



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

____ Native Hawaiian or other Pacific Islander

____ Asian American

____ White

____ Black or African American

____ 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



FOR GSRP PROGRAM STAFF ONLY:

FPL Calculator

	Percent of Federal Poverty Level
	0-50%
	51-100%
	101-150%
	151-200%
	201-250%
	251-300%
	301-350%
	351-400%
	401-450%
	451-500%
	500% +

This child is income-eligible to participate in:

☐ Head Start ☐ Great Start Readiness Program

	Documents Received (Required)
	Child Information Record
	Head Start Release Form (if applicable)
	Health Appraisal
	Immunization Record
	IEP (if applicable)
	Parent Notice of Program Measurement
	Verification of Birth

Additional Comments:

I verify I have reviewed the GSRP Enrollment form

Staff Signature and Title

Date