLING OR LOTTERY WINNINGS</b> NO YES>	Documentation showing the <b>amount received in 2024</b>
<b>ANY OTHER INCOME SOURCE/MONEY RECEIVED</b> NO YES>	Documentation showing the <b>amount received in 2024</b>

**If you have no income or do not have your own home, please complete below and provide documentation.**

- I live with someone who pays for my housing, utility bills, etc. Name/relationship: \_\_\_\_\_  
**Attach a letter signed by this person noting the fact you live there and they pay all bills.**
- I live in a shelter, motel, hotel, homeless or other living arrangements (describe): \_\_\_\_\_

**Read and Sign:** I certify that the information contained in this application is true and correct and that all income is being reported. I understand that this information is being collected to determine eligibility for the state of Michigan-funded GSRP program. I also understand this is an APPLICATION and DOESN'T GUARANTEE placement into the program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\* If this form was completed on behalf of the parent/guardian, indicate who assisted the parent/guardian to complete the form. Form

completed by: \_\_\_\_\_ with info obtained from: \_\_\_\_\_ Date: \_\_\_\_\_